Master Of Public Health

Integrative Learning Experience Report

From Policy to Practice: Supporting Healthier Childcare Environments

By

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MPH Candidate

submitted in partial fulfillment of the requirement for the degree

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2025

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Summary/Abstract

The Douglas County Healthy Childcare Project aimed to improve the health and well-being of young children by supporting licensed childcare providers in implementing evidence-based wellness policies. As Project Coordinator, I led the development, implementation, and evaluation of five key policies focused on aligning meals with the Child and Adult Care Food Program (CACFP) meal pattern, promoting and supporting breastfeeding mothers, limiting screen time, promoting 60–90 minutes of daily physical activity, and creating tobacco-free environments that address thirdhand smoke exposure.

Through collaborative policy reviews, tailored technical assistance, and resource development, I worked directly with childcare providers to assess current practices, co-develop realistic policy updates, and support implementation efforts. I created a resource guidebook and companion posters to inspire and sustain policy adoption, providing clear, actionable strategies for a range of childcare settings. Program monitoring included the review of updated handbooks and provider-submitted documentation, ensuring long-term accountability and alignment with public health standards.

This project translates academic training into real-world impact, demonstrating how targeted policy interventions in early care and education settings can address health disparities and foster lifelong healthy habits. It also highlights the importance of environmental context, community engagement, and resource accessibility in driving sustainable health improvements.

Subject Keywords: Childcare Policy, Early Childhood Health, Health Promotion, Public Health Implementation, Policy Adoption, Community-Based Intervention

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Chapter 1 – Literature Review

Early childhood is a critical period for establishing lifelong health behaviors, as the physical, cognitive, and social foundations built during this stage have lasting impacts on overall well-being. Developmental milestones during this time, such as learning to bring food to the mouth with fingers, building towers, throwing a ball, or engaging in cooperative play, are shaped and reinforced through consistent routines and interactions in early care settings. These childcare settings, where many children spend a significant portion of their early years, play a vital role in shaping these habits. Early learning environments also influence daily routines, dietary patterns, physical activity, and exposure to environmental risks, making them powerful platforms for public health interventions. Effective early interventions in childcare settings can reduce the risk of chronic diseases, support healthy growth, and promote long-term health outcomes.

Children in early care and education (ECE) programs can spend a significant portion of their day in these environments, making them key settings for public health efforts aimed at promoting and supporting breastfeeding, nutrition, physical activity, limiting screen time, and tobacco-free living. According to the Centers for Disease Control and Prevention (CDC), approximately 11 million children under the age of five attend organized childcare, further reinforcing the importance of targeting these environments (Smith et al., 2017).

Centers and day care homes participating in the Child and Adult Care Food Program (CACFP) play a critical role in promoting the health, wellness, and development of children through the provision of nutritious meals and snacks. These providers have a unique opportunity to establish healthy eating habits in young children, helping to create a strong foundation for lifelong health. The nutrition standards for CACFP meals and snacks are designed to align with the Dietary Guidelines for Americans and reflect the latest nutrition science, practical considerations, and stakeholder input. These standards emphasize a variety of vegetables and fruits, whole grains, lean proteins, and low-fat or fat-free dairy products while minimizing added sugars and saturated fats, supporting the development of healthy eating patterns during critical stages of growth and development.

A recent study by Williams (2016) found that CACFP participation is associated with healthier meal offerings in child care centers. The study compared 598 lunch meals from 30 child care centers in the southwestern United States and found that CACFP-participating centers offered significantly lower-calorie, lower-fat meals compared to non-CACFP centers. Non-CACFP centers were more likely to serve high-calorie, high-fat foods like fried items and sugary snacks, which are not reimbursable under CACFP guidelines. These findings suggest that CACFP participation can improve the nutritional quality of meals served to young children, supporting healthy growth and reducing the risk of obesity and malnutrition (Williams, 2016).

Physical activity is also a critical component of early childhood health, supporting not only physical development but also cognitive, emotional, and social growth. Numerous studies have shown that regular physical activity in early childhood is associated with healthier weight, stronger bones and muscles, improved coordination and motor skills, better social skills, and enhanced attention and academic readiness. Encouraging active play in early childhood can help children develop positive attitudes toward physical activity, building lifelong habits that reduce the risk of chronic disease and promote overall well-being.

A review by Jones et al. (2019) highlighted the importance of physical activity in early childhood settings, noting that many successful interventions focus on structured play, gross motor skill development, and increased outdoor time. These interventions often include professional development for educators, who play a critical role in promoting physical activity and creating supportive environments for active play. The review also emphasized the importance of integrating physical activity into daily routines, encouraging both structured and unstructured active play to support children’s holistic development. For example, interventions that include planned physical activity sessions, outdoor free play, and movement-based learning opportunities have been shown to significantly increase children's physical activity levels and reduce sedentary behavior.

Screen time management is another key public health concern in early childhood. Excessive screen time is associated with a higher risk of obesity, poor diet quality, sleep disturbances, and delayed cognitive development. Screen use during meals may promote overeating, and exposure to advertising for unhealthy foods further compounds this issue. While best practices recommend limiting screen time and focusing on educational content, many early care and education (ECE) providers report using screens for entertainment or as a classroom management tool.

In addition to promoting nutrition and physical activity, supporting breastfeeding is an essential component of child health, as it provides critical nutritional, immunological, and developmental benefits. Childcare settings are uniquely positioned to support breastfeeding mothers by creating welcoming environments and establishing written policies that accommodate breastfeeding and expressed milk feeding. However, regulations and implementation vary, and many facilities lack consistent standards for providing breastfeeding-friendly environments. Research shows that few childcare programs meet all best practice recommendations, such as providing a designated private space for breastfeeding, delaying the introduction of solid foods, and requiring parental permission before feeding formula. These gaps underscore the need for clearer guidance and stronger policy adoption to ensure equitable breastfeeding support across all childcare settings (Benjamin Neelon et al., 2014).

Thirdhand smoke (THS) is the toxic residue left behind after tobacco smoke settles on surfaces, clothing, and dust. It can linger long after smoking has stopped, creating an ongoing source of exposure for children in childcare settings, even if smoking is not actively occurring there. THS can accumulate on surfaces like furniture, walls, toys, and floors, and can be re-emitted into the air or transferred through physical contact. Young children are particularly vulnerable to THS exposure because of their frequent hand-to-mouth behaviors, proximity to contaminated surfaces, and developing respiratory and immune systems (Drehmer et al., 2017).

Scientific studies have shown that THS causes genetic damage to human cells, contributes to respiratory conditions, and increases cancer risk. Children have been found to carry biomarkers of THS exposure, such as cotinine in their urine and nicotine on their hands, even in households where smoking is restricted to certain areas. The risk is especially high in childcare environments, where exposure can occur through contaminated adults or surfaces. Infants and toddlers are more vulnerable due to their smaller size, thinner skin, and exploratory behaviors like crawling and mouthing objects. THS exposure has also been linked to serious health outcomes in animal models, including asthma-like inflammation, impaired wound healing, liver changes, developmental delays, and behavioral hyperactivity. These findings emphasize the importance of proactive efforts to create completely tobacco-free childcare environments, including policies that prevent smoking by staff, parents, and visitors anywhere on the premises or in vehicles used to transport children (Drehmer et al., 2017).

Despite the evidence supporting each of these focus areas, early care and education providers face numerous barriers to implementation. Nutrition-related challenges often include limited kitchen equipment, confusion about CACFP requirements, and the need for staff training on meal planning. For physical activity, providers may have a lack of structured activity ideas, or insufficient indoor space. Breastfeeding support is hindered by inconsistent policies, lack of private space, or unclear communication with families. Limiting screen time can be especially difficult in family childcare homes, where fewer staff and mixed-age groups lead providers to rely on screens during transitions or inclement weather. Lastly, tobacco-free efforts are complicated by misconceptions about thirdhand smoke and a lack of awareness around its risks. Addressing these challenges through clear guidance, professional development, and policy alignment can help ECE settings create healthier, screen-limited environments that promote children's overall well-being (Winterbauer, 2020).

These policies strongly support the plans for the Healthy Childcare Pilot Project, which provides education and resources to help childcare providers align with best practices and promote healthier childcare environments. The Healthy Childcare Pilot

Project is part of the Safe & Healthy Kids work group action plan, under the organization, LiveWell Douglas County. LiveWell Douglas County is a coalition of community partners who are committed to the health and well-being of Douglas County residents. The Healthy Childcare Program aims to improve the health and well-being of children by supporting childcare providers in implementing five key policies: 1) childcare meals aligning with the CACFP meal pattern, 2) supporting and promoting breastfeeding mothers, 3) limiting screen time to 30 minutes per week for children over 2 and no screen time for children under 2, 4) promoting 60-90 minutes of physical activity per day, and 5) creating tobacco-free childcare environments with a focus on thirdhand smoke prevention.

As Project Coordinator, I conducted comprehensive reviews of provider childcare policy handbooks to identify areas in need of improvement. I worked directly with childcare providers to prioritize updates and ensure revised policies aligned with evidence-based best practices. My work included researching and compiling public health guidance and translating it into practical tools for providers. I developed tailored resources such as policy templates, posters, and training materials to support provider adoption. These materials were shared directly with providers to facilitate the integration of updated policies into their daily practices, reinforcing long-term commitments to healthier childcare environments

My preceptor for my project, Ginny Barnard, serves as the Executive Director for LiveWell Douglas County. Ginny has extensive experience supporting community coalitions and currently provides leadership and coordination for the organization's leadership team and six work groups. She is deeply committed to advancing community health through collaboration, policy development, and access-focused initiatives.

Ginny holds a Bachelor of Science (BS) in Public Health Nutrition and a Master of Public Health (MPH), both from Kansas State University. Her academic and professional experiences reflect a strong foundation in community-based public health, which has made her an invaluable mentor throughout my Applied Practice Experience (APE). Her mentorship and expertise were instrumental in the successful completion of this project.

Chapter 2 - Learning Objectives and Program Description

My Integrated Learning Experience (ILE) was completed through the Douglas County Healthy Childcare Pilot Project, led by LiveWell Douglas County. The project aimed to support licensed childcare centers and home-based providers in implementing five core evidence-based policy areas: 1) aligning meals with the Child and Adult Care Food Program (CACFP) meal pattern, 2) supporting and accommodating breastfeeding mothers, 3) limiting screen time to 30 minutes per week for children over two and eliminating screen time for those under two, 4) promoting 60 to 90 minutes of physical activity per day, and 5) establishing tobacco-free environments with emphasis on thirdhand smoke prevention. As the Project Coordinator, I was responsible for conducting policy reviews, offering technical assistance, and guiding providers through policy updates and resource implementation.

This experience offered practical opportunities to meet three primary learning objectives:

- Enhancing community engagement skills
- Developing program implementation and evaluation skills
- Strengthening capacity for resource support and allocation.

Prior to my experience with LiveWell Douglas County, I had never conducted independent community outreach. This role provided my first opportunity to initiate engagement with community members and lead professional communications on behalf of a public health program. I was responsible for contacting childcare providers across Douglas County to introduce the Healthy Childcare Pilot Project and invite participation. Crafting these initial communications required careful attention to tone, clarity, and purpose. In each email, I explained the program's focus, supporting providers in adopting the five core evidence-based policies and emphasized the benefits of participation, including access to grant funds and individualized technical support. I also introduced myself, outlined my role, and offered to answer questions or schedule a visit.

Once a provider expressed interest in participating, I sent them a link to complete the Douglas County Healthy Childcare Pilot Site Information Google Form. This form collected general contact information, identified whether the site was a home or center, noted the number and ages of children in care, and documented whether a current handbook or set of written policies was available for review. Providers also indicated whether handbook access was available online or in paper copy. This information allowed me to prepare for site-specific policy discussions, anticipate potential barriers, and tailor technical assistance to the provider's operational context. This experience helped me build confidence in communicating professionally, establishing credibility, and generating interest in a public health initiative.

While many were enthusiastic, I also encountered resistance. One notable challenge was navigating provider hesitation or outright refusal to participate. For example, some providers expressed concerns about the perceived burden of policy change, or felt that their current practices were already sufficient. These moments required me to remain respectful, empathetic, and nonjudgmental while clearly explaining the purpose of the program and offering flexible, supportive solutions. Although not every site ultimately chose to participate, the process strengthened my skills in managing rejection professionally, maintaining positive rapport, and reframing conversations to focus on shared goals rather than compliance.

Program implementation and evaluation were central components of my role. Through one-on-one meetings and detailed reviews of policy handbooks, I found that many childcare providers were already informally practicing several of the targeted policies. For example, many were regularly serving balanced meals, limiting screen time, and encouraging physical activity, yet these practices were not documented in their official policies. Recognizing this, I provided professional and regulatory-aligned language for providers to incorporate into their handbooks, ensuring that informal practices were formally

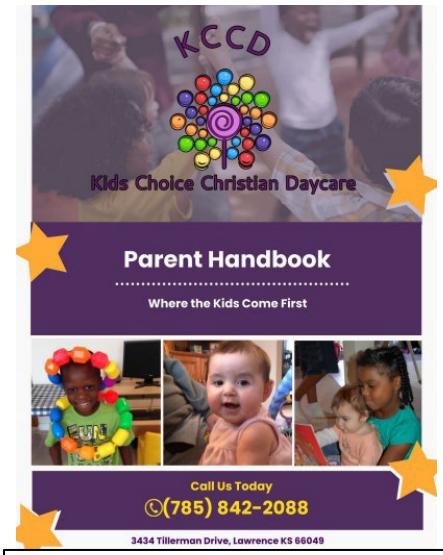


Figure 2.1: Kid's Choice Christian Daycare revised policy handbook

recognized and sustained. In some cases, this led to extensive updates. One provider completely rewrote their entire handbook and shared:

"To be honest, your proposal of asking us to update our childcare policy was totally cool—seriously! All the parents like the new updated handbook. Parents needing care are also very impressed, and without you, I would not have thought of updating it."

Monitoring implementation of new policies was a structured, ongoing process. Policy change was confirmed by reviewing updated handbooks submitted by participating sites. In some cases, this process required patience, particularly for childcare centers that needed board approval before finalizing policy changes. Once updated handbooks were received, I carefully reviewed the documents to ensure that targeted policies were included as previously discussed with each provider. Only after policy handbooks were reviewed and approved did we ask providers to complete a Purposed Purchase Form. This form outlined the specific items they intended to purchase using grant funds and served as a tool to ensure funds were being allocated toward items that directly supported policy implementation, such as breastfeeding room furnishings, gross motor play equipment, or screen-free indoor activities. Before grant funding was released, providers were required to complete and sign a Policy Commitment Pledge form, formally pledging to uphold the agreed-upon policy updates for a minimum of two years. This added a layer of accountability and sustainability to the project, reinforcing that the program's impact extended beyond initial implementation.

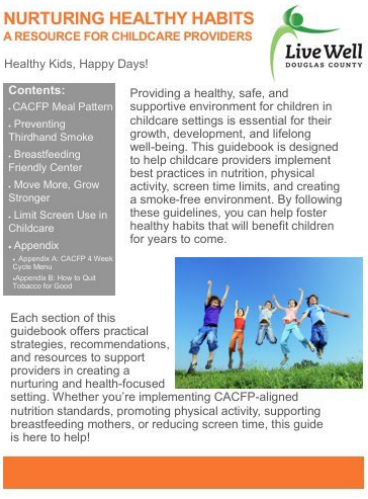

NURTURING HEALTHY HABITS
A RESOURCE FOR CHILDCARE PROVIDERS
Healthy Kids, Happy Days!
LiveWell DOUGLAS COUNTY
Contents:
- CACFP Meal Pattern
- Preventing Thirdhand Smoke
- Breastfeeding Friendly Center
- Move More, Grow Stronger
- Limit Screen Use in Childcare
- Appendix
  - Appendix A: CACFP 4 Week Cycle Menu
  - Appendix B: How to Quit Tobacco for Good
Providing a healthy, safe, and supportive environment for children in childcare settings is essential for their growth, development, and lifelong well-being. This guidebook is designed to help childcare providers implement best practices in nutrition, physical activity, screen time limits, and creating a smoke-free environment. By following these guidelines, you can help foster healthy habits that will benefit children for years to come.
Each section of this guidebook offers practical strategies, recommendations, and resources to support providers in creating a nurturing and health-focused setting. Whether you're implementing CACFP-aligned nutrition standards, promoting physical activity, supporting breastfeeding mothers, or reducing screen time, this guide is here to help!

Figure 2.2: First page of developed resource guide

In addition to policy review and outreach, I strengthened my ability to support providers by developing and delivering tailored implementation resources. A key contribution was the creation of a comprehensive resource guide that addressed all five policy areas. The guide was designed to inspire providers with practical strategies, implementation

ideas, and visual examples to support sustainable adoption of the policies. In addition, I designed a series of eye-catching posters that providers could display in their childcare environments to reinforce the policies with staff and families.

Resource support was not one-size-fits-all; instead, I worked directly with providers to brainstorm feasible ways to implement the policies based on their available space, enrollment size, and daily routines. For example, one provider lacked indoor activity items for inclement weather days and needed ideas for promoting gross motor activity indoors, while others needed simple ways to make their current breastfeeding practices more visible and supportive to families. Through these personalized conversations and tailored resources, I helped ensure that policy implementation felt achievable and aligned with the realities of each provider's environment. This process strengthened my capacity to identify appropriate tools, offer meaningful support, and promote long-term policy sustainability.

Overall, this ILE allowed me to apply academic knowledge in a community-centered setting, navigate real-world barriers, and develop a range of professional competencies. I gained firsthand experience in supporting policy change, delivering technical assistance, handling resistance with professionalism, and building trusting relationships with childcare providers. These experiences have equipped me with stronger communication, evaluation, and implementation skills that will serve me well in future public health practice.

Chapter 3- Results

The Douglas County Healthy Childcare Pilot Project focused on strengthening wellness environments in home- and center-based childcare sites through the implementation of five evidence-based policies. As the Project Coordinator, I collaborated with childcare providers and LiveWell Douglas County coalition to complete a series of resources that supported program implementation and evaluation. The results from this experience reflect both tangible products created and process outcomes related to provider engagement, resource distribution, and policy adoption.

Out of the 104 eligible childcare sites in Douglas County that were contacted, five of those sites agreed to participate in the Healthy Childcare Pilot Project, including three childcare centers and two licensed home daycares. As part of the policy assessment process, each site submitted copies of their policy handbooks for my review. I evaluated each handbook to ensure alignment with the five evidence-based policies promoted by the program. Upon completing the reviews, I found that several handbooks lacked one or more of the focus policy areas. However, when I followed up with providers to discuss these gaps, many shared that they were already implementing some of the recommended practices such as limiting screen time or promoting physical activity, but had never formalized them in writing.

In these cases, I worked directly with providers to gain a detailed understanding of their current practices. Using the information gathered, I developed customized policy language that accurately reflected their day-to-day operations while aligning with public health standards. This tailored support allowed providers to formalize existing routines into written policy, strengthening internal consistency and enhancing program accountability. By integrating these practices into their official handbooks, each site was better positioned to sustain the adopted policies, meet licensing and project expectations, and communicate their commitment to child wellness to families and staff.

While most participating sites updated their handbooks to reflect existing health-focused practices, all sites also implemented new policies that required tangible changes to their physical environments and daily operations to support effective implementation. These changes demonstrated a deeper commitment to promoting child health and served as models for how written policies can be translated into meaningful, practical action.

At Children's Learning Center, a licensed childcare center, staff implemented two new policies: one supporting breastfeeding mothers and another establishing a comprehensive tobacco-free environment. The center created a designated space to support mothers who choose to breastfeed on site. The space was designed for privacy and comfort to encourage onsite feeding. To support the tobacco-free policy, the center

posted large “No Smoking” signs in their parking lot and adopted strict internal procedures for staff who smoke. Staff were instructed to only smoke off-site during designated breaks, to wear a designated “smoking jacket,” and to wash their hands upon returning. If a child arrived at the center smelling of smoke, staff were required to change the child’s clothes and wash their hands. These measures were put in place to reduce third-hand smoke exposure among children. The center used grant funds to furnish the breastfeeding space with appropriate furnishings and “No Smoking” signs for the parking lot.

Tot Spot Childcare, a licensed home provider, implemented a new screen time limitation policy. Previously, screen time was used in the mornings during child drop-off and on days with poor weather. As part of their policy change, the provider purchased large indoor gross motor play equipment such as tunnels and stepping stones. These were used to keep children active and engaged during times when outdoor play was not possible. The provider also added small sensory bins to be used during morning transitions, offering stimulating alternatives to screen-based activities. These purchases supported the site’s commitment to reducing screen time and increasing child movement.

At Parkwood Day School, a licensed childcare center, two new policies were implemented. The center created a private, comfortable breastfeeding area to support mothers who wished to nurse on-site. This mirrored the setup at Children’s Learning Center. Parkwood also adopted a tobacco-free policy that included purchasing yard signs that read “Smoke Free Property” for the parking area and metal door/wall signs throughout the facility. Their policy required that children arriving with signs of thirdhand smoke exposure, such as smelling like smoke, would have their clothes changed and their hands washed. Staff who smoked were expected to follow procedures similar to those implemented at other sites, ensuring that thirdhand smoke exposure was minimized. Grant funding supported these changes, particularly in the areas of signage and materials for the breastfeeding room.

Kids Choice Christian Daycare, a home-based provider, implemented the physical activity policy and limiting screen time. Initially, this provider allowed children over the age

of two to engage in more than an hour of screen time per day. After adopting the new policy, the provider reduced screen time to no more than 30 minutes per day and introduced active play materials as a replacement. Learning tables and folding mats were purchased to encourage more movement throughout the day, especially during periods when outdoor activity was not possible. This shift allowed the provider to create a more dynamic and active environment that met the program's physical activity goals.

At Googols of Learning, a center-based provider, the leadership team took significant steps to enhance their wellness environment as part of their participation in the Healthy Childcare Polit Project. After a conversation about the dangers of thirdhand smoke exposure, the center adopted a comprehensive 100% tobacco-free policy. This new policy prohibits smoking, vaping, and the use of any tobacco products by staff, families, visitors, vendors, and maintenance personnel on all areas of the property, in personal vehicles, and during any off-site, facility-sponsored events. It also outlines specific procedures to minimize thirdhand smoke exposure, such as changing the clothes of children who arrive smelling of smoke and encouraging family members to use hand sanitizer before entering the facility. The policy was formally integrated into both the staff and family handbooks, signaling a strong, program-wide commitment to protecting children's health.

In addition to this policy advancement, the center used grant funds to replace an aging 3-goal hoop with a new piece of outdoor play equipment. This purchase supported their physical activity policy and reinforced the importance of creating engaging outdoor environments that encourage movement and active play among children.

Before grant funds were released, each site submitted a purchase proposal form outlining how the funds would be used to support the implementation of one or more of the five key policies. I reviewed each proposal to ensure alignment with the program's intent and to confirm that items were allowable under the funding guidelines. One provider experienced a delay in submitting the purchase proposal and required a follow-up call to complete the form. Following that, each provider completed a Policy Commitment Pledge

form stating that they agreed to uphold the new or revised policies for a minimum of two years. Once all forms were submitted and approved, funding was distributed.

To keep track of progress, I developed a project tracker that included columns for each major milestone: participation agreement date, receipt of original handbook, policy updates implemented, purchase form submitted, pledge form signed, and grant money distributed. This tool helped me ensure no steps were missed and that each provider received the support they needed. All five sites completed the program, submitted final materials, and successfully implemented the required policies or used grant funding to enhance their current efforts.

To help sites communicate these policy changes to families and staff, I designed five letter-size posters, one for each policy area and one 11x17 poster that included all 5 key policies. The posters were visually appealing, easy to read, and appropriate for display in both homes and centers. I made minor edits after collecting provider feedback on layout and wording. Posters will be delivered to each provider via email so they have the option to choose which posters they would like to print. In addition to the posters, I developed an online resource guide tailored to support providers in implementing and maintaining the five evidence-based policies. The guide is organized by policy area and includes practical strategies, clear explanations, and actionable recommendations that reflect real-world childcare settings. It is designed to help providers confidently apply policies related to CACFP-aligned nutrition, physical activity promotion, breastfeeding support, screen time limits, and tobacco-free environments. The content focuses on offering straightforward, flexible guidance to strengthen wellness practices and reinforce providers' commitment to creating health-focused childcare environments.

In summary, the Douglas County Healthy Childcare Pilot Project successfully supported five licensed childcare sites in adopting and sustaining policies that improve nutrition, increase physical activity, reduce screen time, support breastfeeding mothers, and eliminate thirdhand smoke exposure. By the conclusion of the project, each site had fully adopted at least one new written policy in addition to updating existing wellness

practices. Measurable impacts included the creation of two new breastfeeding spaces, a documented reduction in daily screen time by an average of 90 minutes across participating sites, and the implementation of comprehensive tobacco-free policies at two centers. All sites reported that grant-funded purchases, such as gross motor play equipment and educational materials, were actively in use and supporting the intended policy changes. Each site met the program's participation requirements, and all reported positive experiences with the resources, training, and support provided. These results demonstrate the feasibility of policy-based health promotion efforts in both home and center-based early childhood settings and offer clear evidence of how public health partnerships can drive visible, sustainable changes in childcare environments.

Chapter 4 – Discussion

Early childhood represents a formative window for establishing lifelong health behaviors. The physical, cognitive, and social foundations laid during this stage profoundly shape long-term outcomes, making early care and education (ECE) environments a strategic focus for public health intervention. With over millions of children under the age of five attending formal childcare in the United States, these settings serve as critical platforms for delivering consistent, health-promoting practices. The Healthy Childcare Pilot Project put on through LiveWell Douglas County was developed to support providers in implementing five key policy areas that align with national best practices.

The findings of this project reaffirm the importance of childcare settings in influencing children's daily routines and long-term health. While many providers were already informally implementing wellness-focused behaviors, these efforts were often undocumented or inconsistent. By transforming informal practices into formal, written policy, providers gained clarity, accountability, and sustainability; the core elements that drive long-term change. This policy formalization process aligns with the literature, which consistently links written health policies to improved implementation and fidelity in ECE settings. A key insight from this experience was the extent to which visual tools, such as

policy posters and tailored resource guides, were instrumental in encouraging adoption and reinforcing daily practice. Providers frequently cited these materials as essential for staff engagement and family communication. These findings relate to the principles from behavioral theory and implementation science, which highlight the importance of environmental cues and tailored, context-specific resources in promoting lasting behavior change.

This project also added to my understanding of implementation barriers, especially among smaller home-based childcare providers. These providers often face unique challenges: fewer staff and limited space. However, when given individualized support, simple templates, and flexibility, even the most constrained environments can achieve meaningful change. The success of these providers, who installed gross motor equipment, created breastfeeding spaces, and eliminated unnecessary screen time, demonstrates that equity in public health practice does not require uniformity; it requires responsiveness.

Each policy area promoted through this project is grounded in evidence and connected to specific child health concerns:

- Nutrition: CACFP standards promote nutrient-dense meals and reduce reliance on high-calorie, processed foods. These improvements help narrow gaps in diet quality and reduce the risk of obesity, undernutrition, and diet-related chronic diseases, which occur more often in children from low-income households and marginalized communities. Williams (2016) found that CACFP participation is associated with significantly healthier food offerings in childcare settings.
- Physical Activity: Encouraging both structured and unstructured movement supports social-emotional development, gross motor skills, and future activity patterns (Jones et al., 2019). Expanding active play opportunities is especially important in communities where children have fewer safe and affordable places to be active, helping counteract sedentary behaviors linked to higher obesity rates.
- Breastfeeding: Creating designated spaces and written policies helps increase breastfeeding continuation, benefiting child immunity and maternal health (Benjamin

Neelon et al., 2014). This focus supports families who may face systemic barriers to breastfeeding, such as lack of workplace accommodations, cultural stigma, or inadequate institutional support, contributing to lower breastfeeding rates in some populations.

- Screen Time: Reducing screen exposure, particularly for children under age two, protects against poor sleep, behavioral issues, and developmental delays (Winterbauer, 2020). Limiting screens in early childhood can help close developmental gaps by fostering richer language, social, and play-based learning experiences, especially in settings where high-quality early learning opportunities are limited.
- Thirdhand Smoke: Preventing residual tobacco exposure is crucial in childcare environments where vulnerable children are in close contact with contaminated surfaces and clothing. Emerging research links THS to serious health risks (Drehmer et al., 2017). Strong tobacco-free policies reduce children's risk of respiratory illness, asthma, and long-term cancer, conditions that are more common in areas with higher tobacco use prevalence.

As the Project Coordinator, I entered this experience without having previously led an independent public health initiative. Serving in this role required me to translate evidence into practice, manage community relationships, and navigate resistance with professionalism and empathy. One of the most important personal insights I gained was the value of adaptive communication. Providers were more receptive when I framed policy changes in terms of benefits to their families and operations, rather than compliance with external standards. This approach allowed me to form productive partnerships and facilitate change rooted in mutual goals.

This project also deepened my appreciation for systems thinking. Health promotion in ECE settings is not a linear process; it involves intersecting domains of nutrition, environment, staff training, family engagement, and policy infrastructure. Recognizing and navigating these interconnections was essential for success and reflected the complexity of real-world public health practice.

By translating research into practical tools, tailoring support to provider needs, and promoting sustainable wellness environments, this project advanced the understanding of how health policy can be successfully implemented in diverse childcare settings. It demonstrated that meaningful policy change does not require large-scale reform, it begins with one provider, one updated handbook, and one intentional act to prioritize children's health. This work has contributed not only to healthier environments in Douglas County but also to my own development as a capable, collaborative public health practitioner.

Chapter 5- Competencies

This Integrated Learning Experience (ILE) provided the opportunity to synthesize academic coursework with applied public health practice. The project supported five licensed childcare sites in Douglas County, Kansas, in adopting and implementing wellness-focused policies aligned with public health best practices. The policies included aligning childcare meals with CACFP nutrition standards, supporting breastfeeding, promoting physical activity, limiting screen time, and creating tobacco-free environments with attention to thirdhand smoke. The project demonstrated direct application of multiple MPH Foundational Competencies as outlined below.

Table 5.1 Summary of MPH Foundational Competencies

Number	Competency	Description
8	**Apply awareness of cultural values and practices to the design or implementation of public health policies or programs**	Integrated cultural awareness into tailored materials for providers, considering differences in facility size, staffing, and access to resources. Posters, guidebooks, and policy recommendations were adapted for both centers and home-based providers to ensure inclusivity and cultural relevance.

12	**Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence**	Chose ethical considerations and evidence-based decision-making into the development of public health policy updates for childcare settings. Each policy recommendation was informed by relevant literature, professional standards, and practical input from childcare providers to ensure realistic and appropriate implementation.
13	**Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes**	Engaged childcare providers as active partners by listening to their needs and integrating their feedback into final policy drafts and implementation tools. Trust building and collaboration were vital to each phase of the project.
16	**Apply leadership and/or management principles to address a relevant issue**	Demonstrated leadership by coordinating policy development, creating educational materials, and supporting providers through the process of handbook updates and grant-related purchases. Built communication, planning, and facilitation were key components of project execution. Created and managed a Project Tracker to monitor provider progress through major milestones.
19	**Communicate audience-appropriate public health content, both in writing and through oral presentation**	Communicated project outcomes in both written and oral forms, including the creation of family-friendly posters and resource guides. All content was crafted with the intended audience in mind to promote health literacy and engagement.

Throughout this ILE, the competencies were not addressed in isolation. Instead, they were interwoven through the collaborative process of policy development, site-

specific consultation, communication strategy design, and implementation support. The project emphasized real-world application of public health principles to improve nutrition, reduce health disparities, and promote wellness in early childhood environments. The experience confirmed the importance of multi-level engagement and reinforced the value of practical, accessible tools in supporting sustainable health behavior change among providers and families alike.

Student Attainment of MPH Emphasis Area Competencies

Table 5.2 Summary of MPH Emphasis Area Competencies

MPH Emphasis Area: Public Health Nutrition		
Number and Competency		**Description**
1	Information literacy of public health nutrition	Inform public health practice through analysis of evidence-based policy, systems, and environmental change.
2	Compare and relate research into practice	Examine chronic disease surveillance, policy, program planning and evaluation, and program management, in the context of public health nutrition.
3	Population-based health administration	Critically examine population-based nutrition programs.
4	Analysis of human nutrition principles	Examine epidemiological concepts of human nutrition in order to improve population health and reduce disease risk.
5	Analysis of nutrition epidemiology	Describe criteria for validity in nutritional epidemiological methodology.

Information Literacy of Public Health Nutrition

I supported public health practice through the comprehensive analysis of evidence-based policies, systems, and environmental change strategies relevant to early childhood settings. By applying strong information literacy skills, I was able to critically evaluate and synthesize a wide range of academic literature and professional guidelines to support the development of wellness-focused policies for childcare providers. These policies addressed five key domains, nutrition, physical activity, breastfeeding support, screen time

limitation, and tobacco exposure reduction, each grounded in current best practices. My ability to locate, interpret, and apply research findings allowed me to tailor materials and policy recommendations to fit the unique needs of both childcare centers and home-based providers. This competency was particularly important in designing practical tools and guidance that reflected the real-world constraints faced by providers while still upholding high standards for child health promotion.

Compare and Relate Research into Practice

I worked to translate public health nutrition knowledge into practice by collaborating directly with childcare providers to assess site-specific conditions and implement tailored strategies for policy planning, adoption, and evaluation. Through ongoing communication, review of existing handbooks, and analysis of provider-submitted materials, I chose opportunities to integrate wellness-focused changes across all five priority areas. My approach involved contextualizing academic knowledge within the realities of childcare operations, considering factors such as staffing, space constraints, and resource availability. By supporting providers through policy revisions and offering implementation tools, such as sample language, visual materials, and funding recommendations, I bridged the gap between theoretical nutrition frameworks and actionable, sustainable interventions. This hands-on, interactive process ensured that public health recommendations were not only evidence-based but also feasible and meaningful within diverse early childhood care environments. Additionally, I integrated strategies that addressed modifiable behavioral risk factors for chronic conditions such as obesity and type 2 diabetes, including promotion of physical activity, balanced nutrition, and breastfeeding; all supported by current research and public health nutrition frameworks.

Population-Based Health Administration

I evaluated population-based programs by evaluating wellness policies within childcare settings, identifying implementation barriers, and developing customized resources to support sustainable, health-promoting environments. This work required in-depth analysis of provider-submitted policy handbooks, allowing me to assess the extent

to which existing practices aligned with public health goals. Through this process, I identified common gaps, such as lack of structured physical activity time or insufficient breastfeeding accommodations and used these insights to guide the development of site-specific tools and recommendations. I designed implementation support materials, including posters, guides, and sample policy language, that addressed the operational realities of both center-based and home-based providers. These resources were intentionally crafted to reduce burden while maximizing impact, ensuring that health promotion efforts could be maintained long after the initial implementation phase. By aligning the unique needs of childcare sites with evidence-based practices, I contributed to a stronger public health infrastructure at the population level within the early care and education sector. The Transtheoretical Model (TTM) provided a valuable framework for understanding where providers were in terms of readiness to change. Some sites were in the contemplation stage, considering updates but unsure of how to proceed, while others were prepared to take immediate action. My implementation tools and consultations were adapted accordingly, ensuring that strategies were aligned with each provider's stage of change. This stage-based approach allowed me to support meaningful and sustainable progress toward healthier childcare environments.

Analysis of Human Nutrition Principles

I related public health nutrition principles and epidemiological insights to reduce disease risk by promoting comprehensive wellness strategies in early childhood populations. Drawing on knowledge of nutrition science, behavioral risk factors, and early childhood development, I developed and supported policies that encouraged healthy eating patterns, daily physical activity, and limited screen exposure—behaviors known to influence long-term health outcomes. I also incorporated strategies to support breastfeeding, recognizing its critical role in infant nutrition and immune system development, and advocated for tobacco-free environments by educating providers about the risks of thirdhand smoke exposure.

The policy recommendations I supported reflected environmental health strategies used in infectious disease prevention. For instance, encouraging breastfeeding supports immunity development, while limiting screen time and increasing physical activity aligns with a systems-based approach to prevent chronic disease and reduce vulnerability to infectious threats. These interventions are consistent with environmental public health approaches that consider not only physical space and pollutants, but also social determinants of health such as access, behavior, and caregiving practices.

By translating complex public health concepts into actionable guidance for childcare providers, I fostered environments that support healthy growth trajectories and reduce early risk exposure, ensuring that prevention efforts begin where children spend a significant portion of their day.

Analysis of Nutrition Epidemiology

I evaluated patterns in provider-reported data, including policy revisions, updated handbooks, and grant-related purchase forms, to assess the degree to which wellness practices were being adopted across childcare sites. By contrasting and comparing documentation from each provider, I identified trends in how policies were implemented and which resources were prioritized, such as breastfeeding room furnishings, physical activity equipment, or nutrition-focused materials. These data served as environmental and behavioral indicators that reflected the broader impact of the policy initiative. Applying concepts from nutrition epidemiology, I interpreted these indirect measures to evaluate changes in the childcare environment that could influence children's long-term health behaviors and outcomes. In evaluating the implementation of policies across childcare settings, I considered both behavior change and environmental modifications as key indicators of impact. This dual lens supported by environmental health science, recognizes that risk reduction involves more than behavior; it includes creating supportive environments where healthy choices are the default. Communicating those risks and solutions clearly to providers was also essential, and I approached this with principles

from environmental risk communication, ensuring transparency, trust, and usability of information.

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Appendix 1 - Pilot Site Information Form

Douglas County Healthy Childcare Pilot Site Information

The first step to becoming a pilot site is to fill in the general site information form below. For questions, contact the Healthy Childcare Project Coordinator: Hannah Tillery at ahtillery@gmail.com

* Indicates required question

1. Email *

2. Your Name and Job Title *

3. Email Address *

4. Phone Number *

5. Preferred Contact Method *

Mark only one oval.

- ◯ Phone Call
- ◯ Email

6. Childcare Center/Daycare Home Name and Address

_____

7. How many children does your site provide care for? *

_____

8. What are the ages of children that your site provides care for? *

_____

9. Do you currently have a handbook or set of policies available for the families you serve or your employees? *

Mark only one oval.

- ◯ Yes
- ◯ No

10. If you answered yes to the question above, are the current policies and/or handbook available online? *

Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ N/A (we do not currently have a handbook or set of policies available)

11. If the current policies and/or handbook are available online, please provide the web address where they can be viewed.

_____

12. Please tell us why you are interested in being a pilot site for the Douglas County Healthy Childcare designation. *

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Appendix 2- Proposed Purchase Form

Douglas County Healthy Childcare Grant – Proposed Purchase Form

Thank you for participating in the Douglas County Healthy Childcare Project! As a pilot site, you are eligible to receive grant funding to support your implementation of healthy policy practices. Please use this form to outline the items you would like to purchase with your grant funds and provide estimated costs.

This information will help us track allowable expenses and support your efforts.

* Indicates required question

1. Childcare Facility Name Or Person Name and Address for Checks *

2. Your Name and Job Title *

3. Email Address *

4. Proposed Items #1 *
(e.g., Outdoor play equipment, breastfeeding support chair, web link to online wish list, educational posters, etc.)

5. Estimated Cost of #1 Items

6. Proposed Items #2

7. Estimated Cost of #2 Items

8. Proposed Items #3

9. Estimated Cost of #3 Items

10. Brief explanation of how these purchases support your program's healthy policy goals. *

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Appendix 3- Policy Commitment Pledge Form

Douglas County Healthy Childcare Project – Policy Commitment Pledge

As a participant in the Douglas County Healthy Childcare Project, your site is receiving grant support to help implement evidence-based policies that promote the health and well-being of children and families.

By completing this form, you are formally pledging to uphold the agreed-upon policy updates for a **minimum of two years**. These policies include best practices in nutrition, physical activity, screen time, tobacco-free environments, and breastfeeding support.

Please complete the form below to confirm your commitment.

* Indicates required question

1. **Childcare Facility Name** *

_____

2. **Your Name and Job Title** *

_____

3. **Policy Commitment:** *
(check the boxes that your facility is implementing.)

Check all that apply.

- [ ] Nutrition standards aligned with CACFP guidelines
- [ ] Policies for promoting and supporting breastfeeding mothers
- [ ] 60–90 minutes of daily moderate to vigorous physical activity
- [ ] Limiting screen time
- [ ] A tobacco-free policy that includes vaping and third-hand smoke

4. **Acknowledgment Statement** *

I understand that by signing this pledge, I am committing to uphold the above policies for a period of at least two years and will strive to maintain a healthy environment for children and families in my care. Check box below.

Check all that apply.

- [ ] I understand

5. **Electronic Signature** *(Type your full name)* *

_____

6. **Date** *

_____

Example: January 7, 2019

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LiveWell
DOUGLAS COUNTY

NURTURING HEALHTY HABITS

A Resource for Childcare Providers

NURTURING HEALTHY HABITS

A RESOURCE FOR CHILDCARE PROVIDERS

Live Well
DOUGLAS COUNTY

Healthy Kids, Happy Days!

Contents:

- CACFP Meal Pattern
- Preventing Thirdhand Smoke
- Breastfeeding Friendly Center
- Move More, Grow Stronger
- Limit Screen Use in Childcare
- Appendix
  - Appendix A: CACFP 4 Week Cycle Menu
  - Appendix B: How to Quit Tobacco for Good

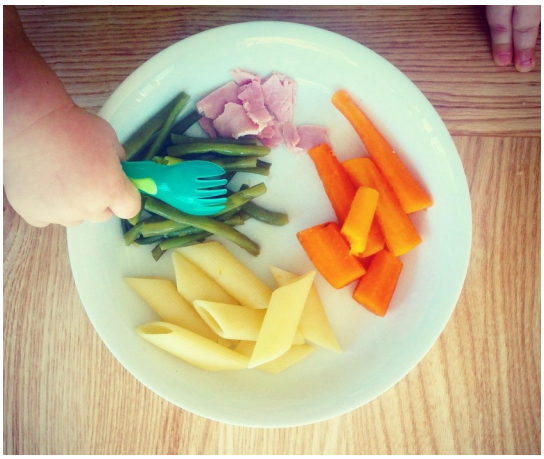
Providing a healthy, safe, and supportive environment for children in childcare settings is essential for their growth, development, and lifelong well-being. This guidebook is designed to help childcare providers implement best practices in nutrition, physical activity, screen time limits, and creating a smoke-free environment. By following these guidelines, you can help foster healthy habits that will benefit children for years to come.



Each section of this guidebook offers practical strategies, recommendations, and resources to support providers in creating a nurturing and health-focused setting. Whether you're implementing CACFP-aligned nutrition standards, promoting physical activity, supporting breastfeeding mothers, or reducing screen time, this guide is here to help!

WHY FOLLOW THE CACFP MEAL PATTERN

Following the Child and Adult Care Food Program (CACFP) meal pattern is crucial because it ensures children and adults in care receive nutritious meals and snacks, promoting healthy eating habits and supporting overall well-being and development.



Benefits of CACFP Nutrition Standards

Promotes Healthy Eating Habits – Helps children establish lifelong healthy eating patterns, leading to better long-term health outcomes.
Meets Nutritional Needs – Based on the Dietary Guidelines for Americans, ensuring children get the calories and key nutrients they need for proper growth and development.
Encourages Variety – Meals include vegetables, fruits, whole grains, lean proteins, and low-fat/fat-free dairy while minimizing added sugars and saturated fats.
Foundation for Healthy Choices – Childcare providers play a key role in helping children develop healthy habits that will last a lifetime.

What Makes a CACFP Meal

CACFP meals include a variety of **nutrient-rich foods** that help children grow and thrive!

Each meal contains:
Fruits & Vegetables – Fresh, frozen, or canned with no added sugar or salt.
Whole Grains – Providing fiber and energy for active minds and bodies.
Protein – Lean meats, beans, eggs, yogurt, or cheese for muscle and brain development.
Milk – Essential for bone growth and strong teeth (low-fat or fat-free for ages 2+).

Simple Meal Guidelines

Eating well is fun and easy with the CACFP! Here is what you need to know:

Milk Matters: 1-year-olds get unflavored whole milk to support brain and bone development. Ages 2-5 receive unflavored low-fat (1%) or fat-free milk to keep hearts healthy!

Fruits & Veggies – The More Colors, The Better: Offer a variety of fruits and vegetables throughout the day. At lunch, serve two different veggies if no fruit is included! Juice is okay, but only once per day and must be 100% pasteurized.

Grains to Keep Us Going: Serve at least one whole grain-rich food per day! No grain-based desserts (sorry, cookies don't count!). Cereal must have 6g or less of added sugar per ounce – check the label!

Protein Power! Choose lean meats, eggs, beans, tofu, or yogurt to build strong muscles! Yogurt should have no more than 12g of added sugar per 6 oz.

Meal & Snack Requirements

Breakfast:

Meal components and food items	Ages 1-2	Ages 3-5	Ages 6-12
Fluid Milk	4 fluid ounces	6 fluid ounces	8 fluid ounces
Vegetables, fruits, or portions of both	¼ cup	½ cup	½ cup
Grains	½ ounce equivalent	½ ounce equivalent	1 ounce equivalent

Lunch & Supper:

Meal components and food items	Ages 1-2	Ages 3-5	Ages 6-12
Fluid Milk	4 fluid ounces	6 fluid ounces	8 fluid ounces
Meats/meat alternates	1 ounce equivalent	1½ ounce equivalents	2 ounce equivalents
Vegetables	⅛ cup	¼ cup	½ cup
Fruits	⅛ cup	¼ cup	¼ cup
Grains	½ ounce equivalent	½ ounce equivalent	1 ounce equivalent

Snack: Choose 2 of the 5 required component

For more information and resources for CACFP visit: Nutrition Standards for CACFP Meals and Snacks | Food and Nutrition Service

PREVENTING THIRDHAND SMOKE

Why It Matters

Thirdhand smoke poses serious health risks to children in childcare, with it lingering on surfaces, clothes, and furniture, potentially causing respiratory problems, asthma, and other health issues. To maintain a smoke-free environment, implement strict policies, encourage healthy habits, and educate families and staff about the dangers.

Dangers of Thirdhand Smoke to Children

Children are especially vulnerable because they crawl on contaminated surfaces, touch many objects, and put their hands in their mouths.
Thirdhand smoke contains toxic chemicals that can be absorbed through the skin, inhaled, or ingested, potentially causing long-term health problems.

How Thirdhand Smoke Lingers

Residue from thirdhand smoke can accumulate on carpets, furniture, toys, clothing, and other surfaces. These residues can remain for weeks, months, or even years, posing a continued health risk. Even after cleaning, some chemicals can re-emit into the air, further exposing children.



Creating a Healthy Place for Children

Be a role model – Avoid smoking in or near childcare settings.
Encourage smoke-free homes – Educate families about the benefits of a completely smoke-free home.
Provide resources – Share quit-smoking programs and support for caregivers who want to stop smoking.

Best Practices for a Smoke-free Space

Implement a strict smoke-free policy – Prohibit smoking on the premises, in vehicles used for transportation, and near the building.
Educate families and staff – Provide information about the dangers of secondhand and thirdhand smoke and the importance of maintaining a smoke-free environment.
Clean thoroughly – Regularly wash and clean hard surfaces, toys, upholstery, and fabrics.
Replace contaminated items – Consider replacing carpeting, curtains, and other items that absorb smoke residue.
Ensure proper ventilation – Maintain adequate airflow to reduce pollutants.
Store food and drinks carefully – Keep food and drinks away from areas where smoking may have occurred.

By taking these steps, childcare providers can help protect children from the harmful effects of thirdhand smoke and create a safer, healthier environment for all.

BREASTFEEDING-FRIENDLY CENTER

A warm, supportive environment helps mothers breastfeed longer and gives babies the best start in life. Offering a clean, comfortable, and private space for nursing or pumping shows your commitment to families.

How to Create a Breastfeeding-Friendly Space

You don't need a large area—just a quiet, cozy spot with a few key features:

A Comfortable Chair – A rocking chair or cushioned seat for relaxation, with a washable cover in case of messes.
A Footrest – Supports good posture while nursing.
Soothing Artwork – Helps create a relaxing, welcoming atmosphere.
Storage & Table Space – A table with storage for nursing pillows, covers, and supplies. Leave room for a water bottle, phone, or other essentials.
Soft Lighting – A gentle lamp for a cozy, calming ambiance.
Sound Machine – Helps drown out background noise for a peaceful feeding session.
Privacy Sign – A **"Breastfeeding in Progress – Please Do Not Disturb"** sign for quiet and privacy.

Encouraging a Supportive Environment

Train Staff – Ensure caregivers understand breastfeeding benefits and how to support moms.
Educate Families – Share brochures, posters, or website links with helpful breastfeeding information.
Offer Flexible Breaks – Allow time for moms to breastfeed or pump as needed.
Promote Breastfeeding – Celebrate and encourage it as a natural and healthy choice.



Why Support Breastfeeding Moms

Healthier Babies – Breastfeeding provides babies with the ideal nutrition tailored to their development. Breast milk is rich in antibodies that help protect against common childhood illnesses such as ear infections, respiratory infections, and diarrhea. It's also easier to digest and supports healthy weight gain and brain development. Studies show that breastfed babies have lower risks of asthma, obesity, type 2 diabetes, and sudden infant death syndrome (SIDS). The health benefits extend well into childhood, helping set a foundation for long-term wellness.

Stronger Bonding – Breastfeeding is more than just a feeding method—it's an opportunity for moms and babies to share quiet, loving time together. The act of breastfeeding triggers the release of hormones like oxytocin, which fosters emotional connection and trust. A calm, private space for breastfeeding helps mothers feel more relaxed and comfortable, which supports milk flow and encourages sustained breastfeeding. This bonding time builds secure attachment, which plays a key role in emotional and social development.

More Family-Friendly Centers – When childcare programs support breastfeeding, they send a powerful message that they value the individual needs and preferences of each family. Having a breastfeeding-friendly policy creates a welcoming environment where families feel seen, respected, and supported in their choices. This approach strengthens trust between families and caregivers, increases family satisfaction with care, and can even help with parent retention and referrals. Supporting breastfeeding also aligns with public health recommendations and may make your center eligible for recognition programs and grants.

Children's Learning Center created a welcoming breastfeeding space for their families. They transformed a quiet corner into a cozy, private area for nursing and pumping, complete with a comfortable chair, privacy screen, soft lighting, and other fun items. By supporting breastfeeding moms, they've created a more inclusive and family-friendly environment, building stronger connections with their families.







For more information about supporting breastfeeding mothers in your childcare site, visit: https://www.childcareaware.org/resource-and-referrals-role-in-supporting-breastfeeding/

MOVE MORE, GROW STRONGER!

Daily physical activity supports children's physical, cognitive, and social development. Movement helps build strong bones and muscles, promotes healthy weight, improves concentration and memory, and enhances confidence and teamwork. Encouraging active play lays the groundwork for a lifelong love of movement.

Daily Goal: 60–90 Minutes of Active Play

Childcare providers should aim for at least 60–90 minutes of physical activity every day. This includes a mix of structured (adult-led) and unstructured (child-led) playtime, both indoors and outdoors.

Fun & Engaging Activities

Make physical activity fun and inclusive! Activities can be simple and accessible:

- Tag, obstacle courses, and relay races
- Dance parties and movement songs
- Parachute games or yoga for kids
- Tossing, catching, or balancing games
- Biking, scooter rides, or nature walks

Unstructured activities might include:

- Free play on playgrounds or open areas
- Imaginative play like "animal walks" or role-playing
- Exploring with balls, hula hoops, jump ropes, or chalk art

Children are naturally active. Let's encourage that energy! Prioritizing physical activity in childcare helps children develop strong bodies, healthy minds, and social confidence.



Encouraging an Active Environment

Here are ways providers can support active play:

Make movement part of the routine: Start the day with stretches or active songs.

Offer equipment: Balls, cones, tunnels, and ride-on toys promote movement.

Use your space: Parks, backyards, and community fields are perfect for active play.

Be positive and involved: Participate in games, offer encouragement, and celebrate effort over skill.

Choose movement over screen time: Replace passive time with fun, active choices.

LIMITING SCREEN USE IN CHILDCARE

Why Limit Screen Time?

The early years are a time of rapid brain development, and children learn best through hands-on play, social interaction, and real-world experiences. While some high-quality digital content can support learning, too much screen time can interfere with physical activity, sleep, and social-emotional growth.

Recommended Screen Time Guidelines

Children Under 2 Years Old

- No screen time in early care and education settings.
- Focus on face-to-face interactions, exploration, and responsive caregiving.

Children Ages 2 and Older

- Limit digital media to no more than 30 minutes per week in early care settings.
- Use only high-quality educational programming designed for young children.
- View content with an engaged adult to help connect learning to real-world experiences.

When to Avoid Screen Use:

- During meals or snacks
- During naps or rest time
- In bed or within 1 hour of bedtime
- As a method to calm or soothe children

Why Limiting Screen Time Matters

Excessive screen time during early childhood can negatively impact healthy development. For children under 5, too much exposure to screens is linked to delays in language, attention, and social-emotional skills. It can also interfere with physical activity, sleep routines, and imaginative play—all of which are essential for brain development and school readiness. The American Academy of Pediatrics recommends limiting screen time to no more than one hour per day of high-quality programming for children ages 2–5, and avoiding screen time altogether for children under 2. Encouraging active play, face-to-face interactions, and hands-on learning helps build strong foundations for lifelong health and learning.

What to Do Instead

Instead of screen time, prioritize physical activity and social engagement throughout the day. Encourage interactive reading, storytelling, and music to promote language and connection. Provide opportunities for imaginative play and hands-on learning, and support children's emotional regulation through calming activities like deep breathing, gentle movement, or sensory play.

Let's work together to give children more movement, more connection, and less screen time for healthy development and joyful learning!

Helpful Practices for Providers

To support healthy screen use in childcare settings, it's important to turn off screens when not in use to minimize background distractions and maintain a focused, engaging environment. Providers should avoid personal device use during care hours, especially while supervising or interacting with children, as adults serve as powerful role models. Regular communication with families about screen time habits at home can help align efforts and ensure consistency. While it's essential to respect each family's preferences, caregivers can still gently guide and support families in establishing balanced, developmentally appropriate screen habits. Offering resources, sharing educational tools, and modeling alternatives to screen time can go a long way in building positive routines both at home and in care.

Tot Spot Childcare limits screen time by creating engaging, screen-free routines throughout the day. Instead of turning on a movie when outdoor play isn't possible, they invested in indoor gross motor activities to keep children active and moving. In the mornings, rather than using the TV during arrival time, Tot Spot sets out sensory bins to encourage hands-on exploration and calm transitions





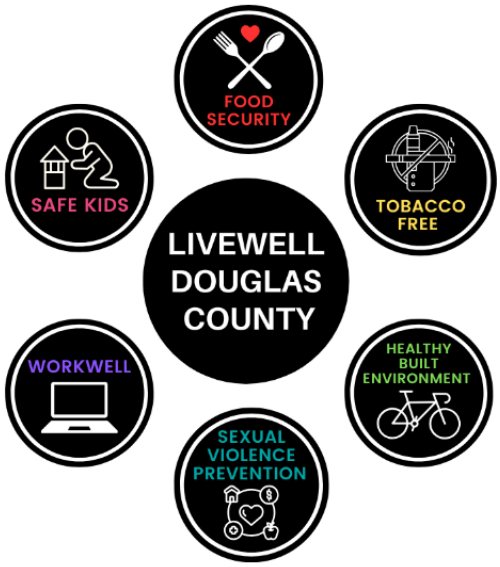


ABOUT LIVEWELL DOUGLAS COUNTY

LiveWell Douglas County is a community-driven coalition made up of passionate individuals, non-profit organizations, local government, schools, and businesses. All working together to improve the health and well-being of our community. We believe in the power of collaboration, public health data, and evidence-based strategies to drive lasting change.

LiveWell's efforts are organized through six focused work groups:

- Healthy Built Environment
- Healthy Food for All
- Tobacco-Free Living
- Safe & Healthy Kids
- WorkWell
- Sexual Violence Prevention



We also serve as the lead agency for Safe Kids Douglas County, dedicated to preventing unintentional injuries and deaths among children at home, on the road, and at play. Together, we're building a healthier Douglas County—one policy, one program, and one partnership at a time.

www.livewelldgks.org
(785) 843-7058

CACFP Weekly Menu - Week 1

Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast: WG Mini Pancakes Sweet Potato Hash Milk	Oatmeal Diced Apples Milk	Homemade Banana Muffins Peach Slices Milk	Bagel with Cream Cheese Strawberries Milk	Egg & Cheese Burrito WG Tortilla Bell Peppers Milk
Lunch: Homemade Meatballs Spaghetti Corn Diced Apples Milk	BBQ Pulled Pork on WG Bun Baked Beans Corn Milk	Grilled Chicken & Cheese Wrap WG Tortilla Broccoli Pears Milk	Hamburger Sloppy Joe on WG Bun Sweet Potato Fries Applesauce Milk	Chicken Tacos Small Tortilla Black Bean and Corn Salsa Avocado Milk
Snack: WG Pita Bread Cucumbers Hummus	Homemade Banana Muffin Peaches Water	Graham Crackers Milk	Rice Cakes with Peanut Butter Applesauce Milk	Cheese Quesadilla Bell Peppers Water

WG: Whole Grain

CACFP Weekly Menu - Week 2

Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast: English Muffin with Peanut Butter Pears Milk	WG Cereal Fresh Banana Milk	Biscuit Sausage Sandwich Watermelon Cubes Milk	Homemade Zucchini Bread Oranges Milk	Cinnamon Oatmeal Green Grapes Milk
Lunch: Hamburger Patty on WG Bun Sliced Tomato & Lettuce Corn Milk	Hamburger Sloppy Joe on WG Bun Tator Tots Banana Milk	Homemade Meatballs Spaghetti Corn Oranges Milk	Grilled Chicken Thighs Dinner Roll Green Beans Watermelon Milk	Grilled Cheese on WG Bread Garden Salad Oranges Milk
Snack: Homemade Zucchini Bread Diced Apples Water	String Cheese Cucumbers Water	WG Pita Bread Cucumbers Hummus Water	String Cheese Green Grapes Water	Bell Peppers with Ranch Dressing Milk

WG: Whole Grain

CACFP Weekly Menu - Week 3

Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast: WG Waffles with Honey Blueberries Milk	Bagel with Cream Cheese Banana Milk	Greek Yogurt Peaches Milk	Avocado Toast Cherry Tomatoes Milk	WG Cereal Strawberries Milk
Lunch: Mac & Cheese Grilled Chicken Breast Broccoli Peaches Milk	Grilled Chicken & Cheese Wrap WG Tortilla Broccoli Blueberries Milk	Baked Salmon Brown Rice Broccoli Cherry Tomatoes Milk	Chicken Tacos Small Tortilla Avocado Corn Milk	BBQ Pulled Pork on WG Bun Green Beans Baby Carrots Milk
Snack: Cottage Cheese Peaches Water	Baby Carrots with Ranch Dressing Club Crackers Water	Cheese Quesadilla Milk	WG Rice Cake with Peanut Butter Milk	Greek Yogurt Strawberries Water

WG: Whole Grain

CACFP Weekly Menu - Week 4

Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast: Egg & Cheese Burrito WG Tortilla Bell Peppers Milk	Homemade Zucchini Bread Oranges Milk	Avocado Toast Sliced Cherry Tomatoes Milk	English Muffin with Peanut Butter Pears Milk	WG Mini Pancakes Sweet Potato Hash Milk
Lunch: Hamburger Patty on WG Bun Sliced Tomato & Lettuce Corn Milk	Baked Salmon Brown Rice Bell Peppers Cherry Tomatoes Milk	Grilled Chicken Thighs Dinner Roll Asparagus Pears Milk	Grilled Cheese on WG Bread Garden Salad Sweet Potato Fries Milk	Mac & Cheese Grilled Chicken Breast Broccoli Baby Carrots Milk
Snack: String Cheese Oranges Water	Graham Crackers Milk	Baby Carrots with Ranch Dressing Club Crackers Water	Cottage Cheese Pears Water	Cheese Quesadilla Bell Peppers Water

WG: Whole Grain

What You Might Not Know About How to Quit Tobacco for Good

LiveWell Douglas County Tobacco-Free Living Work Group

Tobacco is a leading preventable cause of death in Douglas County and Kansas. Smokers are more likely than nonsmokers to develop heart disease, stroke, lung cancer and COPD. Smoking harms health, increases absenteeism from work, and increases health care use and costs.

Within 2 to 5 years after quitting smoking, your risk for stroke may reduce to about that of a nonsmoker's.	**Within 5 years of quitting, the risks for cancers of the mouth, throat, esophagus, and bladder drop by half.**	**Within 10 years of quitting, the risk of dying from lung cancer drops by half.**

What works? The most effective way to quit using tobacco includes medications in combination with some sort of counseling or support. The most effective medication regimens are 1) a combination of patch + gum or lozenge and 2) Varenicline (Chantix). Quitline counseling, text messaging, group, and individual counseling are great ways to get effective support. Douglas County employees who use tobacco products, including vapes, have great access to state and local resources to help them quit.

Medications: Most people don't realize that most health insurance plans cover all quit smoking medications—with zero copay—including:

Nicotine Patch*	Nicotine Nasal Spray
Nicotine Gum*	Varenicline (Chantix)
Nicotine Lozenge*	Bupropion (Zyban)

*Most plans will provide these over-the-counter meds *for free* with a prescription

Moreover, Kansas Medicaid (KanCare) will provide up to four rounds of any FDA-approved (Food and Drug Administration) cessation medication per year – including combinations of medications like a patch plus gum.

Support: The Kansas Tobacco Quitline (KSquit.org) also provides 2-4 weeks of free nicotine patches, gum, or lozenge. The Quitline provides non-judgmental counseling, useful tips, and a text messaging program. The Quitline has a special program for tobacco users with mental health and addiction issues.

Smokefree.gov offers free text messaging programs that give 24/7 encouragement, advice, and tips for becoming smoke free and being healthier.

Published 2024

Local Agencies Stand Ready to Connect Douglas County Citizens with Medications and Support

LMH Health	Heartland Community Health Center	Bert Nash	Treatment & Recovery Center	DCCCA

The Tobacco Free Living (TFL) Work Group seeks to prevent tobacco use and help those who use tobacco to quit. TFL is part of LiveWell Douglas County, a coalition formed in 2008 to support the health and well-being of all county residents.

TFL is one of six work groups which function under the LiveWell umbrella. Other work groups are focused on healthy food, children's health, sexual violence prevention, work site health issues, and health issues in the built environment. TFL members worked to pass two ordinances in Lawrence, one of which amended the **Clean Indoor Air Ordinance** to include **vaping** and the other established a **tobacco retail licensing program**. This program educates retailers and enables Lawrence Douglas County Public Health to enforce age restrictions on tobacco sales. If you'd like to get involved with the Tobacco-Free Living Work Group, or want more information, please visit www.livewelldgks.org or email livewelldgks@gmail.com

Published 2024

Creating a Breastfeeding-Friendly Childcare Center

A Welcoming Space for Breastfeeding Moms



Why Support Breastfeeding Moms?

Breastfeeding provides babies with the ideal nutrition tailored to their development.

Stronger Bonding

Breastfeeding is more than just a feeding method—it's an opportunity for moms and babies to share quiet, loving time together.

More Family-Friendly Centers

When childcare programs support breastfeeding, they send a powerful message that they value the individual needs and preferences of each family.

Live Well
DOUGLAS COUNTY

WHY FOLLOW THE CACFP MEAL PATTERN?

PROMOTES HEALTHY EATING HABITS

Helps children establish lifelong healthy eating patterns, leading to better long-term health outcomes.



MEETS NUTRITIONAL NEEDS

Based on the Dietary Guidelines for Americans, ensuring children get the calories and key nutrients they need for proper growth and development.

CACFP meals include a variety of nutrient-rich foods that help children grow and thrive! Each meal contains:

FRUITS & VEGETABLES

Fresh, frozen, or canned with no added sugar or salt.



WHOLE GRAINS

Providing fiber and energy for active minds and bodies.



PROTEIN

Lean meats, beans. eggs, yogurt, or cheese for muscle and brain development.

MILK

Essential for bone growth and strong teeth (low-fat or fat-free for ages 2+)



Live Well
DOUGLAS COUNTY

Move More, Grow Stronger!



Why Movement Matters

Daily physical activity supports children's physical, cognitive, and social development. Laying the foundation for lifelong health and a love of movement.



Daily Goal: 60–90 Minutes of Active Play

- Make movement part of the routine
- Offer equipment like balls and ride-on toys
- Use your space for active play
- Be positive and involved
- Choose movement over screen time



Live Well
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LIMITED SCREEN USE in CHILDCARE



Why Limit Screen Time?

The early years are a time of rapid brain development, and children learn best through hands-on play, social interaction, and real-world experiences,

While some high-quality digital content can support learning, too much screen time can interfere with physical activity, sleep, and social-emotional growth.

Children Under 2 Years Old

- No screen time in early care and education settings.
- Focus on face-to-face interactions, exploration, and responsive caregiving.

Children Ages 2 and Older

- Limit digital media to no more than 30 minutes per week in early care settings.
- Use only 'high-quality educational programing' designed for young children

Live Well
DOUGLAS COUNTY

Protecting Children from Thirdhand Smoke



WHY IT MATTERS

Thirdhand smoke poses serious health risks to children in childcare, lingering on surfaces, clothes, and furniture, potentially causing respiratory problems, asthma, and other health issues.

Tō maintain a smoke-free environment, implement strict policies, encourage healthy habits, and educate families and staff about the dangers.

DANGERS OF THIRDHAND SMOKE TO OTHERS



Thirdhand smoke contains toxic chemicals that can be absorbed through the skin, inhaled, or ingested potentially causing long-term health problems.

Thirdhand smoke can be harmful to childcare staff when they have to hold a child with smoky clothing.

Children are especially vulnerable because they crawl on contaminated surfaces, touch many objects, and put their hands in their mouths.

Live Well
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Appendix 6 – Project Tracker

Provider Name	Type	Date of Agreed Participation	Date Current Policy Handbook Submitted	Date Revised Policy Handbook Submitted	New Policies Implemented	Proposed Purchase Form	Policy Commitment Pledge	Grant Money Sent
Children's Learning Center	Childcare Center	2/19/2025	3/1/2005	4/9/2025	Promoting and supporting breastfeeding moths Comprehensive tobacco-free policy	X	X	X
Tot Spot Childcare	Daycare Home	2/24/2025	2/26/2025	3/31/2025	Limiting screen time	X	X	X
Parkwood Day School	Childcare Center	2/24/2025	2/25/2025	4/11/2025	Supporting and promoting breastfeeding mothers Comprehensive tobacco-free policy	X	X	X
Kids Choice Christian Daycare	Daycare Home	2/23/2024	3/4/2025	4/11/2025	60 - 90 minutes of physical activity	X	X	X
Googols of Learning	Childcare Center	2/19/2025	2/24/2025	07/03/2025	None (Childcare Center is already implementing the evidence-based policies)	X	X	X