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IdahoSTARS Essential Trainings for Quality Mealtime Practices in Child Care Settings

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IdahoSTARS Essential Trainings for Quality Mealtime Practices in Child Care Settings

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Introduction

IdahoSTARS is funded by the Idaho Department of Health and Welfare through the United States Child Care and Development Fund (CCDF). CCDF is authorized under the Child Care and Development Block Grant Act (CCDBG). Grantee activities must focus on improving quality, diversity, stability, and retention of caregivers, teachers, and directors, as well as improving quality care for infants and toddlers and other special populations (CCDBG, 2016). As a grantee, IdahoSTARS, Idaho's State Training and Registry System (IdahoSTARS, 2017) must offer on-going activities to inform providers' understanding of and use of strategies for healthy and safe environments. Professional development activities that address health and safety standards, including nutrition and child development, must be offered.

The Problem

Many young children eat two meals and two snacks in out of home child care settings (Shuell, 2016) 2015). Adult responsibilities for mealtimes in child care settings include caring for children, supporting skills for competent eating and educating children about a variety of foods. Adults determine what, how, and when food is presented (Satter Institute, 2017). Further, adults are responsible for determining how eating/feeding environments are equipped, arranged, and scheduled, and how they support children's emotional, social, and cognitive development as they eat (Fletcher, Branen, Price, & Matthews; 2008, Fletcher, Branen, 2010; Neelon &Briley, 2011, Lanigan, 2012).

The multiple roles and responsibilities of adults during child care mealtimes (Table 1) complement children's mealtime roles (Table 2).

Table 1: Adult Roles at Mealtimes in Child Care Settings

PROVIDE THE FOOD

- Provide nutrient rich foods
- Offer a variety of age appropriate food
- Offer food that is free from cross-contamination
- Assure there is enough food for children to address hunger and satiety
- Determine when food is offered

CREATE ENVIRONMENTS

- Observe infants for cues for feeding on demand and for when the child's hunger is satisfied
- Create age-appropriate opportunities for using utensils and serving equipment
- Sit with children at the table
- Eat the same food that children eat
- Keep children safe as they eat, including minimizing behaviors that lead to social contamination issues and choking hazards

MODEL

- Model ways to use eating utensils and serving dishes
- Model and reinforce children's attempts at eating a variety of food, including unfamiliar and disliked food
- Model and support children's attempts at choosing portion sizes to meet satiety
- Model ways to eat particular foods
- Model mealtime social conventions
- Model taking turns when serving food and in conversations

SUPPORT

- Support age appropriate mealtime social conventions
- Introduce, expand, and embellish food and eating vocabulary
- Offer basic nutrition information that is age and stage appropriate
- Reinforce children's attempts and skills for choosing and eating by offering physical assists, verbal support, or gestural reinforcement
- Assure children's emotional security about food and eating
- Anticipate and respond to children's cues of hunger and satisfaction

PARTNER WITH FAMILY

- Communicate with families about their child's eating
- Support children and their families who are breastfeeding

Benjamin-Neelon and Briley, 2011; Fletcher, J., Branen, L., Price, B., and Matthews, S. 2012; Ellyn Satter Institute 2016; Ramsay, S.A., Branen, L.J., Fletcher, J., Price, E., 2010; Johnson, et.al, 2013)

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Table 2: Children's Roles at Mealtimes in Child Care Settings

EATING

- Indicate feelings of hunger
- Indicate feelings of satisfaction of hunger and satiety
- Choose how much to eat
- Attempt to match feelings of hunger and satiety when selecting portions
- Visualize, smell, taste, and touch the food
- Chew the food and ingest the food

VARIETY

- Explore novel and unfamiliar foods
- Accept and choose a variety of food (flavors, textures, combination foods)

NUTRITION AND FOOD COGNITION

- Recognize familiar foods and respond to words for those foods
- Show preference for foods
- Name foods
- Categorize foods (i.e., fruit, vegetable, sour, sweet)
- Use increasingly complex food and eating vocabulary and behaviors (i.e., textures, flavors, utensils, food combinations, descriptive words to express preferences)

MEALTIME BEHAVIORS IN CHILD CARE

- Practice to mastery using utensils, plates, bowls, cups
- Wait for a food and eating activity, delaying gratification as age appropriate
- Serve self from shared bowls, pitchers, and platters
- Take turns when food is passed around the table
- Use non-verbal cues for passing food (i.e., look at the person passing or receiving a bowl)
- Pass bowls, pitchers, platters with assistance, and, then, without assistance
- Master basic sanitation rules to prevent contamination
- Engage in mealtime conversations (listening and talking) with adults and peers
- Master culturally relevant mealtime social conventions

Fletcher, et.al. 2012; Massey, 2004; Pérez-Escamilla, et.al, 2017; Ellyn Satter Institute 2016; Solinsky, et.al. 2017.

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Mealtimes may include up to an hour or more of a child's day in child care (Story, 2015). These can be rich learning times (Ramsay, et.al. 2010, Fletcher, et.al, 2012; Benjamin-Neelon & Briley, 2011; Sosinsky, et.al, 2016). To assure that children receive evidence-based quality feeding practices, providers must know and routinely use those practices. Accountability for these practices is uncommon.

Nutrition and mealtime-based training for child care providers and higher education courses for an early childhood degree are available, yet, scope and sequence of content is inconsistent. Few providers in practice receive follow up assessments or additional coaching on how they use strategies learned in courses or trainings.

Delivery methods vary greatly among nutrition and quality mealtime trainings. Some trainings are video-delivered, some are web-based, and others are provided in-person on short condensed topics. Many trainings are one time stand-alone events that lack coordination with other feeding/mealtime professional development supports. Opportunities for knowledge acquisition and skill practice are often provided, but support for sustainability of practices is rarely included. For example, training for the Child and Adult Care Food Program (CACFP) focuses on eligibility and reimbursement that is most often provided to directors and cooks, rather than child care providers who eat with the children.

Enriching provider's mealtime practices is further complicated by limited funding for training development. This is particularly true of funding for long-term trainings that include post-training activities.

The IdahoSTARS Solution

Steps to Quality (Quality Rating Improvement System) and Essential Trainings: Educating Child Care Providers to Consistently Use Quality Mealtime Practices

The IdahoSTARS Professional Development System Registry

All Idaho child care providers are invited to join the IdahoSTARS Professional Development System and Registry. Providers earn professional levels designated by education. Incentives, including cash awards are provided to individuals as they advance through professional levels. As providers progress, they may apply for college or training scholarships that support them as they proceed through IdahoSTARS activities. Within the IdahoSTARS Professional Development System and Registry, a voluntary, systematic program, Steps to Quality, is available to child care programs and providers.

IdahoSTARS Steps to Quality

IdahoSTARS Steps to Quality offers a six step quality improvement rating system (Appendix A). In Steps to Quality, child care programs earn a quality rating as they show evidence of meeting specified indicators of quality. The rating system is a building block system where each indicator is verified successively at each Step. See Appendix B for an example of requirements for earning a Step.

Steps to Quality focuses on quality improvement for six standards: health and safety (which includes mealtime and feeding standards), child growth development and learning, children with diverse abilities, strengthening families and communities, staffing and professional development, and leadership and management. Standards in each area are the basis for educational activities and practical requirements for earning a star rating.

A systematic food and nutrition professional development package focused on quality mealtime practices is embedded in Steps to Quality. The Food and Nutrition Essential Training Modules (ETs) are designed for step-wise application of essential knowledge and practical skill acquisition (Appendix C). Verification Indicators for mealtime practices are established, and a system of pre/post training assessment for providers are in use.

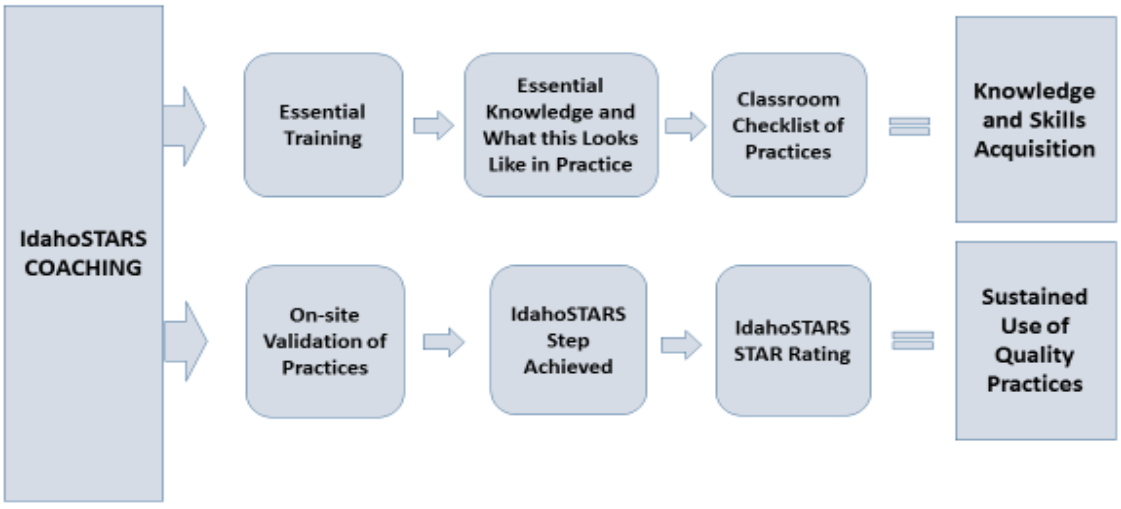
Quality Child Care Consultants and Child Care Health Consultants from local IdahoSTARS Child Care Resource Centers provide coaching for providers and directors at all stages of participation in Steps to Quality. Using adult learner principles (Rush & Sheldon, 2011), they support providers and directors to think about their actions, decide about the effectiveness of the action, and develop plans for using that action.

Steps to Quality programs earn IdahoSTARS step recognition upon verification of required practices. Upon reaching Step Three, programs earn a STAR rating. IdahoSTARS assessors make on site visits to validate required indicators of quality practices.

The Steps to Quality Model

The aim of Steps to Quality and Essential Trainings is threefold: 1) knowledge acquisition, 2) skill acquisition, and 3) sustainability and maintenance of quality practices. Coaching is available for each Steps to Quality activity. See Figure 1.

Figure 1. The IdahoSTARS Steps to Quality Model



Essential Training and Essential Knowledge and Skills for Quality Practices in Food and Nutrition

Essential Trainings (ETs) for Food and Nutrition are embedded in Steps to Quality. These modules align with the IdahoSTARS goal to improve child care through professional development, and are offered by IdahoSTARS certified trainers. Module content and activities focus on basics of child development in

relation to eating competence, health & safety, relationships with families & communities, and supporting children with diverse abilities (IdahoSTARS.org, 2017).

In the ET for Food and Nutrition, providers' individual situations about food and feeding are considered. What the provider will learn is specified to the learner, and what that knowledge looks like in practices is a focus. Trainers offer activities where adult learners discuss their experiences and expectations. Considering adult learners' individual experiences and expectations and how they impact their intentionality to take action is a tenet of Knowles' theory of adult learning (Knowles, 2013). Personally believing in the efficacy of a feeding practice compounds the possibility of a provider using that practice.

Process and Implementation

The first step was identifying what a person must know to inform quality practice for feeding children. We searched research based literature, guidelines from authoritative sources such as the American Academy of Pediatrics (APA, 2011, 2012, 2013) and the Academy of Nutrition and Dietetics (Benjamin-Neelon & Briley, 2011), as well as policy and regulation reports from government and public entities such as the Robert Wood Johnson Foundation and the Nemours Foundation (Nemours, 2016).

Using theory and evidence-based literature, we collected quality standards for mealtime environments and relationships in child care programs, and ranked those for conceptual importance and practical difficulty. Selected standards were reduced to determine knowledge that is essential to complement quality evidence-based practical strategies.

IdahoSTARS staff developed the ETs to be companionate to other available training programs. Some of which include: Let's Move Child Care, Child and Adult Care Food Program, Nutrition Works and Preventing Obesity and Promoting Wellness. We aimed to address unnecessary replication with other trainings and to articulate specific concepts offered in companion trainings.

Nutrition and Feeding ETs includes three foci: *hunger and fullness, variety of foods, and responsive mealtime environments.* Practices and guidelines from replicated research that have long-term consistency and authoritative sources formed the basics of the ET curriculum in each area.

Two sequential ETs were developed* using a constructivist/social interaction learning approach where 1) trainers and providers interact each other, and, 2) instruction is scaffolded to begin at the learner's level and progresses forward in complexity while situating instruction in authentic experiences (Duffy & Jonassen, 2013, p. 4)). Evidence based practices and foundational knowledge essential to the practices are basic to each ET. Activities are built to assure considerable interaction between trainer and the learner. During a Food and Nutrition ET, providers complete a pretest and posttest and an evaluation. Further, providers and directors document their personal Vision for Mealtimes (Appendix E) for what they want to see in their mealtimes with children. They create an Action Plan (Appendix E) with defined activities that will make their visions reality. The *Checklist of Practices for Mealtimes/Feeding* is distributed to providers in each training and providers are encouraged to post them in their classrooms. All materials are available in English and Spanish

**The training was developed by Laurel Branen, PhD., R.D., Professor of Food and Nutrition, and Janice Fletcher, EdD, Professor of Child, Family, and Consumer Studies. A college level course is offered by these professors that addresses mealtime and feeding theory and practices. Completion of the course meets the criteria for the Essential Training requirement for advancing in the Professional Registry and for the education requirement in Steps to Quality. Note that indicators at each Step must also be met for each successive Step, regardless of how the training is achieved.*

A face-to-face-delivery mode was chosen to address variations in professional maturity, education, and experience of the providers. The child care audience is typically experienced with children at mealtimes and have developed personal beliefs about feeding children. The face-to-face interactive sessions allow trainer and provider to work together to address provider expectations and willingness or resistance to implementing mealtime strategies (Duffy & Jonassen, 2013; Sigman-Grant, et.al (2012); Lanigan, 2012). In the face-to-face setting, trainers have opportunity to connect providers with STARS Quality Coaches for implementation of practices which support skill practice and sustains use of the practices.

To ensure that training was delivered in a consistent manner, trainers who were selected via a screening process, participated in a train-the-trainers workshop. This was deemed critical to assure consistency in the constructivist teaching approach. Quality Child Care Consultants and Child Care Health Consultants from IdahoSTARS Resource and Referral Offices received intensive training on coaching to further scaffold learner knowledge and skills.

The Steps to Quality Verification Team matched the training practices with *Indicators for Verification* at Step Three. Participating Steps to Quality programs receive verification visits from an IdahoSTARS assessor who observes and verifies on-site practices.

What Was Rejected in the Development Phase of Steps to Quality

Delivery methods that do not allow opportunity for direct interaction were rejected. Face-to-face instruction shows advantages over digital formats when conceptual knowledge or skills in application of that knowledge are to be acquired. Further, socio-emotional learning is enriched by face-to-face delivery (Harrington & Loffredo, 2010). Canned programs, including written and asynchronous digital programs (i.e., videos/unidirectional webinars) were rejected as a part of the Essential Training for Foods and Nutrition due to lack of synchronous feedback loops. Training heavy with trainer lectures, for example, does not offer opportunity to embrace the variation of provider education, experience, and existing expectation.

Programs that lack continuity post-training were rejected as inconsistent with the intent of post follow-up and continuing provider development and progress toward routine use of quality practices.

All IdahoSTARS Essential Trainings are aligned with Idaho's early learning guidelines (Idaho Early Learning eGuidelines, 2017). Activities and practices that did not have a clear, specified base of child development in relation to children's eating skills were not included.

A scatter approach to knowledge about nutrition and feeding was rejected. Comprehensive coverage of a small set of nutrition and feeding concepts was chosen. Focusing on too many strategies was avoided, and those strategies that clearly reflect quality were chosen.

What Did Not Work

Initially, modules for food and nutrition and for active physical play were paired in two four hour trainings. This was developed with the goal of addressing healthy weight through nutrition and physical activity. The initial trainings included two hours for Foods and Nutrition followed by two hours for Active

Physical Play. This was too long and too full of content for providers, many of whom had worked all day before coming to the training. We split each training so the two topics are offered at separate times, maintaining the overall conceptual framework of nutrition and physical activity as a pair for supporting children's healthy weight. Each training begins with a graphic of this concept.

Trainers reported that more time was needed to allow providers to "work through" their fears about some of the concepts and strategies, and in particular the strategy of letting children serve themselves. Some providers, for example, stated they had never heard of this practice, much less thought to do it. Because the training includes videos of actual settings where children are serving themselves, some of the barriers and concerns come down, however the discussions must include time and attention to provider's fears, resistance to change, and willingness to try new strategies. Trainers asked for an additional thirty minutes for the training. This is consistent with adult learner approaches where social interaction is a preferred learning approach when acquiring deeper conceptual content. This requires more time than is needed for learning declarative knowledge (Duffy & Jonassen 2013; Harrington & Loffredo, 2010)

Challenges along the Way

As the process and products developed, routine internal formative evaluation was carried out by the IdahoSTARS team. Challenges arose that required external consultation with providers and trainers, as well. Challenges were addressed and processes and products were revised based on feedback and successes and failures.

1. Determining the most compelling evidence-based knowledges and practices for mealtimes and feeding was daunting for a couple of reasons. First, there are a myriad of complex issues related to nutrition (i.e., healthy weight, obesity, food insecurity and hunger, organic foods, allergies, and children at nutritional risk), and second, time allotted for training was limited. To address these complexities, we identified *critical* knowledge and practices that a child care provider should know and use. We chose hunger and fullness, variety of foods, and responsive environments as our overarching concepts. This meant discarding some important issues and analyzing and resolving the impact of their loss.
2. When one chooses the key concepts and strategies for a training program, the breadth and depth of training scope, sequence, and duration of instruction must be matched for the audience. Though we tested the training with a pilot group of local people, we overestimated the amount of information that could be presented in a one and a half hour session where the concepts were novel and even threatening to the audience. As trainers initially offered the training, they reported having difficulty getting through the material because of the engaged and interactive audiences. When asked what should be deleted from the training, trainers felt nothing could be eliminated, but they asked to add thirty minutes to each training, which was done.
3. The child care community includes those who are home-based providers and center-based providers, with those in the home-based programs typically being one-person operations. Some centers have four or more teachers/aides/volunteers at mealtimes in classrooms and cafeteria settings. We assessed strategies for application across these settings and audiences. Activities that included examples and scenarios for all settings were purposefully included. Minimum

attention, however, is given to “meals from home (lunch boxes),” though a set of handouts about this type of meal service was included. While concepts of hunger and fullness, variety of food, and responsive environments apply across meal service types, the original modules are limited in examples and discussion activity specifically for providers who are in “meals from home” food service settings.

4. Providers in child care serve a range of age groups in child care (Fodor & Fletcher, 2016). Training concepts and strategies that have fidelity across ages must be specified. Evidence-based practices are often defined by studies of particular age groups. It was necessary to choose those concepts/knowledges/practices that shared strategies that work across age groups.
5. Maintaining motivation to sustain and increase quality practices is a challenge. Quality can be scaled, from offering basic nutrition and feeding to offering optimal meals and practices. In keeping with the advantage of face-to-face and personal interactions, IdahoSTARS staff in seven regional offices follow up training with on-site coaching and provision of resources. This system allows quality coaches and providers to work together to progress from basic mealtime environments to optimal nutrition and feeding environments.
6. Eating and feeding are relationship intensive (Satter Institute, 2016). When training child care providers about nutrition and feeding, it is necessary to address a range of provider beliefs and experiences and resolve any tensions regarding evidence-based feeding and mealtime expectations. Though a face-to-face synchronous training format is time intensive, this format is rich in opportunities for social interaction and collaboration (Harrington & Loffredo, 2010: Praechter & Maier, 2010). We chose the face-to-face format where the instructor and groups of providers collaborate in activities. The expected outcome is sustainability of quality environments and relationships at their program’s mealtimes.
7. The challenge in face-to-face delivery for child care providers is scheduling. Providers are with children during the workday and few have release time to attend training (Fodor & Fletcher 2016)). Providers in rural remote areas must add travel time to attend training. Trainers adjusted traditional training times to address this need, but this remains an issue.
8. Turnover in child care is a fact of the workforce (Fodor, Fletcher, & Guier, 2016). When a new hire needs training, the face-to-face delivery method is less efficient. This is a challenge that is currently under discussion, with interactive digital modes of delivery. As providers become comfortable with appearing on screen and speaking up in digital settings, perhaps greater use of synchronous training can be an effective tool.

Outcomes

There are currently 1,529 providers in 121 Steps to Quality programs. Food and Nutrition Essential Trainings have been offered across Idaho by a team of twenty certified IdahoSTARS trainers. As of March 2017, 1,376 Idaho child care providers completed Essential Trainings for Food and Nutrition (927 providers in Step Two and 449 providers in Step Three). This is one third of the 4,225 child care providers enrolled in the IdahoSTARS Professional Development Registry. Because Steps to Quality is a building block program, it is anticipated that in 2017-2018, participants from 35 child care programs verified at a Step 1, and 18 child care programs verified at Step Two will continue to progress to subsequent step training. Fourteen of the 121 programs participating in Steps to Quality are verified at Step Three, Four, or Five, and are Star Rated. Over half (57%) of the Star-rated programs are center-based programs and 43% are home-based programs. This follows a similar trend of the total number of

Idaho center-based programs (53%) and home-based programs (47%). All staff in these programs who are working directly with young children completed the Essential Training Modules for Food and Nutrition and demonstrated quality mealtime practices during their IdahoSTARS verification visit.

Participant feedback on trainings indicates that 88% of participants learned something new in the training. Participants (86%) report they believe the training will help them do their job better. The majority of participants (70%) indicated that they participated in this training due to enrollment in Steps to Quality and the Essential Training System. Other participants reported they participated in the training because they are interested in the topic, hold a belief that the information would be beneficial to their role, or need support with mealtimes practices.

Implementation Summary

Quest for improvement in quality mealtime practices is a primary aim of IdahoSTARS Health and Safety activities. The aim is threefold: 1) provider knowledge acquisition, 2) skill acquisition, and 3) sustainability of quality mealtime practices. (See the Steps to Quality Model in Figure 1). Development of training materials and selecting qualified trainers were early implementation objectives. Classroom checklists were then developed and verification indicators were then approved. A system of pretests/posttests and provider evaluation of the training was designed to be administered by IdahoSTARS office staff. Trainers were trained with a focus on assuring training in each Idaho region. Regional Quality Child Care Consultants and Child Care Health Consultants who provide coaching attended the training with providers, and reviewed all Essential Trainings materials.

The system is under continuing review with updates and revisions added as appropriate. For example, the Dietary Guidelines and Child Care Food Program Guidelines have been updated. As the original training was developed, these changes were anticipated and the most basic concepts of nutrition were deliberately targeted, as these basics are not likely to change. In the new guidelines, the basics concepts were not changed, though guidelines look different. Trainers will be updated as these guidelines go into effect.

Future Directions

The IdahoSTARS Quality Rating Improvement System, Steps to Quality, is dynamic in content, operations, and participant base. Change is inevitable. Below are future directions that are particular to the Foods and Nutrition aspects of Steps to Quality.

1. Establishing trend data for assessment of knowledge acquisition and sustainability of quality mealtime practices can direct future activities. Specifically we must assess pre/posttests, provider feedback on training, and pass/fail rates on verification indicators.
2. Fidelity of the Indicator measure for food and nutrition activities is critical. We will continue to assess the reliability and validity of the indicator measures. Two questions have arisen: have the correct Indicators been chosen for verification and, are food and nutrition findings reliable across verifiers and settings.
3. An inventory of the most requested and most used on-site coaching activities and resources is important in training future coaches, and for evaluating current practices. Questions for further

study are: what are the primary coaching requests for feeding and mealtime strategies as programs verify across Steps; and, how are the Indicators related to food and nutrition Vision and Action Plans and Professional Development Plans.

4. Anecdotal evidence shows that classroom teachers are posting the *Checklist of What this Looks Like in Practice* (Appendix D). Formal examination of the practical uses of the checklist is warranted. Specifically, we must distinguish how the checklist is used in center-based programs and home-based programs, and providers' views of the effectiveness of the checklist.
5. Assuring that providers use evidence-based practices is critical to assuring quality mealtimes in child care in Idaho. When training adults, it is important to address and resolve provider tensions regarding evidence-based feeding and mealtime expectations. The face-to-face nature of our current system presents an issue for addressing training of new hires when other staff have completed the face-to-face Essential Training. Novel training modes that offer synchronous interactive training are evolving. Continuing examination of ways to meet the needs of all providers, without losing the integrity of face-to-face opportunities, is necessary. Continuing attention to maintaining the intended integrity of our face-to-face training is essential as new modes of delivery are considered.
6. Because many Idaho child care providers are in programs that use meals-from-home food service, content in the training modules and indicators must be further reviewed and enhanced to address their needs.
7. The ultimate test of a system, such as the quality rating improvement system, is the impact the activities have on children. Research designs (and protocols) are needed to examine child-change at mealtimes where providers participate in Steps to Quality and where providers do not participate.

Implications/Conclusions

Since 2013 when IdahoSTARS Steps to Quality began, many Idaho children have opportunity to eat with knowledgeable child care providers who have proven their routine use of quality practices. As a result of the IdahoSTARS Essential Training for Food and Nutrition, over a thousand child care providers have been exposed to evidence-based quality practices for feeding children in their care. They now have access to continuing, sequential learning about nutrition and feeding, and they can access a quality coach as they attempt new strategies or have questions or ideas, or as they revise existing practices for their mealtimes with children in child care. Mealtimes are becoming increasingly important as a health issue that child care providers can positively impact.

Routine use of evidence-based strategies is increasing. Staff in Idaho child care programs are typically experienced teachers, aides, and cooks who have knowledge and mealtime strategies they may have used for years. Quality improvement activities, such as those offered in IdahoSTARS Essential Training for Foods and Nutrition and Steps to Quality verification system, begin where the learner's beliefs, knowledge, and skills are, and support learners to move through the learning curve to sustained quality mealtimes.

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Appendices: Supporting Documents

Appendix A: Earning Steps in the Steps to Quality Model

Appendix B: Sample of Requirements for Earning Steps

Appendix C: Sample of Essential Knowledge and What this Looks Like in Practice

Appendix D: Sample of "Checklist of What This Looks Like in Practice"

Appendix E: Vision and Action Plans

Appendix A: Steps to Quality

STEPS TO QUALITY

Idaho's Quality Rating & Improvement System (QRIS) for Child Care Centers

Children benefit from high quality early care and education. Steps to Quality provides child care programs with a set of tools to cultivate high quality. We offer a plan for the sustainable growth of your business. We measure the developing quality of your child care program. We publicly recognize your program's success and share it with families throughout Idaho.

At each step, we'll help you grow the quality of your program in these areas:

- Health and Safety
- Staff Education
- Classrooms and Playground
- Inclusion of all Children
- Partnerships with Families & Communities
- Professional Business Practices

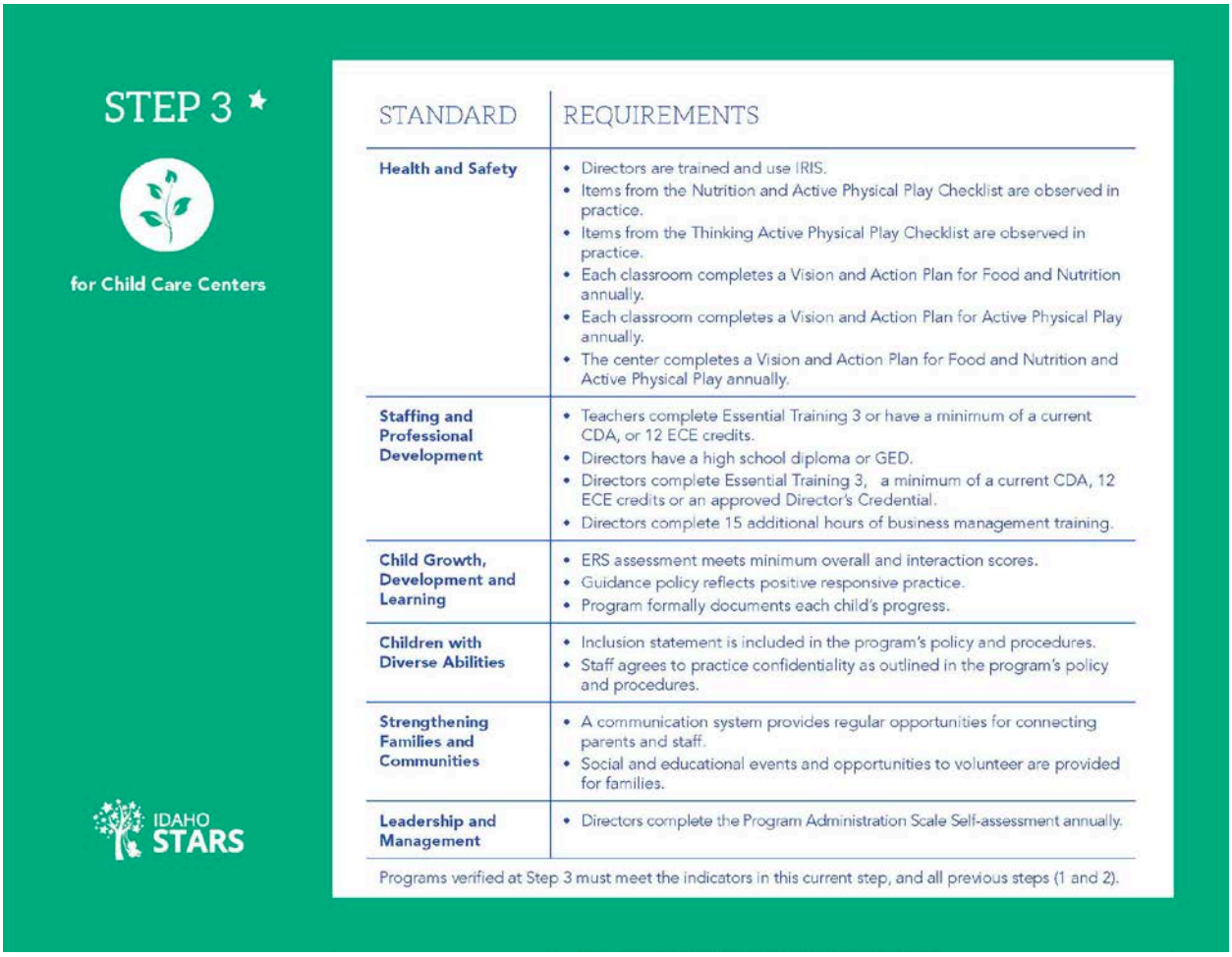
In Steps to Quality, a program evolves as it moves from step to step. A successful program implements the quality indicators in its current step, while maintaining the quality of the previous steps. Continuous quality improvement has deep roots.

The goal of Steps to Quality is to help Idaho's child care programs provide a setting where children thrive.

IDAHO STARS

GROWING QUALITY CHILD CARE

Appendix B: Sample of Requirements to Earn Steps



STEP 3 ★

for Child Care Centers

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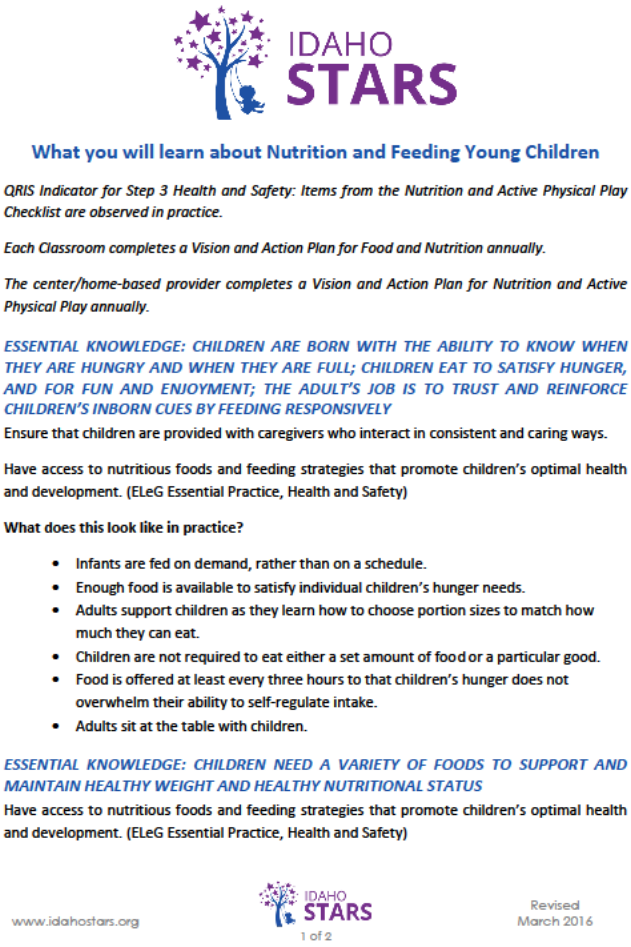
STANDARD	REQUIREMENTS
Health and Safety	• Directors are trained and use IRIS. • Items from the Nutrition and Active Physical Play Checklist are observed in practice. • Items from the Thinking Active Physical Play Checklist are observed in practice. • Each classroom completes a Vision and Action Plan for Food and Nutrition annually. • Each classroom completes a Vision and Action Plan for Active Physical Play annually. • The center completes a Vision and Action Plan for Food and Nutrition and Active Physical Play annually.
Staffing and Professional Development	• Teachers complete Essential Training 3 or have a minimum of a current CDA, or 12 ECE credits. • Directors have a high school diploma or GED. • Directors complete Essential Training 3, a minimum of a current CDA, 12 ECE credits or an approved Director's Credential. • Directors complete 15 additional hours of business management training.
Child Growth, Development and Learning	• ERS assessment meets minimum overall and interaction scores. • Guidance policy reflects positive responsive practice. • Program formally documents each child's progress.
Children with Diverse Abilities	• Inclusion statement is included in the program's policy and procedures. • Staff agrees to practice confidentiality as outlined in the program's policy and procedures.
Strengthening Families and Communities	• A communication system provides regular opportunities for connecting parents and staff. • Social and educational events and opportunities to volunteer are provided for families.
Leadership and Management	• Directors complete the Program Administration Scale Self-assessment annually.

Programs verified at Step 3 must meet the indicators in this current step, and all previous steps (1 and 2).

Appendix C: Sample of Essential Knowledge and What this Looks Like in Practice



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What you will learn about Nutrition and Feeding Young Children

QRIS Indicator for Step 3 Health and Safety: Items from the Nutrition and Active Physical Play Checklist are observed in practice.

Each Classroom completes a Vision and Action Plan for Food and Nutrition annually.

The center/home-based provider completes a Vision and Action Plan for Nutrition and Active Physical Play annually.

ESSENTIAL KNOWLEDGE: CHILDREN ARE BORN WITH THE ABILITY TO KNOW WHEN THEY ARE HUNGRY AND WHEN THEY ARE FULL; CHILDREN EAT TO SATISFY HUNGER, AND FOR FUN AND ENJOYMENT; THE ADULT'S JOB IS TO TRUST AND REINFORCE CHILDREN'S INBORN CUES BY FEEDING RESPONSIVELY

Ensure that children are provided with caregivers who interact in consistent and caring ways.

Have access to nutritious foods and feeding strategies that promote children's optimal health and development. (ELeG Essential Practice, Health and Safety)

What does this look like in practice?

- Infants are fed on demand, rather than on a schedule.
- Enough food is available to satisfy individual children's hunger needs.
- Adults support children as they learn how to choose portion sizes to match how much they can eat.
- Children are not required to eat either a set amount of food or a particular good.
- Food is offered at least every three hours to that children's hunger does not overwhelm their ability to self-regulate intake.
- Adults sit at the table with children.

ESSENTIAL KNOWLEDGE: CHILDREN NEED A VARIETY OF FOODS TO SUPPORT AND MAINTAIN HEALTHY WEIGHT AND HEALTHY NUTRITIONAL STATUS

Have access to nutritious foods and feeding strategies that promote children's optimal health and development. (ELeG Essential Practice, Health and Safety)

Appendix D: Sample of What this Looks Like in Practice Checklist

Step 2 Essential Trainings

Food and Nutrition

Checklist of Practice

Always	Sometimes	Not Yet	Caregiver Strategies: What they look like in practice
			1. Children serve themselves at least part of the meal with appropriate serving utensils.
			2. Infants are fed on demand, rather than on a schedule.
			3. Enough food is available to satisfy individual children's hunger.
			4. Meal planning is based on nutritionally sound meal patterns (i.e. MyPlate or USDA Child Care Meal Pattern Guidelines)
			5. Children are not required to eat either a set amount of food or a particular food.
			6. Children are not required to try or taste a food they refuse.
			7. Food is offered at least every three hours so that children's hunger does not overwhelm their ability to self-regulate intake.
			8. Adults sit at the table with children.
			9. A policy supporting breastfeeding is developed and provisions are made to store expressed milk, and for the caregiver to feed expressed milk to support breastfeeding mothers and their babies.
			10. Menus are created on at least a two-week cycle, include a variety of foods, and are posted for staff and parents.
			11. Children have access to drinking water during mealtimes, snack times, and during periods of active physical play.
			12. Adults support children as they learn how to choose portion sizes to match how much they can eat.
			13. Serving dishes and utensils are available for children to pass food and self-serve food.
			14. Mealtime conversation is encouraged among children and adults.
			15. Adults respond to children's questions and comments with information and interest.
			16. Children use verbal requests to ask for food. ("Please pass the pears")

Appendix E: Templates for Vision and Action Plans

Vision for Quality Mealtimes	Action Plan for Quality Mealtimes
Think about your vision for mealtimes in a group setting using these categories: ✓ The *mealtime physical environment* includes such things as room arrangement, utensils for children, presentation of food, and how food safety is maintained. ✓ The *mealtime auditory environment* includes ALL sounds that children hear at mealtimes. ✓ The *mealtime social environment* includes all social interactions at mealtimes, including such things as child-to-child discussions, teacher and child discussions, taking turns, and passing and serving food. ✓ The *mealtime language environment* includes what happens around talking, conversations, listening to others' ideas or directions, and building vocabulary. ✓ The *emotional environment at mealtimes* refers to how children and adults FEEL about what is happening. **Compose your vision***:* 1. Think about what you would LIKE to have happen at mealtimes, not what you currently do. 2. Write your vision statement being certain to include each of the categories above.	**Write an action plan that makes your vision a reality for mealtimes** *I will do these three things.* *1.* *2.* *3.* *These are barriers I may face:* *I will do these things to lift the barriers:* *I will overcome the barriers by this date:* *These people will help me take action:* IdahoSTARS Steps to Quality, 2017