Healthy Family Child Care Environments in Montgomery County

Supporting Best Practices for Nutrition, Physical Activity and Breastfeeding

May 2018

CONTENTS

EXECUTIVE SUMMARY

Project Overview

The Healthy Montgomery Transforming Communities Initiative (TCI) is a collaborative partnership comprised of Holy Cross Health, the Institute for Public Health Innovation (IPHI), Montgomery County Department of Health and Human Services (DHHS), the Eat Well Be Active Partnership, and numerous other government and community partners. Over the next three to five years, TCI aims to reduce obesity and promote tobacco free living in the focus communities of Gaithersburg, Germantown, Takoma Park, and Long Branch. The initiative is funded by Trinity Health and Holy Cross Health.

A critical part of this work involves taking steps to ensure that young children have access to proper nutrition and developmentally appropriate physical activity in their child care settings. In order to identify strategies to improve nutrition and physical activity-related practices in Montgomery County child care homes, IPHI partnered with School Readiness Consulting (SRC) to conduct an assessment which includes a landscape analysis, key informant interviews, and focus groups among family child care providers, County leaders, policymakers and non-profit organizations supporting the local child care system. The assessment builds upon the aim of the 2015 strategic plan developed by the Child Care Workgroup of the Eat Well Be Active Partnership. The goal of the 2015 strategic plan was to leverage and provide resources that assist childcare centers to adhere to the Maryland Child Care Healthy Eating and Physical Activity Act, which requires licensed child care facilities in Maryland to limit sugary beverages, make certain provisions to support breastfeeding mothers, and limit screen time for children in their care. The strategic plan was developed as part of the County's Community Health Improvement Planning (CHIP) process through which obesity and chronic disease prevention emerged among priority areas of focus. Results of the assessment will be used to identity the appropriate policy, system and environmental changes needed to improve healthy eating and physical activity environments for young children in child care homes.

Impact Areas for Family Child Care (FCC) Homes:

- **Nutrition:** Family child care (FCC) providers must serve meals that comply with the 2017 Maryland State Department of Education (MSDE) Nutrition Standards for Child Care, based on current United States Department of Agriculture (USDA) recommendations.
- **Physical Activity:** FCC providers must eliminate screen time from their daily programs and offer multiple daily opportunities for structured and unstructured physical play.
- **Breastfeeding Support:** FCC providers must offer adequate, private space in their child care homes for mothers to breastfeed, attend training on how to handle breastmilk properly, and provide resources and information to families on the benefits of breastfeeding.

The Need

The child care component of TCI emphasizes the need to create and sustain change in the focus communities by supporting healthy habits and lifestyles for young children. The initiative recognizes that for young children, access to proper nutrition and exercise contributes to an essential foundation for the development of lifelong healthy habits. A growing body of research suggests that young children's nutrition, levels of physical activity, and overall health and wellbeing are integral to their development and learning and are predictive of their long-term health outcomes (Sorhaindo & Feinstein, 2006; Ogden et. al., 2015).

Key findings from the Landscape Analysis:

- Montgomery County is a minority-majority district, with over half of the population representing a minority racial, ethnic, or linguistic group.
- Significant portions of the focus communities are designated as "low-income and low-access" by USDA standards (i.e., 33% or more of the population lives more than one half of a mile from the nearest full-service supermarket)
- There are approximately 272 licensed child care homes operating in the TCI focus communities, with the combined capacity to serve 2,066 children.
- Countywide, children entering Kindergarten from FCC homes tend to have poorer school readiness outcomes than those entering from center-based early care and education programs. This points to potential system-wide limitations on FCC providers access to supports for program quality and workforce development.

Research also indicates that children from low-income and minority groups are disproportionately affected by health risks associated with poor nutrition and exercise. This can be attributed to limited access to fresh, healthy foods and safe play spaces, the comparatively low prevalence of breastfeeding among low-income and minority groups, and a lack of comprehensive health education and outreach to low-income communities (Robert Wood Johnson Foundation, 2017). Within certain Montgomery County communities, a significant portion of the population falls below the median household income, are members of minority groups, and/or have limited English proficiency. Correlations between these community characteristics and health-related risk factors suggest that many young children in Montgomery County could be at increased risk of lifelong adverse health conditions associated with overweight and obesity. To address this and other related health disparities, a comprehensive approach to improving community health and wellness outcomes would involve interventions for both home and school/care settings and should prioritize Montgomery County's youngest and most vulnerable children. Currently, for about 70% of Montgomery County children under the age of six, all parents in the household are active members of the workforce (US Census Bureau, 2015). Given the significant amount of time that many young children spend in settings outside of the home, it is essential to equip those who care for children with the information and resources to implement best practices for children's health and wellness.

The Approach

Making progress in this area will require effective system-wide and community-specific supports for child care providers. To better understand the communities and early childhood systems in which their work takes place, IPHI worked closely with SRC, a local consulting organization with expertise in early childhood research and evaluation, professional development, and early childhood policy. SRC's work involved analyzing the demographic and child care landscape, aligning local opportunities with current research and promising practices, and deriving practical recommendations for advancing support to providers in the three impact areas. SRC's work also included discussion groups with child care providers and interviews with key stakeholders. This report is the culmination of all phases of SRC's work, and contains the following sections: Executive Summary; Landscape Analysis; Literature Review and Environmental Scan; and Recommendations.

Landscape Analysis

The Landscape Analysis presents a portrait of the focus communities, including relevant demographic and economic characteristics, and the presence of FCC homes as an important part of the child care delivery system. Data were collected

Key Findings from the Literature Review and Environmental Scan:

- Current professional development offerings related to nutrition, physical activity, and breastfeeding amount to basic, introductory-level training that providers must repeat annually. Providers would benefit from more advanced training, especially in the area of communicating with families to co-create best practices for individual children around these socially and culturally complex topics.
- The Child and Adult Care Food Program (CACFP) is a federal resource provided by the USDA and locally operated by Montgomery County Public Schools (MCPS) which provides reimbursements to child care providers for nutritious meals served to children.
- Only about 28% of family child care (FCC) providers are participating in CACFP to receive per-child reimbursements for nutritious meals served to children. Reasons for non-participation include the administrative burden, the high cost of nutritious foods (which providers report is not adequately covered at current reimbursement levels), and the amount of time it takes to purchase and prepare food, especially for providers in areas with low access to full-service supermarkets.
- Lack of direct staffing in key agencies to support and regulate healthy environments in FCC homes contributes to low coordination around this topic, and is a barrier to system-wide progress in this area.
- The local child care associations act as a trusted source of information and support for FCC providers. Currently, about half of Montgomery County FCC providers are represented by associations.
- Many FCC providers lack access to adequate indoor and/or outdoor space to provide the recommended levels of physical activity, and could benefit from opportunities to share space, costs, and equipment.
- Informal and unlicensed providers care for a high number of young children in the focus communities, yet they operate beyond the reach of most supportive and regulatory bodies.

from open sources and examined to gain a deeper understanding of the local population demographics, local child care characteristics, and child outcomes, especially as they relate to FCC. The focal point for analysis was defined by the following zip codes—Gaithersburg: 20877, 20878, 20879, 20882, and 20886; Germantown: 20874 and 20876; and Takoma Park/Long Branch: 20912.

Literature Review and Environmental Scan

The Literature Review and Environmental Scan highlights current research and best practices in the three impact areas of nutrition, physical activity, and breastfeeding support in FCC homes. To do so, the comprehensive scan involved an analysis of insights gained from 10 local key informants who work in a variety of decision-making and implementation capacities related to health and wellness, and on behalf of FCC providers. This expert panel of interviewees included representatives from the Montgomery County Child Care Resource and Referral Agency, Montgomery County DHHS, University of Maryland Extension Program, local child care associations, The Montgomery County Council, and the Horizon Foundation. In addition, the scan involved qualitative analysis of three FCC provider focus groups, where providers operating in the TCI focus communities shared their perspectives, challenges, and strategies related to the three impact areas.

Priority Areas and Recommendations

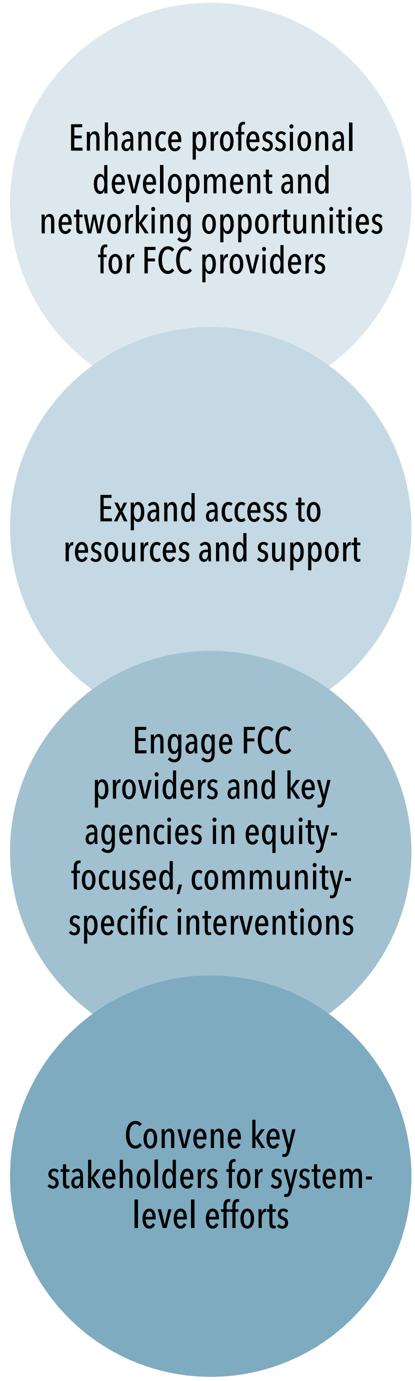
The findings in the Landscape Analysis and the Literature Review and Environmental Scan informed a set of recommendations, which highlight opportunities for immediate action, as well as considerations for ongoing strategic planning and engagement. The recommendations are organized by four priority areas for supporting home-based child care providers across the three impact areas. The priority areas indicate broad areas for system-wide improvement, and the recommendations describe strategies for stakeholders to consider that could support progress in these areas. These recommendations are identified as R.1-4 for each priority area. The priority areas include:

Enhancing professional development and networking opportunities for FCC providers: Providers expressed an interest in learning beyond basic introductory-level training in the three impact areas. Providers would benefit from comprehensive support for implementing best practices and partnering with families in these efforts. Providers also expressed the need for professional networks that offer ongoing peer support and opportunities to have a voice in policy shifts and decisions that affect their work.

Expanding access to resources and support: To address participation gaps in CACFP and other important resources, public and private agencies that work to support FCC providers can take the lead in facilitating a variety of opportunities for providers to create healthier environments in their child care homes.

Engaging FCC providers and key agencies in equity-focused, community-specific interventions: FCC providers are well-positioned to inform community-level efforts and to connect families to system-wide nutritional supports. As members and leaders in their communities, many providers could be identified as peer mentors and advocates for health and wellness practices among FCC homes and in the community at large.

Convening key stakeholders for system-level efforts: There are multiple stakeholders at the state and local levels that may have the capacity and reach to bring nutrition, physical activity, and breastfeeding support to the forefront of system-wide discourse on early childhood care and education. With additional coordination, such agencies could work to align priorities and resources and generate momentum for ongoing improvement in the impact areas.



Priority Area A. Enhance professional development and networking opportunities for FCC providers by:
R.1. Creating expanded professional development opportunities that allow providers to pursue deep learning and implementation support around nutrition, physical activity, and breastfeeding.
R.2. Collaborating with Maryland State Department of Education (MSDE) and approved trainers to expand the cultural competency components of professional development offerings to prepare providers to communicate with diverse families about creating healthy environments for young children.
R.3. Building expanded nutrition, physical activity, and breastfeeding learning opportunities into the emerging professional learning networks strategy out of Maryland State Department of Education (MSDE) and Montgomery County Department of Health and Human Services (DHHS).
R.4. Building capacity within child care associations to create opportunities for providers to inform upcoming initiatives and policy shifts.

Priority Area B. Expand access to resources and support by:
R.1. Implementing shared service options for providers that offer delivery of healthy, Child and Adult Care Food Program (CACFP)-compliant meals or fresh ingredients at an affordable rate, and support cost- and space- sharing arrangements to enable FCC providers to access physical activity spaces, equipment, and partnerships.
R.2. Promoting partnerships that build capacity at Montgomery County Pubic Schools (MCPS) to increase outreach efforts to FCC providers who currently do not participate in the Child and Adult Care Food Program (CACFP).
R.3. Promoting public awareness among families and child care providers regarding the characteristics and importance of proper nutrition and developmentally appropriate physical activity for young children, and engaging trusted community-based non-government organizations and local businesses to deliver information and resources to support young children, regardless of where and by whom they are cared for regularly.

Priority Area C. Engage FCC providers and key agencies equity-focused, community-specific interventions by:
R.1. Targeting coaching/mentorship and shared service opportunities to FCC homes located in areas most at risk for low access to fresh, healthy foods and safe play spaces.
R.2. Preparing FCC providers to help families navigate systems of nutritional support in culturally sensitive ways, connecting families to supplemental nutrition programs such as SNAP and WIC as they are eligible.
R.3. Expanding current/creating additional coaching opportunities to include a non-regulatory peer-mentorship or community health worker approach to promoting best practices among FCC providers.

Priority Area D. Convene key stakeholders for system-level efforts, such as:
R.1. Exploring revenue streams to support additional personnel capacity within public agencies to lead and resource recommended strategies (i.e., expanded professional development and coaching opportunities, shared service options, etc.).
R.2. Building awareness within the Montgomery County Regional Service Centers and the Montgomery County Early Childhood Coordinating Council to raise issues of low access to healthy foods and safe play spaces in the focus communities.
R.3. Partnering with local pediatricians, obstetricians doulas and other healthcare entities to advance awareness among families about seeking and selecting healthy child care environments.

Healthy Family Child Care Environments in Montgomery County

FULL REPORT

SETTING THE CONTEXT

The Need

For young children, access to healthy foods and exercise forms an essential foundation for the development of lifelong healthy habits. A growing body of research suggests that young children's nutrition, levels of physical activity, and overall health and well-being are integral to their development and learning and are predictive of their long-term health outcomes (Sorhaindo & Feinstein, 2006; Ogden et. al., 2015).

Currently, one out of every three children in the US are classified as overweight or obese (Ogden, et. al., 2015). Several environmental and behavioral factors contribute to childhood overweight and obesity, such as:

- 91% of American children get less than half of the recommended amount of physical activity per day.
- About 66% of children (ages 2–19) consume at least one sugary beverage per day.
- American children (ages 2–19) spend an average of three hours per day passively watching a screen.

Research also indicates that children from low-income and minority groups are disproportionately affected by health risks associated with poor nutrition and exercise. This can be attributed in part to limited access to fresh, healthy foods and safe play spaces, the comparatively low prevalence of breastfeeding among low-income and minority populations, and a lack of comprehensive health education and outreach to low-income communities (Robert Wood Johnson Foundation, 2017).

These health disparities are a significant factor in the overall well-being of many children and families in Montgomery County, Maryland. Within certain Montgomery County communities, a significant portion of the population falls well below the median household income, are members of minority groups, and/or have limited English proficiency. From the correlation between these community characteristics and health-related risk factors one can infer that many young children in Montgomery County could be at increased risk of lifelong adverse health conditions associated with overweight and obesity.

A comprehensive approach to addressing disparities related to nutrition, physical activity, and breastfeeding should involve interventions for both home and school/care settings and should prioritize Montgomery County's youngest and most vulnerable children. Currently, for about 70% of Montgomery County children under the age of six, all parents in the household are active members of the workforce (US Census Bureau, 2015). Given the significant amount of time that many young children spend in settings outside of the home, it is essential to equip those who care for children with the information and resources to help mitigate these issues.

Project Overview

The Healthy Montgomery Transforming Communities Initiative (TCI) is a collaborative partnership comprised of Holy Cross Health, the Institute for Public Health Innovation (IPHI), Montgomery County Department of Health and Human Services (DHHS), the Eat Well Be Active Partnership, and numerous other government and community partners. Over the next three to five years, TCI aims to reduce obesity and promote tobacco free living in the focus communities of Gaithersburg, Germantown, Takoma Park, and Long Branch. The initiative is funded by Trinity Health and Holy Cross Health.

A critical part of this work involves taking steps to ensure that young children have access to proper nutrition and developmentally appropriate physical activity in their child care settings. In order to identify strategies to improve nutrition and physical activity-related practices in Montgomery County child care homes, IPHI partnered with School Readiness Consulting (SRC) to conduct an assessment which includes a landscape analysis, key informant interviews, and focus groups among family child care providers, County leaders, policymakers and non-profit organizations supporting the local child care system. The assessment builds upon the aim of the 2015 strategic plan developed by the Child Care Workgroup of the Eat Well Be Active Partnership. The goal of the 2015 strategic plan was to leverage and provide resources that assist childcare centers to adhere to the Maryland Child Care Healthy Eating and Physical Activity Act, which requires licensed child care facilities in Maryland to limit sugary beverages, make certain provisions to support breastfeeding mothers, and limit screen time for children in their care. The strategic plan was developed as part of the County's Community Health Improvement Planning (CHIP) process through which obesity and chronic disease prevention emerged among priority areas of focus. Results of the assessment will be used to identity the appropriate policy, system and environmental changes needed to improve healthy eating and physical activity environments for young children in child care homes.

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The Approach

To better understand the communities and early childhood systems in which this work is taking place, IPHI worked closely with SRC, a local consulting organization with expertise in early childhood research and evaluation, professional development, and early childhood policy. SRC's work involved analysis of the demographic and child care landscape, alignment of local practices and circumstances with current research and promising practices, and deriving practical next steps for advancing best practices in the three impact areas. To that end, the full report is the culmination of this work and contains three sections: 1) Landscape Analysis, 2) Literature Review and Environmental Scan, and 3) Priority Areas and Recommendations.

Landscape Analysis

The Landscape Analysis presents a portrait of the focus communities, including relevant demographic and economic characteristics, and the presence of FCC homes as an important part of the child care delivery system. Data were collected from open sources and examined to gain a deeper understanding of the local population demographics, local child care characteristics, and child outcomes, especially as they relate to FCC. The focal point for analysis was defined by the following zip codes—Gaithersburg: 20877, 20878, 20879, 20882, and 20886; Germantown: 20874 and 20876; and Takoma Park/Long Branch: 20912.

The analysis points to the significance of community issues such as food scarcity and economic disparities as major factors to overcome in the interest of children who live and attend child care in the focus communities. It also points to the need for culturally and linguistically responsive approaches to the design and rollout of interventions and for strategies that recognize and respond to the diversity of the FCC workforce and local communities. Finally, it discusses how effective interventions would support FCC providers in enacting the regulations of the Healthy Eating and Physical Activity Act and improving the conditions in which they work to establish healthy environments for young children.

Literature Review and Environmental Scan

The Literature Review and Environmental Scan highlights current research and best practices in the three impact areas of nutrition, physical activity, and breastfeeding support in FCC homes. To do so, the comprehensive scan involved an analysis of insights gained from ten local key informants, who work in a variety of decision-making and implementation capacities related to health and wellness, and on behalf of FCC providers. This expert panel of interviewees included representatives from the Montgomery County Child Care Resource and Referral Agency, Montgomery County Department of Health and Human Services (DHHS), University of Maryland Extension Program, local child care associations, Montgomery County Council, and the Horizon Foundation. In addition, the scan involved qualitative analysis of three FCC provider focus groups, where current providers operating in the TCI focus communities shared their perspectives, challenges, and strategies related to nutrition, physical activity, and breastfeeding support in their child care homes.

Priority Areas and Recommendations

The recommendations are derived from the findings of the Landscape Analysis and the Literature Review and Environmental Scan and are organized by four imperatives for supporting FCC providers across the impact areas of nutrition, physical activity, and breastfeeding support. These imperatives include: Enhancing professional development and networking opportunities for FCC providers; Expanding access to resources and support; Prioritizing equity-focused, community-specific interventions; and Convening stakeholders for system-level efforts.

The recommendations in Part 3 this report will highlight opportunities for immediate action, as well as considerations for ongoing strategic planning and engagement. These recommendations will build upon current work and opportunities and will offer insight as to which local leaders might lead or participate in these efforts, what organizations might have the capacity and reach to take them on, and where additional capacity and/or funding may be needed.

PART 1: LANDSCAPE ANALYSIS

The purpose of the Landscape Analysis is to highlight important characteristics of the local context in which the work of improving healthy environments for young children is taking place. To do so, this section will have two focal points: The Focus Communities and The Child Care Landscape. The first will highlight the key features of the community, including demographic information and key economic indicators that point to the relevance of these efforts in the identified focus communities. The second will provide an overview of FCC presence and outcomes in the county at large and draw connections to the realities for providers and families in the specific focus communities.

The Focus Communities

The work of the TCI is focused on the Montgomery County communities of Gaithersburg, Germantown, and Takoma Park/Long Branch. In total, these communities are home to approximately 163,000 residents, 15,200 or about 9% of whom are under the age of six. The following table provides an overview of community-level demographic findings (see Table 1 below).

Key Takeaways for the Focus Communities:

- Across all three focus communities, over 50% of residents are members of racial, ethnic, or linguistic minority groups.
- According to the 2012–2016 American Community Survey, a high percentage of the population (11–20% across the focus communities) reports speaking English less than "very well."
- Around 20%, or 1 in 5 children in the focus communities is receiving some form of income-based public assistance.
- Substantial areas within and around the focus communities are designated as "low-income and low-access" according to USDA standards, meaning that 33% or more of the population lives more than one half of a mile from the nearest full-service supermarket.

Table 1. Community Demographics

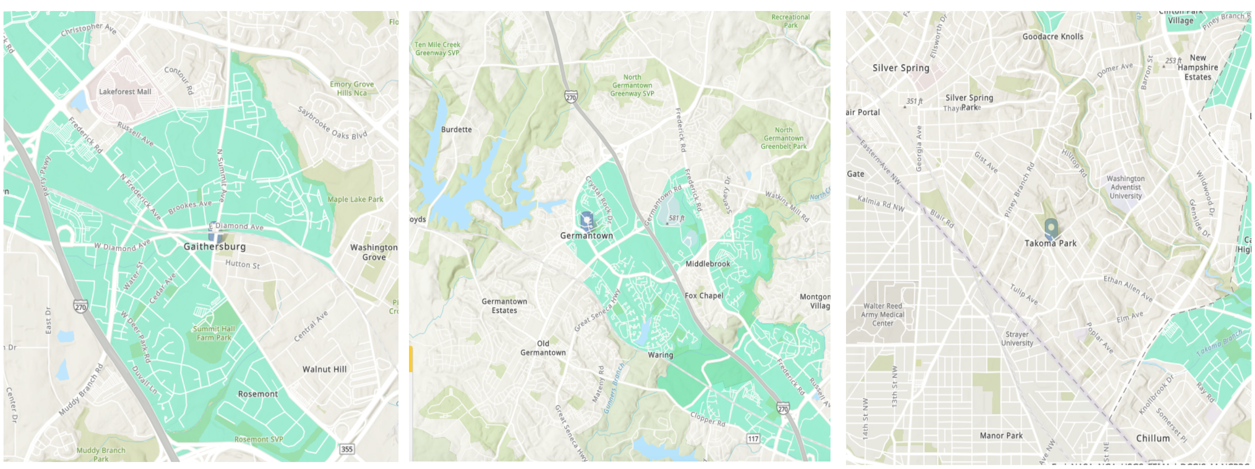
	Gaithersburg	Germantown	Takoma Park/Long Branch
Total Population	59,993	86,395	16,715
Children Under 6	6,219 or 10.4%	7,612 or 8.8%	1,293 or 7.4%
Children Racial/Ethnic Breakdown	White: 43.5% Asian: 15.5% Black: 21.4% Two or more races: 16.4% Other: 13.1% Hispanic or Latino origin: 30.2%	White: 40% Black: 25% Asian: 18.7% Two or more races: 9.3% Other 6.6% Hispanic or Latino origin: 25%	White: 50% Black: 35% Asian: 4.4% Two or more Races: 10% Other: 6.6% Hispanic or Latino origin: 14.5%
Linguistic Breakdown (home languages)	English: 53.4% Spanish: 20.5% Indo-European languages: 9.9% Asian languages: 12.7% Other 3.5% 20.2% speak Eng. less than "very well"	English: 54.9% Spanish: 18.8% Indo-European languages: 11.1% Asian languages: 12.1% Other 3.1% 16.5% speak Eng. less than "very well"	English: 67.9% Spanish: 11.4% Indo-European languages: 7.8% Asian languages: 3.2% Other: 9.6% 11.7% speak Eng. less than "very well"
Household Breakdown	Two-parent households: 67.6% Single parent households, male-headed: 15.4% Single parent, female headed: 38.5% Other: 7.6%	Two-parent households: 73.1% Single parent households, male-headed: 5.8% Single parent, female headed: 21.1%	Two-parent households: 71.8% Single parent households male-headed: 5.6% Single parent, female headed: 24.3%
% Children under 6 with all parents in workforce	60.7%	73.9%	87.7%
Median Income	$80,734	$89,338	$82,735
% Children under 5 at or below poverty level within the last year (2015)	14.4%	10.9%	1.6%
% Families with children under 18 receiving public assistance	21%	21.1%	NO DATA
% Population participating in SNAP (2015)	6–10%	6–10%	6–10%

Source: 2012–2016 American Community Survey Estimates

As shown in the table above, the focus communities are racially, ethnically, and linguistically diverse. Based on what we know about the correlations between demographic and health indicators, it is clear that health disparities along these lines of diversity will have a significant impact in the focus communities, and that interventions and associated communications to providers and the broader community must take the community's cultural and linguistic characteristics into account. This also points to the need for culturally informed and nuanced approaches to developing effective nutrition and physical activity interventions, building upon the array of existing knowledge, dispositions, resources, and practices already occurring among diverse providers as they serve diverse children and families.

The focus communities also show substantial economic diversity and are home to many families and providers who may struggle with issues related to food access. The Johns Hopkins University Food Systems Map provides an interactive display of various food-related indicators across Maryland. The following images in Figure 1 (below) indicate parts of the communities that are considered "low-income and low-access" by USDA standards (i.e., 33% or more of the population lives more than one half of a mile from the nearest full-service supermarket). The shaded portions of the map represent areas with this designation in and around Gaithersburg, Germantown, and Takoma Park (arranged from left to right below). As shown, the Gaithersburg community has the most total area affected by low-income and low access. The Takoma Park/Long Branch community does not have this distinction; however, the surrounding areas, from which FCC programs are likely to draw children and families, are significantly affected by low income and access. This is significant because FCC providers tend to be highly localized, serving a majority of children who live within the same community. For this reason, children who live within low-income and low-access communities and attend FCC programs are likely to be dually impacted by the lack of proximity to fresh, healthy foods, plus other correlating factors that undermine proper nutrition and physical activity.

FIGURE 1. USDA LOW-INCOME AND LOW-ACCESS AREAS BY TCI FOCUS COMMUNITY

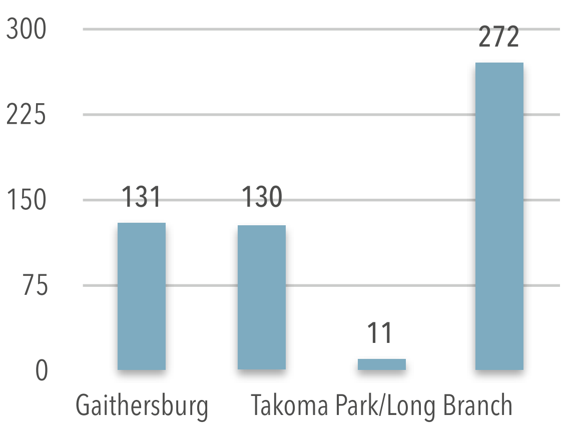


Shaded portions of the map represent areas with the "low-income, and low-access" designation in and around Gaithersburg, Germantown and Takoma Park (arranged from left to right) .
Source: John's Hopkins University Food System Map (2015)

The Child Care Landscape

Two prominent child care setting types in the focus communities include FCC and center-based care. FCC is characterized as licensed and regulated care provided to children in the home of a child care provider. Both FCC and center-based care are licensed and regulated by the Maryland State Department of Education (MSDE) Office of Child Care. Families choose different care settings for a variety of reasons, including cost, location, accessibility, and cultural/family values. In addition, many families utilize informal arrangements where a familiar adult cares for the child on a limited basis in the child's home. Families who utilize informal providers in this way can use child care subsidy benefits to help pay for care, similarly to those who participate in FCC and center-based care, provided these arrangements meet certain conditions. On the contrary, unlicensed providers who care for children outside the child's home are not recognized as legal child care arrangements and are not eligible for child care subsidy or other supports from public agencies.

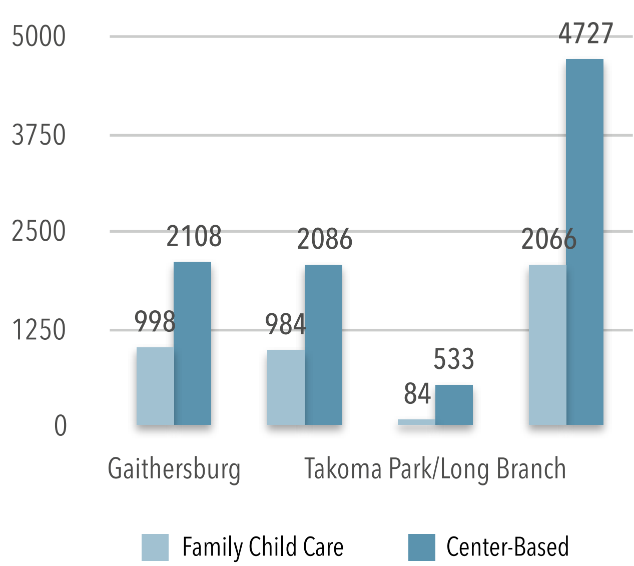
FIGURE 2. NUMBER OF FAMILY CHILD CARE PROVIDERS BY TCI FOCUS COMMUNITY



Center-based child care capacity is regulated according to space and number of qualified adults. FCC homes in Maryland have a maximum capacity of eight children, with additional restrictions based on children's ages and the amount of space. Growing in popularity are Large FCC homes, in which two FCC providers work together in a single home serving up to 12 children. Figure 2 shows the number of FCC providers across the TCI focus communities, and Figure 3 compares the capacity of FCC and center-based programs across the focus communities. A small number of large FCC homes are included among the FCC figures. These figures suggest that nutrition, physical activity, and breastfeeding interventions for FCC homes have the potential to reach over 2,000 children across 272 licensed home-based programs. Because informal and unlicensed care arrangements are not closely regulated, it is difficult to ascertain precisely how many additional children and families would be impacted by interventions that reach and include this segment of childcare providers. However, it is evident from prior studies that the numbers are significant, and include a high percentage of less affluent children and families (Montgomery County DHHS, 2016).

Mounting data suggest that children's nutrition and overall physical health is directly correlated with their readiness to learn, attend school regularly, and exhibit positive behavior (Sorhaindo & Feinstein, 2006). Given these connections between children's health and school readiness, it is also useful to explore data related to specific child outcomes as a result of children's participation in early learning experiences. Currently, across Montgomery County, 42% of children who enter Kindergarten from FCC settings

FIGURE 3. FAMILY CHILD CARE AND CENTER-BASED CHILD CARE SEATS IN THE FOCUS COMMUNITIES



demonstrate readiness, compared to 62% of children from center-based childcare and 38% of children who enter care from their own homes or informal care settings. It is important to note that this data may be somewhat skewed because of the tendency of families to confuse FCC with informal care on enrollment forms. However, based on this data, we can infer that there exist programmatic and/or systemic barriers that lead to inadequate support for home-based providers to offer the highest-quality early learning experiences. Kindergarten readiness data also reveal an average 30-point achievement gap for children from low-income households and a 35-point achievement gap for children who are English Language Learners (ELL).

In addition, the overall quality of childcare environments as it relates to teaching practices, environments, and materials, and program administration, is measured by Maryland's Quality Rating and Improvement System (QRIS), known as Maryland EXCELS. The QRIS is overseen by Maryland State Department of Education (MSDE). Participation in Maryland EXCELS results in a rating of one through five, based of evidence of quality and best practices that go above and beyond basic licensing regulations. As of now, only 13% of FCC providers within the focus communities who participated in the Maryland EXCELS program achieved a high quality rating of four or five out of five. Informal and unlicensed providers do not participate in Maryland EXCELS.

It is important to note that any added professional development related to nutrition, physical activity, and breastfeeding support will need to work within the existing workforce development structures, which seem to have limitations when it comes to meeting the needs of FCC and informal providers. This will be an essential consideration for a well-planned rollout of the recommendations. Another important consideration is that FCC and informal care are generally less costly for families and tend to be more prevalent among low-income and immigrant communities (Chaudry et. al., 2011). Therefore, children from these backgrounds would be more strongly impacted by the disparities between home-based and center-based child care.

Key Takeaways for The Child Care Landscape:

- There are a total of 272 FCC homes located in the focus communities, with the combined capacity to serve 2,066 children.
- FCC arrangements are typically less costly for families than center-based arrangements and tend to be the most common regulated child care arrangement used by families in low-income groupings.
- Many young children are cared for in informal and unlicensed settings, and these settings are used most commonly by families in low-income, minority, and immigrant groupings.
- Countywide, children entering Kindergarten from FCC homes tend to have poorer school readiness outcomes than those entering from center-based early care and education programs. This points to system-wide limitations on supports for program quality and workforce development for FCC providers.
- Only about 13% of FCC providers in the focus communities who participate in Maryland's QRIS System, Maryland EXCELS, received a high quality rating of 4 or 5 out of 5.
- The average income for a FCC provider in Montgomery County is $37,699 per year, which is significantly below the average per capita income of $49,000 per year. As a result, many providers and their families are likely to be impacted by income- and access-related risk factors.

Two other significant factors for consideration include the average income and minimum education requirements for FCC providers. Data focused on income level disparities suggest FCC providers earn low wages (on average $37,699 per year), compared to the average per capita income of $49,000 per year for Montgomery County residents. As a result, many providers and their families are likely to be impacted by income- and access-related risk factors. Additionally, the relatively low minimum education requirement for FCC providers, compared with center-based child care directors (i.e., high school diploma or equivalent required for center directors, plus significant additional training hours), may be further contributing to disparities in overall quality and effectiveness between program types. These and other challenges must factor into consideration for the rollout of intervention strategies, ensuring accessibility and relevance for FCC providers.

Looking Ahead

An exploration of population and community characteristics is a critical step toward identifying the programmatic and systemic factors that undermine the health and well-being of children in community and planning for effective interventions. Exploring and addressing the realities of family and community conditions and care settings is essential in order to significantly impact health and wellness outcomes for young children. Likewise, understanding the presence and characteristics of FCC providers across the three focus communities allowed for further research (i.e., key informant interviews and FCC provider focus groups) to involve adequate representation from each community and access the most relevant information. In the subsequent step—the Literature Review and Environmental Scan—SRC used information from the Landscape Analysis to identify listening session participants, to develop protocols for focus groups and interviews, and to identify promising strategies from similar communities.

PART 2: LITERATURE REVIEW AND ENVIRONMENTAL SCAN

The purpose of the Literature Review and Environmental Scan is to take a closer look at local and national practices and the perspectives of current providers and key informants related to the three impact areas of nutrition, physical activity, and breastfeeding support. For each impact area, this section will highlight important findings from research and widely accepted best practices and position these alongside key qualitative findings from the listening sessions (i.e., key informant interviews and provider focus groups). The Literature Review and Environmental Scan culminates in a set of four imperatives, which are further developed in Part 3: Recommendations.

Nutrition and Child Care

To frame the urgency and relevance of this work, it is important to acknowledge the role of proper nutrition in young children's development. Food preferences begin to develop in infancy, and children form lifelong eating habits based on the messages they receive about food and the types of foods served to them in early life. In addition, substantial research indicates that nutrition in the early years not only impacts lifelong eating habits, but is also associated with better developmental outcomes overall. For instance, a dietary pattern of foods with high sugar and fat content early in life was associated with poorer cognitive outcomes in later childhood, while a dietary pattern aligned with pediatric recommendations and high in fruits, vegetables, and whole grains was associated with more favorable cognitive outcomes. (Tandon et al., 2016).

In addition to healthy food options and limits on sugary snacks, children who are old enough to eat solid foods need access to drinking water and strict limits on their consumption of juice and other sweet beverages. The American Academy Pediatrics (AAP) recommends that children six months and older consume no more than 4–6 ounces of 100% fruit juice per day (Malik et al., 2006). Not only do sugary beverages contribute excess calories to children's diets, excessive juice drinking can lead to decreased appetite and a lessened desire for more nutrient-rich foods necessary for healthy development.

Recognizing the importance of nutrition for child outcomes, child care providers—often charged with providing children more than half of their daily nutrition during the program day—have a critical role to ensure adequate and balanced meals. This section will highlight the experiences and perspectives of local FCC providers and key informants around nutrition practices and the 2017 MSDE Child Care Nutrition Standards. This includes a discussion of resources and challenges around meal planning and service, with a specific focus on the most prominent and widely used nutritional resource, CACFP.

Provider Perspectives

Providers who participated in focus groups noted the early onset of food preferences in children and described using strategies such as as introducing foods multiple times, and serving vegetables and fruits first at meal times. Providers were also clear on their charge to eliminate sugary beverages, including 100% fruit juice under the most recent (2017) iteration of the MSDE Child Care Nutrition Standards (Nutrition Standards). Some described strategies and procedures they have put in place to support and communicate these policies among children and families. However, providers also expressed that they are consistently challenged to adhere to best practices when the eating habits that children develop at home differ from program expectations. According to one provider, "I think for us it's easier when we deal with children that come to us from the beginning. Those that come at two years old, three years old—you have to use a different strategy to get them to eat [healthy meals], but if they come in the beginning that helps."

Indeed, several providers described feeling frustrated or unclear in their role to enforce the Nutrition Standards in situations where families have differing expectations about nutrition or provide foods from home. For example, providers discussed the common occurrence of a child arriving at the child care home with candy or a sugary drink. About this, one provider reflected, "I'd rather them come hungry than have candy on the way in the car because it ruins the nutritious meal that we're providing."

Supporting and collaborating with families can be particularly challenging for providers across cultural and linguistic differences. Montgomery County is a "minority-majority" district and is second only to Baltimore City in this designation within the state of Maryland. While this diversity is considered one of Montgomery County's greatest assets for a number of reasons, racially diverse and foreign-born populations tend to be disproportionately represented in lower-income groupings, placing many households (including many FCC homes) below the self-sufficiency line and at risk of food insecurity and low access to healthy food options (Montgomery County Food Security Plan, 2017). Also, recognizing that within the focus communities, there are many different cultural and economic experiences represented, food and feeding preferences could have important cultural and social implications. This points to providers' need for support in developing and communicating policies and partnering with families in culturally sensitive ways to establish healthy eating environments in their child care homes.

Current Strategies and Limitations

In Montgomery County, the chief resource to support nutritious eating in child care programs is CACFP, a program of the USDA. CACFP and its predecessors have been supplementing nutrition for children in child care settings since the late 1960s (Abner et. al., 2013). The program works to improve the quality and quantity of foods that young children consume through a triad of support to include resources, information, and monitoring.

Key Takeaways for Nutrition and Child Care:

- CACFP is the chief nutritional resource available to child care providers. This federal program, provided by USDA and locally sponsored by MCPS, offers meal reimbursements, meal patterns and other useful information, monitoring, and technical support. Currently, about 28% of FCC providers in Montgomery County are participating.
- CACFP reimbursements and guidelines provide support while offering autonomy to collaborate with families, plan menus, and prepare foods that are culturally familiar to providers and children.
- A significant limitation of local CACFP implementation is the lack of staff capacity at MCPS to provide consistent monitoring and support to FCC providers.
- Providers voiced the concern that the true cost of providing nutritious meals for children exceeds CACFP reimbursement amounts.
- Providers voiced concerns that preparing food and completing the burdensome paperwork associated with CACFP during the program day takes their attention from supervising and interacting with the children.
- Providers could benefit from opportunities to have CACFP compliant meals or simple, fresh ingredients delivered to their child care homes at an affordable price.
- Providers could benefit from expanded professional development on building culturally informed family partnerships around creating healthy eating environments for children.

RESOURCES (REIMBURSEMENTS FOR MEALS):
CACFP provides reimbursement to eligible providers for serving nutritious meals on a per-meal, per-child basis, targeting higher levels of reimbursement to low-income areas, and to providers and children most in need. The reimbursements make the cost of child care more affordable for many lower-income families and provide some financial relief to home-based providers who often operate their programs on narrow budgetary margins. Tiered reimbursement levels provide rates that are intended to be responsive to the needs of individual children and providers. Based on this system, a FCC provider in Maryland serving six children could receive up to $6,630 per year in reimbursements (MSDE, 2015).

Several providers who participated in focus groups attested to the benefits of CACFP reimbursements. Many providers viewed meal reimbursements as an important resource allowing them to offer healthy options to children without passing the cost on to families.

INFORMATION (NUTRITIONAL GUIDELINES AND OTHER LITERATURE):
CACFP participating providers receive USDA nutrition guidelines, plus associated guidance for menu planning. Within these guidelines, providers retain autonomy for planning meals. Several key informants described this autonomy as an important feature of the program, allowing providers to serve foods that are culturally familiar to themselves and the children in their care and to collaborate with families around food preferences and customs. As one provider described, "If you use the food program and you get federal money, the minimum you have to do is follow the guidelines. They don't tell you what to cook. You have to give the grains, proteins, vegetables, and milk, but they don't tell you what to give children. You prepare your own menu." Many providers shared that they value meal planning and preparation as an important opportunity to share their culture with the children in their care. CACFP participants and non-participants alike described their pride in offering ethnic foods and their enthusiasm around using cultural foods as a learning experience for young children. As one provider noted, "We are not just feeding. We are transmitting our culture too."

USDA also provides a free suite of child health and wellness resources for child care providers, including meal planning guides and recipes, money-saving strategies for food shopping, tips for engaging families in nutrition efforts, activities to get children involved in learning about and making positive food choices, and more. These resources can be found at: https://healthymeals.fns.usda.gov/cacfp-wellness-resources-child-care-providers. Several providers shared that even though they had opted out of CACFP monitoring and reimbursement, they still value and use the informational resources offered by the program. Portion size guidelines, menu options, and materials designed for families continue to support providers' efforts to build healthy eating environments for children and communicate with families. It is also important to note that while CACFP participation is not required, these nutrition standards are embedded in Maryland EXCELS as criteria to achieve a quality rating of three or higher.

MONITORING (MENUS AND ATTENDANCE AT MEALS):
Providers are required to keep detailed records of menus and all adaptations to menus for every meal and snack served to children. Periodic monitoring by the local sponsoring agency provides an incentive to uphold the guidelines and maintain accurate records to avoid the risk of losing funding. In Montgomery County, CACFP is sponsored by Montgomery County Public Schools (MCPS). Trained representatives from MCPS provide monitoring and support to FCC providers. One local child care association leader described this as, in general, a mentoring relationship that is of high value to CACFP-participating FCC providers. It is important to note, however, that this benefit is somewhat limited by low staffing of this program at MCPS, and, as one key informant noted, "additional staffing is needed to really be able to provide sufficient resources to the child care community".

Providers generally agreed on both counts, and emphasized that such infrequent monitoring visits are problematic and fail to effectively enforce the CACFP standards. Providers alluded to ways that MCPS resources might be better allocated to provide more effective support, including additional training, technical assistance, and resources. In one provider's words, "I think most of us are working on conscience. We don't need anybody to check us because if we were cheating, we could do that anyway. It's easy for me that I say that, 'I served this, and that and that,' but actually not serve it. The food program cannot be here all the time looking at what I do. No, the most important thing is my mentality, so that when working with the children, I understand that I'm responsible, and I have what I need."

ADDITIONAL CONSIDERATIONS:

While CACFP provides an important opportunity for child care providers, there are also some significant limitations that will require local interventions to overcome. One recent longitudinal study found that participation in CACFP moderately increased children's consumption of milk and vegetables and was correlated with slightly lower instances of overweight and underweight. However, it did not indicate a significant impact on other important factors, including consumption of fruits, fast food, sweets, and rates of food insecurity (Abner et. al., 2013). A 2015 study, Comparing Current Practice to Recommendations in CACFP found that, in general, vegetables were not as likely to be served as grains and proteins, and that actual consumption of food was higher than intended in protein and saturated fat and lower in fiber (Schwartz et. al.).

In Montgomery County, according to the 2017 Food Security Plan, MCPS oversees the CACFP participation of 264 FCC homes, which represents only about 28% of FCC programs countywide. The report goes on to suggest that participation may be lower in certain communities due to higher rates of limited English proficiency, leading to misinformation about eligibility and application procedures, especially for providers who are not connected to an effective professional network. Key informants consistently provided two insights on the reasons for low participation: 1) The perceived burden of an additional regulating body on their programs, and; 2) Lack of time and accessibility to attain and prepare food.

Providers participating in focus groups validated these key informant insights and offered additional thoughts. Several providers were clear in their assessments that the true costs of providing healthy meals for young children far exceeded the reimbursement rates. Also, as most FCC providers are solely responsible for the supervision and care of children, many expressed the challenge of finding the time to complete menus and track attendance, indicating that this time would be better spent interacting with the children during meals and other times. For many providers, this too has cultural implications, considering that the time and attention required to prepare foods that reflect their cultural experiences is not realistic while caring for children. Overwhelmingly, providers commented on the need to increase the reimbursement rates or tie in supplemental funds to help offset the cost of providing healthy, whole foods to children. Considering this, and factoring in the burdens associated with reporting, inspection, and food preparation, several providers explained that CACFP simply does not seem like a worthwhile pursuit, which has led to their decision to opt out.

It is also important to note that as of October 1, 2017, updated CACFP meal patterns are in effect to clarify, expand, and improve upon prior standards of food selection and preparation in child care facilities. Among other changes, these standards further restrict juice and other high-calorie foods that tended to be served frequently under prior guidelines. While new standards represent current knowledge of best practice for young children's nutrition, many providers (especially those with limited access to fresh food sources or education on topics of child nutrition) will require support in order to meet them. For instance, as described in the Landscape Analysis, these communities include broad areas that are designated as having low access to full-service supermarkets. One key informant who worked closely to support the successful rollout of the aforementioned state legislation in Howard County, MD through the Horizon Foundation reflected on one message that came through consistently from FCC providers—that providers would benefit from opportunities to have fresh fruits and vegetables or CACFP-compliant meals delivered to their child care homes at an affordable price.

In the community spotlights below, one individual program and one child care coalition implement strategies that leverage CACFP in locally specific ways that support children's learning while contributing to the healthy development of the larger community.

Community Spotlights:

THE FARM TO PRESCHOOL PROGRAM

Farm to Preschool is a program of the USDA, and a natural expansion of the national Farm to School model. The program works in conjunction with CACFP, emphasizing the role of locally sourced produce to meet the dietary guidelines. Its goals are twofold: to promote best practices for young children's nutrition, including opportunities to participate in growing, harvesting and eating local fresh foods, and; supporting local and regional farmers, fishers, ranchers, food processors and distributors. The USDA website contains a suite of resources for both individual providers seeking to build Farm to Preschool practices into their programs, and local and state leaders seeking to leverage regional resources on a larger scale on behalf of local child care programs.

Los Angeles, CA

The owner and operator of Ethan and Friends Family Child Care, took on the challenge of growing foods in the modest backyard of her inner-city row home. With guidance from associated resources found on the USDA website, she was able to incorporate raised garden beds, fruit trees, and a chicken coop. As a result, and with the support of the Farm to Preschool Curriculum, the children in her program are able to have first-hand experience planting and growing foods, tending the soil and more. And she is able to be reimbursed through CACFP for food she produces at her home.

Forest Grove, OR

The Oregon Child Development Coalition acts as a link between local farmers and child care programs. La Esperanza farm, a local incubator farm for Latino organic farmers in the community, benefits from an agreement with a conglomerate of child care and early learning programs, and is thereby able to provide deliveries of local, fresh produce to programs for meals.

(Source: Shawn Linehan, N.D. Getting Started with Farm to Preschool. http://www.farmtoschool.org/Resources/Getting%20Started%20with%20F2PS.pdf)

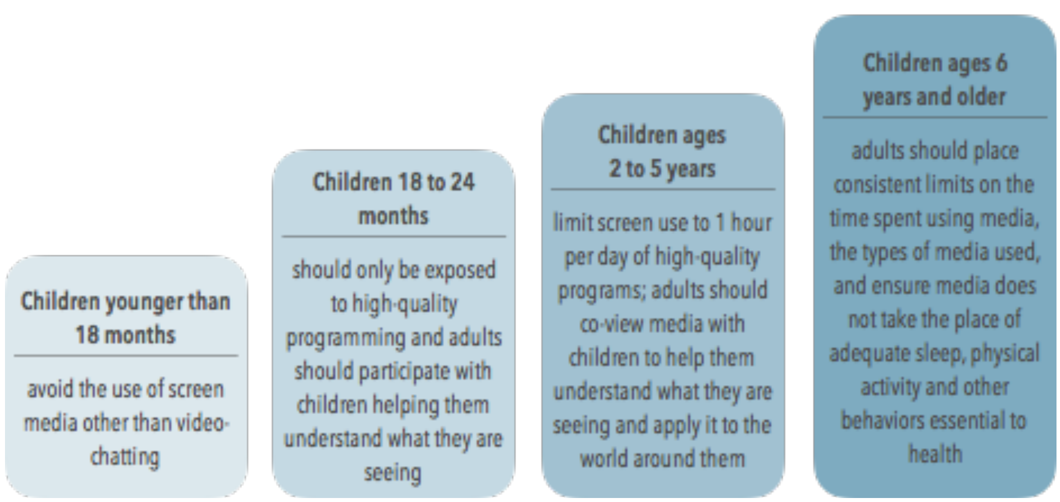
Physical Activity and Child Care

It is widely known that the benefits of physical activity are not only related to physical health, but also to cognitive development and mental health. Studies have indicated that for young children, there is a positive correlation between physical activity and executive function skills, particularly self-regulation, sustained attention, and working memory (Kohl, 2013). Physical activity can also lead to improved mental health by decreasing and preventing anxiety and depression, and improving mood and general well-being. For these reasons, the American Academy of Pediatrics) AAP recommends 60–120 min of daily physical activity for preschool age children. Conversely, sedentary behavior undermines both physical and mental health in young children. Excessive screen viewing is consistently associated with poorer mental health outcomes, as children who watch more television have higher rates of anxiety, depression, and stress, and are at higher risk for sleep disturbances and attention problems (Kohl, 2013).

The AAP recently announced new recommendations for children's media use as shown in Figure 4. These new recommendations represent a scaling back of prior limitations on screen time, acknowledging that some screen time, used in supervised and carefully selected ways, can have certain educational benefits for children over 18 months of age (2016). However, time spent in child care should be an opportunity for young children to have rich, active experiences with other children and with caring adults. Therefore, the AAP continues to recommend that those who care for young children prioritize "unplugged" learning experiences for children every day.

Studies have shown that children from lower socioeconomic backgrounds may experience disproportionately high rates of screen time, both at home and in their child care settings. One study of young children participating in the Women Infants and Children (WIC) program found that 82% of one year-olds and 95% of two year-olds watched television and videos on a typical weekday. The average amount of screen time increased with age. One year-olds spent an average of 10 hours per week watching TV and videos, while two-year-olds spent approximately 15 hours per week watching TV and videos (Duch et al., 2013). A 2014 study explored how much screen time preschool children are experiencing in child care. The study found that preschoolers spent between 0.1 to 1.3 hours per day in child care centers, and 1.8 to 2.4 hours per day in FCC homes passively watching a screen (Vanderloo, 2014).

FIGURE 4. AAP (2016) RECOMMENDATIONS FOR CHILDREN'S MEDIA USE



Research has also consistently shown that children across all child care settings are falling short of the recommended daily targets for physical activity, and that they are spending, on average, 83% of their time in child care being sedentary (Caring for our Children, 2015). While many adults view children as having the natural tendency to be active, adults have an important role to play in ensuring that all children are engaged in productive ways for an appropriate amount of time. It is important to consider that non-mobile infants and children with physical limitations are more dependent on adults to provide activities that encourage movement and motor development. Also, for children who are in care settings for long periods of time each day, and for children who live in communities where safe outdoor play is not readily accessible, the child care setting may provide the only opportunities that children have for active play. To help FCC providers meet this responsibility, several key informants suggested that it is critical to equip them with a variety of options to help children get active, both indoors and outdoors, especially considering that suitable outdoor play spaces are not always available in proximity to child care homes.

During focus groups, a few providers shared that they are fortunate to have ample yards, large indoor play spaces, or access to safe playgrounds. However, the majority noted that they are indeed challenged by limited space. Providers also cited the high costs associated with gross motor equipment, and how even the difficulty of finding places to store large active play items can limit the practicality of making these items available in their child care homes. Some also shared that they know of private physical activity partners including Jumpbunch and SoccerShots, but are unable to afford the service or gather a critical mass of children to participate. This points to the potential opportunity to build in shared service options that could allow child care homes to access loaned equipment and/or share the cost of contracted physical activity programming, with coordination by local agencies.

This and other challenges surfaced as important considerations throughout the listening sessions. This section will provide an overview of insights from FCC providers and key informants, resources that promote physical activity for young children, and opportunities to expand best practices for physical activity in child care homes.

Provider Perspectives

It is well known that physical activity habits learned during early childhood often carry into adolescence and beyond and predict a variety of health and wellness outcomes later in life (Sallis et. al., 1995). This further underscores the importance of the child care provider's role in promoting physical activity and limiting sedentary behavior. Focus group participants understood the impact of screen time on children and asserted that screen time is not part of their child care programs. In fact, many providers saw themselves as key advocates for physical activity and limits on screen time for children, and discussed their willingness to partner with families in this effort. As one provider explained, "we're […] trying to get across to the parents that, if their bodies are not moving, their brains are not developing."

Despite this, when asked about their knowledge of physical activity programs or curricula available to them, and how they might use such resources, providers had little to say. One provider shared her perspective that any physical activity curriculum would be superfluous: "I'm trying to even think how a curriculum would even look for [physical activity]. I don't even know if there's really a need for it." These gaps in FCC providers' practices are not surprising considering that, according to key informants, apart from basic training requirements and periodic reminders, there is little targeted support for providers in this important facet of their work.

Current Strategies and Limitations

In 2009, MSDE in partnership with Johns Hopkins University School of Education developed a toolkit called Healthy Beginnings. This free resource is a guide for providers and parents to better understand healthy development by age, and plan appropriate learning activities that address all domains of development and provide opportunities for active learning every day. In addition, several providers mentioned that they use "Color Me Healthy", a resource developed by the University of Maryland Extension program in partnership with USDA's

Supplemental Nutrition Assistance Program (SNAP). This is a free curriculum resource that provides lesson plans and resources to engage children in physical activity and nutrition learning, plus offers recommended parent communications and training opportunities for participating providers.

Another umbrella strategy in Maryland to incentivize ongoing improvement in multiple areas, including physical activity, is the Maryland EXCELS "Health and Wellness" designation. The Maryland State Department of Health and Mental Hygiene (DHMH), in collaboration with the MSDE Office of Child Care, worked to embed the Healthy Kids, Healthy Future (formerly Let's Move! Childcare) self-assessment checklist and action plan into Maryland EXCELS. This effort aligns the five healthy goals (i.e., Nurture Healthy Eaters, Provide Healthy Beverages, Get Kids Moving, Reduce Screen Time, and Support Breastfeeding) to the existing quality monitoring and improvement framework for all child care providers in Maryland. By putting best practices into place in their FCC homes, providers can become a recognized Healthy Kids, Healthy Future child care program, earning the publicly-facing "Health and Wellness" designation. Also, the Healthy Kids, Healthy Future website acts as a clearinghouse for information (i.e., data, parent resources, and promising practices), and tools (i.e., suggested children's books, links to online professional development opportunities and professional communities by topic) to support individual programs in making informed decisions in each of the five aforementioned health and wellness areas.

When it comes to physical activity, FCC providers in Maryland are required to follow the most current recommendations outlined in Caring for our Children. This mandates 2–3 occasions for active play outdoors daily, except during times of precipitation. Programs are also required to offer two or more caregiver-led activities during each day that promote movement and allow children to develop their gross motor skills (2015). A statewide survey of child care programs, hosted by University of Maryland's School of Medicine and the MSDE Office of Child Care, produced a detailed report on how providers are responding to these and other health and wellness-related requirements. Survey results indicated that providers across the state excel in some physical activity practices (98% of early childhood settings never have television or videos on during snack time), but are challenged in others (only 11.1% meet the requirements for adult-led active play on a daily basis).

Key Takeaways for Physical Activity and Child Care

- During participation in child care programs, children tend to fall short of the daily recommendations for physical activity and exceed the recommended amount of screen time. FCC homes tend to have especially low amounts of physical activity and high amounts of screen time.
- Providers expressed both enthusiasm about the importance of physical activity for children and a lack of clarity about their role and responsibilities to facilitate active play experiences in their child care homes.
- Several providers shared concerns that the indoor and outdoor space they have available is not sufficient to meet the requirements for active play, and that in some communities, safe and accessible outdoor play spaces are limited or nonexistent.
- Key informants noted that physical activity in child care homes can be particularly challenging to regulate, and that there are few local resources and supports dedicated to promoting physical activity in child care homes.

Providers' comments during focus groups reflected the findings of the survey. Providers pointed to the importance of physical activity for children, the natural tendency of children to be active, and their willingness to give children this opportunity frequently. As one described, "our kids get way more than the hour recommended or two hours recommended outside time. They're out there all morning, rain or shine." However, where there seemed to be a gap in providers' understanding was around their role in facilitating structured physical activity experiences. Providers' mentions of unstructured free-play and the tendency of children to be active dominated the discussions about physical activity, with little mention of providers' involvement with children in organized games and other provider-facilitated experiences. No mention was made of physical activity support for non-mobile infants or children with limited mobility.

Noting the limits on current FCC physical activity practices, one key informant interviewee suggested that garnering parent support and advocacy would be an important driver of efforts to expand physical activity opportunities in child care settings. However, the same key informant raised questions about how prepared parents are to ask the right questions of their child care providers about physical activity during the times when children are in care, and pointed to the need to unite families with providers around best practices for physical activity in child care settings.

Providers agreed that they would appreciate additional support and expressed an openness to learning more, along with a strong desire to be in alignment with best practices on behalf of children. According to providers, meeting physical activity requirements can be a challenge due to differing family preferences and expectations about outdoor play. One key informant suggested that FCC providers might benefit from professional development or peer support to help them address the concerns and meet the expectations of families, while ensuring that children are accessing the recommended amount of physical activity every day. In the words of one provider, programs would benefit from "having a person that would show me and teach me how to do something new. Mentoring, technical assistance, maybe not every day, but every once in a while just come and bring something new".

Community Spotlights:

State of Michigan

The Michigan Department of Community Health, Michigan Public Health Institute, Early Childhood Investment Corporation, and Great Start Quality Resource Centers adopted a coordinated strategy for reducing screen time for young children. The three-part plan involved training child care providers, building awareness in families, and providing fact sheets and technical assistance to healthcare providers to help them engage and educate families. The team collaborated with staff from the local Child Care Resource and Referral System to develop specific behavioral interventions and establish monthly conference calls to provide technical assistance, by which center-based and FCC providers could learn more and stay connected to the larger effort. The results showed small but significant gains in the reduction of screen time and sedentary behavior, particularly in children under the age of six and for children who experience other risk factors for food insecurity, overweight, and obesity.

(Source: Reducing Obesity through Reduced Screen Time Interventions, N.D. http://www.astho.org/Programs/Evidence-Based-Public-Health/Policy-Planning-Tools/Action-Sheet--Preventing-Obesity-

Community Spotlights, Cont.

Chicago, IL

Advocates in Chicago partnered with policy-makers at the City of Chicago to develop new voluntary child care standards aimed at combating childhood obesity. In 2011, the standards were revised, and an evaluation was conducted to study the impact of more interactive training and ongoing support around implementation. In total, 1,408 Chicago area FCC and center-based providers, teachers, and other staff participated in a three-hour in-person training on the new standards. The evaluation showed that the trainings were successful in motivating providers to implement the standards. By the time of the post-training interview, the percentage of providers meeting standards related to juice consumption and physical activity rose to over 90%, while over 84% were meeting standards related to milk consumption and screen time.

As a key feature, these trainings acknowledged and addressed common barriers to implementing change, including: 1) Resistance to change among children, providers, and families; 2) Challenges related to establishing outdoor and indoor physical activity routines amidst inclement weather and unsafe neighborhoods; 3) financial constraints, and; 4) The negative influence of advertisements for unhealthy foods that target children. Training elements that are believed to have been the most effective in the successful implementation of the new standards were: 1) Educating providers on childhood obesity and its impacts on children; 2) Motivating providers to see themselves as important change agents in children's lives; and 3) Drawing on providers' own ideas and strategies for implementing the standards.

(Source: Screen Time Interventions for Children (2017). County Health Rankings and Roadmaps: a Robert Wood Johnson Foundation program. http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/screen-time-interventions-for-children)

Lancaster, PA

Systems Aligned in Learning (SAIL) is a collaborative funded through a United Way collective impact grant that focuses on preschool children cared for by home-based childcare providers in Lancaster County, Pennsylvania. SAIL is a mentoring program designed to provide support to FCC providers in advancing the quality of their programs in multiple ways.

In one key facet of the program, participating providers have access to a resource vehicle that works like a library system where physical activity equipment may be checked out for use in the child care home. This program also involves access to on-site technical assistance around best practices and equipment usage. Participants are also invited to meet with the Provider Networking Group to connect with other home providers, share ideas, and receive training.

(Source: http://luthercareforkids.org/mentoring-program-lancaster-sail/)

Breastfeeding and Child Care

Breastfeeding offers an array of well-documented benefits, including improved cognitive outcomes and improved physical health in early childhood. Research shows a correlation between breastfeeding (or the feeding of expressed breastmilk) and the reduced likelihood of acute illness such as lower respiratory infection, as well as chronic health issues such as obesity, diabetes, and asthma. More recent studies have shown correlations between breastfeeding and higher cognition skills—specifically executive function, social-emotional skills, and language (Breastfeeding Benefits Your Baby's Immune System, N.D.; Deoni et al. 2013). Following breastfed and non-breastfed children into later childhood, Deoni's study found sustained correlations between breastfeeding and increased language performance, visual reception, and motor control. The AAP recommends exclusively breastfeeding infants for the first six months of life and breastfeeding along with complimentary foods until 12 months whenever possible.

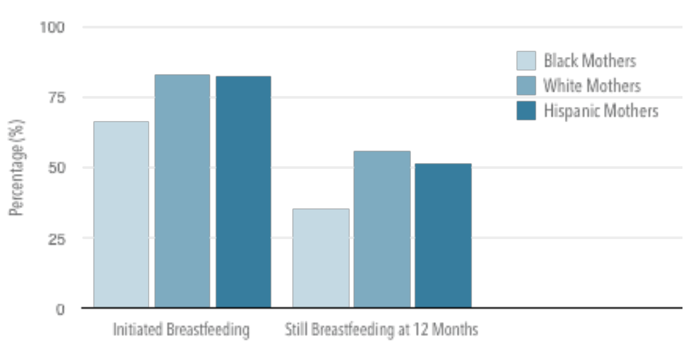
Despite the AAP recommendations and the growing body of evidence to support positive outcomes associated with breastfeeding, approximately one-half of children in the United States are no longer breastfed by 6 months, and only a small percentage are breastfed for the recommended period of 12 months. These rates vary substantially between racial and ethnic groups, as breastfeeding has significant cultural and practical implications for many families and communities. Figure 5 shows the results of the most recent U.S. National Immunization Study related to breastfeeding across racial/ethnic groups.

As trusted caregivers of children, and as neighbors and partners of families, child care providers are often well-positioned to offer resources and support for breastfeeding. Nonetheless, there are a variety of reasons that many providers feel underprepared and under-supported in this role. This section will offer a discussion of current requirements and practices for FCC homes around breastfeeding support, and some of the specific challenges that providers face.

Current Strategies and Limitations

Maryland law requires that each FCC and center-based provider serving infants should have a trained staff person on site to support and encourage breastfeeding. This training is offered and regulated through MSDE, and providers are accountable to this standard through the MSDE Office of Child Care licensing division. The focus of the training is to prepare providers to accurately discuss the benefits of breastfeeding with parents, to create welcoming, breastfeeding-friendly environments in their child care centers and homes, and to handle expressed breast milk appropriately. One key informant who works closely with a network of FCC providers shared that while the requirements around breastfeeding can be challenging for some providers, and the associated training may not fully prepare providers for successful implementation, the highly personalized environment of FCC offers an excellent opportunity for providers to support vulnerable families in the focus communities in this way. To

FIGURE 5. BREASTFEEDING ACROSS RACIAL/ETHNIC GROUPS



Key Takeaways from Breastfeeding and Child Care:

- Despite the well-documented benefits of breastfeeding, its prevalence in the United States is relatively low. Rates of breastfeeding vary substantially between racial and ethnic groups, as breastfeeding has significant cultural and practical implications for many families and communities.
- Providers are required to offer adequate, private space in their child care homes for mothers to breastfeed, be trained to handle breastmilk properly, and provide resources and information to families on the benefits of breastfeeding.
- Updated nutrition standards allow providers to be reimbursed through CACFP when a mother directly breastfeeds her infant in the child care center or home or provides breastmilk to be offered to the infant in a bottle.
- The highly personalized environment of FCC homes can present an excellent opportunity for providers to support vulnerable families in the focus communities with information about breastfeeding.
- Providers can benefit from additional clarity around their role to promote breastfeeding among families and strategies for partnering with families around this culturally nuanced and sensitive topic.

incentivize practices that support breastfeeding in child care centers and homes, updated nutrition standards allow providers to be reimbursed through CACFP when a mother directly breastfeeds her infant in the child care home or provides breastmilk to be offered to the infant in a bottle.

Provider Perspectives

Of the three impact areas, breastfeeding support was the topic that generated the most confusion and controversy among providers and key informants. While key informants agreed that child care providers can have an important and relevant role to establish breastfeeding-friendly environments, they speculated that offering the required physical space in the context of their FCC homes can be a challenge. Additionally, during the provider focus groups, two other important themes emerged. First, providers expressed some uncertainty around their role to encourage breastfeeding. They understood their basic charge to arrange breastfeeding-friendly areas in their homes and to avoid biased or judgmental messaging to families about the topic. They were less clear about how to promote breastfeeding among parents who, as they perceived, had already made immensely personal decisions about this topic. Second, some providers shared that within their own cultural experiences, breastfeeding is viewed as something that should be done exclusively in private. Some described their own cultural conflicts around promoting breastfeeding in their homes and concerns about inviting mothers to do something that they would consider inappropriate in the midst of their child care programs. As a provider candidly shared, "in our culture because we're so used to covering ourselves, to see someone else breastfeed, it takes a while for us to get used to it, so we have to first get over our awkwardness."

To be successful in this role, FCC providers should be aware, not only of the research and trends, but also of the impacts of family histories and perceptions, culture, family dynamics, economic status, maternal health, and general preference on each mother's individual decisions around breastfeeding. One key informant, a self-described advocate of breastfeeding, shared concerns that without deep professional development on this topic, FCC and other providers might not be adequately prepared to have productive, culturally informed discussions with parents on the topic of breastfeeding, and posited that promoting breastfeeding might not always be an appropriate role for child care providers.

Community Spotlights:

BREASTFEEDING-FRIENDLY CHILD CARE IN WAKE COUNTY

This county-wide initiative, born of a partnership between Carolina Global Breastfeeding Institute, the Wake County Child Care Health Consultants, and Wake County SmartStart in North Carolina, seeks to improve breastfeeding support in child care centers, particularly those located in low-income communities and serving children and families from low-income groupings. To support providers in applying legislation and best practices, the program avails a suite of targeted resources to guide providers through a strategic planning and implementation process. This begins with identifying the knowledge, attitudes, and practices of current child care staff and families and assists providers in developing a self-assessment tool called the 10 Steps for Breastfeeding-Friendly Child Care Centers. This aids providers developing individualized strategies to improve their practices. Future plans include the creation of a Breastfeeding-friendly Child Care Award, which would recognize center-based and FCC providers who are instituting innovative and exemplary practices around breastfeeding.

(Source: Center for Disease Control (N.D.) Strategy 6. Support for Breastfeeding in Early Care and Education. https://www.cdc.gov/breastfeeding/pdf/strategy6-support-breastfeeding-early-care.pdf)

Looking Ahead

It is clear from the research and the listening sessions that there is broad agreement about the important role of child care providers to promote healthy environments for young children, and that this work is particularly vital in the focus communities, where a variety of conditions may leave children and families especially vulnerable to health and wellness disparities. It is equally clear that there are critical gaps in the systems that support providers in this facet of their work.

Strategies for closing these gaps could include expanded professional development opportunities for providers around topics of nutrition, physical activity, and breastfeeding, with an emphasis on cultural competency and strategies for partnering with diverse families. Useful strategies could also involve leveraging public and private agencies to expand access to a variety of resources and supports and prioritizing these efforts in communities where children are most vulnerable to income- and access-related risk factors. Finally, and perhaps most importantly, effective next steps would involve convening and coordinating agencies that work in support of FCC providers and identifying what roles each can play in the charge to ensure healthy environments for young children in Montgomery County.

PART 3: RECOMMENDATIONS

Making the desired progress in child care nutrition, physical activity and breastfeeding will require a coordinated, cross-sector effort that is also deeply connected to the cultural and environmental characteristics of the focus communities. The next steps to support child care homes in the focus communities in these impact areas would build on important community strengths and existing structures, and respond to the needs and gaps highlighted by key informants and providers. Successful strategies would reflect best practices happening locally and elsewhere, and the extensive body of research.

Local Capacity for Leadership and Support

One important asset within the local child care community is the strength of the child care associations, which provide a peer network and representation for FCC providers who might otherwise be isolated in their work. One key informant mentioned that between the nine child care associations operating in the county, just over half of the county's child care providers are represented. Associations are well-positioned to be key leaders and advocates of this work and to provide peer support at the implementation level. Child care associations are currently acting as a trusted channel of information and support for FCC providers and could provide critical leadership to future efforts.

Judy Centers in Gaithersburg and Silver Spring are funded to provide community-responsive school readiness programming and support for children, families, and providers through the Title I office of MCPS. Among other things, Judy Centers can play an important role in delivering professional development to providers and connecting them to additional resources and support through their many partnerships. Judy Centers are positioned to engage and collaborate with community groups and programs that can have an impact in community-specific ways.

Expanding the effectiveness and usage of current supports could also contribute to improved practices across the impact areas. For instance, ensuring as many FCC providers as possible are connected to CACFP could be an important step in improving nutrition outcomes for young children, along with efforts to prepare these providers to connect families to additional nutrition supports as they are eligible. Relatedly, there exists the need for system-level interventions that engage stakeholders who can impact community development on a larger scale. This would involve efforts to address funding and capacity gaps in local organizations that work to support and regulate FCC homes. For instance, the Montgomery County Child Care Resource and Referral Center has a key leadership role to play as the conduit and translator of policies and regulations to local providers. However, current funding limitations prohibit the degree of intensive community-level planning and individualized support and resource development that it would likely take to create and scale effective interventions. In addition, the Early Childhood Coordinating Council (ECCC), convened by Montgomery County DHHS could play a significant advisory role, setting priorities and translating policy mandates to the implementing bodies.

System-wide improvement would also involve targeted efforts to mitigate the effects of food insecurity overall, food deserts, and lack of access to safe outdoor play spaces. The Montgomery County Regional Service Centers could provide local advisory and advocacy, empowering communities to participate in identifying and seeking solutions to regional issues that are undermining healthy learning environments for young children and implementing the recommendations in the 2017 Montgomery County Food Security Plan.

Finally, it is important to consider the reality that a substantial number of Montgomery County's children are cared for in at home or by informal and unlicensed child care providers, including some of the county's most vulnerable children. While unlicensed care is illegal in Maryland, it is important to consider ways in which resources and information regarding child health and wellness can be made publicly available in order to impact all children. For this reason, trusted nonprofit organizations and other non-public entities may have an important role to play in seeking solutions that support healthy environments for children who are cared for at home or in unlicensed settings.

Four Priority Areas for System-wide Progress

The recommendations that follow are intended to provide IPHI and their partners with some potential strategies which could begin to affect progress in the three impact areas in conjunction with other healthy eating and active living interventions in the TCI focus communities. Specifically, the recommendations will address critical areas where targeted interventions may improve practices and have the greatest impact on FCC providers and the children they serve. These recommendations are organized by four priority areas, to include:

Enhancing professional development and networking opportunities for FCC providers: Providers expressed an interest in learning beyond basic introductory-level training in the three impact areas. Providers would benefit from comprehensive support for implementing best practices and partnering with families in these efforts. Providers also expressed the need for professional networks that offer ongoing peer support and opportunities to have a voice in policy shifts and decisions that affect their work.

Expanding access to resources and support: To address participation gaps in CACFP and other important resources, public and private agencies that work to support FCC providers can take the lead in facilitating a variety of opportunities for providers to create healthier environments in their child care homes.

Engaging FCC providers and key agencies in equity-focused, community-specific interventions: FCC providers are well-positioned to inform community-level efforts and to connect families to system-wide nutritional supports. As members and leaders in their communities, many providers could be identified as peer mentors and advocates for health and wellness practices among FCC homes and in the community at large.

Convening key stakeholders for system-level efforts: There are multiple stakeholders at the state and local levels that may have the capacity and reach to bring nutrition, physical activity, and breastfeeding support to the forefront of system-wide discourse on early childhood care and education. With additional coordination, such agencies could work to align priorities and resources and generate momentum for ongoing improvement in the impact areas.

Enhancing Professional Development and Networking Opportunities for FCC Providers

While FCC providers and key informants were in agreement with the intent of the Maryland Child Care Healthy Eating and Physical Activity Act and associated MSDE Nutrition Standards, implementation support for FCC providers currently falls short of effectively preparing providers for implementation. Providers described mandatory annual participation in basic trainings to maintain licensure and QRIS status. Specifically, providers are required to attend a three-hour health and safety training that includes a nutrition component, participate in coursework on nutrition as a result of a segment of the FCC preservice course, and attend a .5 hours breastfeeding class. However, providers expressed a desire for opportunities to pursue deeper professional learning, explore cultural responsiveness for the populations they serve, and connect with broader professional learning communities.

Key informants shared that an emerging strategic partnership of MSDE and Montgomery County DHHS involves the development of professional learning networks for child care providers across Montgomery County. This presents a timely opportunity to bring attention to providers' need and interest in expanded nutrition, physical activity and breastfeeding training.

Providers have also consistently expressed their concern that new regulations are enacted periodically without support for the financial repercussions, nor the opportunity to implement changes at a manageable pace. Throughout the listening sessions with providers and key informants there was a clear imperative for providers to have a voice in decision-making, ensuring that policies and practices are responsive to the needs and lived experiences of providers, children, and families and to help plan for implementation.

The following recommendations address these areas of need and suggest strategies for building upon current professional development offerings. They also address the current opportunities for expanded access to professional networks that can empower providers to advocate for themselves and their colleagues and to discuss strategies and challenges in their work to establish healthy environments for young children.

Priority Area A. Enhance professional development and networking opportunities for FCC providers by:
R.1. Creating expanded professional development opportunities that allow providers to pursue deep learning and implementation support around nutrition, physical activity, and breastfeeding.
R.2. Collaborating with Maryland State Department of Education (MSDE) and approved trainers to expand the cultural competency components of professional development offerings to prepare providers to communicate with diverse families about creating healthy environments for young children.
R.3. Building expanded nutrition, physical activity, and breastfeeding learning opportunities into the emerging professional learning networks strategy out of Maryland State Department of Education (MSDE) and Montgomery County Department of Health and Human Services (DHHS).
R.4. Building capacity within child care associations to create opportunities for providers to inform upcoming initiatives and policy shifts.

Essential Leaders/Partners

- **Montgomery County Child Care Resource and Referral Agency:** The Resource and Referral agency would have an essential role in identifying and promoting training opportunities that meet the needs of local FCC providers in the impact areas of nutrition, physical activity, and breastfeeding support, and aligning these to MSDE requirements for continuing education.
- **Montgomery County Department of Health and Human Services (DHHS):** With additional funding, Montgomery County DHHS could potentially expand on current coaching offerings, plus work to embed nutrition, physical activity and breastfeeding support in their current push to develop professional learning networks in partnership with MSDE.
- **Maryland State Department of Education (MSDE):** MSDE would have an important role in making any updates or revisions to current training policies and practices, and approving any added components of nutrition, physical activity and breastfeeding training. MSDE is also partnering with DHHS to promote professional learning networks across the county.
- **Montgomery College:** As a current platform for continuing education for Montgomery County child care providers, Montgomery College would have an important role to co-create and make space for expanded professional development offerings.
- **Montgomery County Family Child Care Association (MCFCCA):** With the leadership of the MCFCCA, local child care associations could have a role in convening and connecting individual providers to opportunities for professional discourse around the impact areas, and to participate in ongoing opportunities to weigh in on related policy shifts.
- **Judy Centers:** Judy Centers provide an additional platform for communication and outreach to FCC providers and could be leveraged to promote and/or host advanced professional development opportunities.

Expanding Access to Resources and Support

Throughout the listening sessions, increased availability and access to resources and support for providers was lifted up as an important way to facilitate best practices. For instance, with only 28% of Montgomery County's FCC providers participating in CACFP, it is clear that there are barriers to access and/or participation. Providers were clear that their challenges with participation were related to the perception that the time and administrative burdens of participation in CACFP outweigh the monetary and nutritional benefits. For providers serving a higher-income population base, the alternatives are to build the true costs of meals into their rates or to require families to provide meals on a daily basis. However, for providers serving lower-income communities, these may not be viable options.

Additionally, providers mentioned that physical activity partners (i.e., Soccer Shots, Jumpbunch, and more) could support FCC programs in providing engaging physical activity opportunities for children, but may be unable to provide services to individual FCC homes, or may be financially out of reach for individual providers. Shared among neighboring providers, and potentially subsidized or discounted through an arrangement with the Child Care Resource and Referral Agency, these or other potential partners could contribute significantly to a physical activity strategy for children being served in FCC homes.

In addition to the aforementioned professional learning networks, DHHS and MSDE are currently partnering to establish shared services opportunities for child care providers across the county. For instance, as one key informant suggested, Giant Foods stores house in-store nutritionists who provide information and resources to the general public. Therefore, a specific partnership could involve supporting providers in planning and preparing CACFP-compliant meals, and/or the delivery of fresh, healthy ingredients to child care homes. In general, nutrition and physical activity opportunities for FCC as described in the recommendations below could be promoted as a focal point of the emerging shared services strategy, and could be effective in improving outcomes for children and increasing participation in CACFP.

Finally, to support young children who are cared for at home and by informal and unlicensed providers who operate beyond the reach of regulatory bodies and systems of support, the recommendations below address the need to increase access to information and access to resources across the focus communities. Although unlicensed child care homes are illegal in the state of Maryland and pubic resources would not be deployed to support nor promote such arrangements, by elevating public awareness, those who care for young children in informal ways can be better advised and supported in the effort to provide healthy eating and physical activity environments and improve health and wellness outcomes for this potentially vulnerable subset of young children. Options aimed at supporting young children in unlicensed care situations would be taken with significant consideration to the State of Maryland's ongoing push to license or eliminate these settings in the interest of children's safety.

Priority Area B. Expand access to resources and support by:
R.1. Implementing shared services options for providers that offer delivery of healthy, Child and Adult Care Food Program (CACFP)-compliant meals or fresh ingredients at an affordable rate, and supporting cost- and space- sharing arrangements to enable FCC providers to access physical activity spaces, equipment, and partnerships.
R.2. Promoting partnerships that build capacity at Montgomery County Pubic Schools (MCPS) to increase outreach efforts to FCC providers who currently do not participate in the Child and Adult Care Food Program (CACFP).
R.3. Promoting public awareness among families and child care providers regarding the characteristics and importance of proper nutrition and developmentally appropriate physical activity for young children, and engaging trusted community-based non-government organizations and local businesses to deliver information and resources to support young children, regardless of how and by whom they are cared for regularly.

Essential Leaders/Partners

- **Montgomery County Department of Health and Human Services (DHHS) and Maryland State Department of Education (MSDE):** DHHS and MSDE are partners in the emerging shared services strategy for child care providers across the county.
- **Montgomery County Public Schools (MCPS):** As the local sponsor for CACFP, MCPS could play an important role in identifying and establishing partnerships with local produce distributors or catering services, who could support FCC providers through access to low-cost meals.
- **Montgomery County Family Child Care Association (MCFCCA):** The MCFCCA and other local FCC associations would have a key role in connecting providers shared service arrangements for meals and/or physical activity partners, and in continuing to promote participate in CACFP.
- **Non-Profit Montgomery:** This group could potentially lead or facilitate additional research related to the impact areas as it aligns with their priorities, particularly in the context informal and unlicensed child care providers.
- **Non-Government Organizations:** Wherever possible, trusted non-government organizations can support information dissemination, especially as it might benefit young children who are cared for in informal and unlicensed settings.

Engaging FCC Providers and Key Agencies in Equity-focused, Community-specific Interventions

In their 2017 Progress report, Voices for Healthy Kids points out that interventions aimed at "all" children routinely fail to mitigate inequities, and that it is problematic to assume that all communities, even those that have similar characteristics, share the same needs, assets, and strengths. Considering the unique characteristics of their own communities, providers expressed that challenges stemmed from families' lack of access to information and resources that would enable families to provide nutritious food, prioritize and seek support for breastfeeding, and ensure that children are engaged in physical activity outside of their care settings. For many families, child care providers can serve as an important link to services that help meet basic needs, such as SNAP and WIC, plus resources that facilitate families' understanding of the recommendations for nutrition, physical activity, and breastfeeding. However, there are often cultural and linguistic "gaps" between FCC providers and families, increasing the likelihood that without support for culturally responsive interventions, these resources and efforts could be ineffective.

Successful program models for health interventions often involve peer-mentorship or community health worker strategies. This involves engaging and training mentors who share the same racial, cultural, and linguistic characteristics as the communities they serve. Building upon the Child Care Resource and Referral Agency's current health consultant approach, it would be important that the mentor-provider relationship is non-regulatory, and that the implementing agency affords services primarily to communities that are most at risk of adverse health conditions based on income and proximity to fresh foods and safe play spaces.

The recommendations below address the importance of community-level strategies to support the local effectiveness and responsiveness of system-level supports and the need to prioritize the communities that are most at risk. They also address the role of FCC providers in supporting access to nutrition in their local communities.

Priority Area C. Engage FCC providers and key agencies equity-focused, community-specific interventions by:
R.1. Targeting coaching/mentorship and shared service opportunities to FCC homes located in areas most at risk for low access to fresh, healthy foods and safe play spaces.
R.2. Preparing FCC providers to help families navigate systems of nutritional support in culturally sensitive ways, connecting families to supplemental nutrition programs such as SNAP and WIC as they are eligible.
R.3. Expanding current/creating additional coaching opportunities to include a non-regulatory peer-mentorship or community health worker approach to promoting best practices among FCC providers.

Essential Leaders/Partners

- **Montgomery County Family Child Care Association (MCFCCA):** As a trusted source of connection and support for FCC providers, the MCFCCA and other local child care associations could play an important part in identifying potential peer mentors/coaches and could take the lead in defining and supporting this role.

- **Montgomery County Child Care Resource and Referral Agency:** With additional funding, the resource and referral agency could expand the staffing and scope of current health consultant approach to include advisory and mentorship to FCC providers around nutrition, physical activity, and breastfeeding.
- **Montgomery County Department of Health and Human Service (DHHS):** In partnership with the resource and referral agency, DHHS could play a role in preparing FCC providers to connect families with an array of resources that mitigate the effects of food insecurity, poor nutrition, and other wellness-related disparities.

Convening Key Stakeholders for System-Level Efforts

Key informants overwhelmingly reported that a significant barrier to system-wide progress in creating healthy environments for young children is the lack of coordination between agencies that have the resources and capacity to contribute to this work. Increased funding and coordination could lead to more systematic organization of resources and efforts around nutrition, physical activity and breastfeeding support. While new funding is typically channeled toward programs that provide direct service, there could be opportunities to advocate for additional funding to support public agencies in leading the implementation of aforementioned strategies. MCPS, as the local sponsor of the CACFP program, the Montgomery County Child Care Resource and Referral Agency, and Montgomery County DHHS are key agencies that have the potential to offer leadership and support with additional personnel capacity.

In addition, healthcare providers that meet families at all stages of early childhood development have an important place at the table. In addition to advising on best practice overall, they can be instrumental in guiding families to look for and ask about key indicators of healthy child care environments, and to partner with their child care providers around nutrition, physical activity and breastfeeding.

Finally, the location of many FCC homes in areas that have limited access to full-service supermarkets and/or safe outdoor play spaces presents a significant challenge for many providers. While prior recommendations have focused on strategies to mitigate the impact of these community factors on child care homes, these highlight the importance of bringing the needs of children, families, and child care providers to the forefront of broader systemic efforts to address these community factors.

Priority Area D. Convene key stakeholders for system-level efforts, such as:
R.1. Exploring revenue streams to support additional personnel capacity within public agencies to lead and resource recommended strategies (i.e., expanded professional development and coaching opportunities, shared service options, etc.).
R.2. Building awareness within Montgomery County Regional Service Centers and the Montgomery County Early Childhood Coordinating Council to raise issues of low access to healthy foods and safe play spaces in the focus communities.
R.3. Partnering with local pediatricians, obstetricians doulas and other healthcare entities to advance awareness among families about seeking and selecting healthy child care environments.

Essential Leaders/Partners

- **Montgomery County Early Childhood Coordinating Council:** The Montgomery County Early Childhood Coordinating Council, convened by Montgomery County DHHS, could play an important advocacy role, translating the needs of FCC providers and of the larger community to local government and decision-making bodies.
- **Montgomery County Regional Service Centers:** As local advocacy groups that voice community concerns and needs to Montgomery County Council, Regional Service Centers could be advised of how access disparities undermine health and wellness, specifically for children who attend FCC programs in the focus communities.
- **Maryland State Department of Education (MSDE):** As the key driver of policies that affect the regulation of child care homes, MSDE will have a critical role in any policy decisions related to child care regulations and training.
- **Healthy Montgomery:** Healthy Montgomery can play an important role in connecting child care related efforts in the focus communities with other related TCI initiatives and to the larger body of work to improve health and wellness outcomes.

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