



## Paths to a Healthier Child Care Workforce



This white paper covers the health and wellness habits of child care workers employed in child care settings

### Introduction

In the United States, an estimated 15 million children are cared for in child care centers, family child care programs, and other out-of-home settings. Approximately 1.3 million individuals are employed in the child care profession, and the demand for child care workers is expected to grow about 5 percent over the next 10 years.<sup>1</sup> Most of these individuals are employed as child care workers (also called child caregivers) and provide direct care for children. Others are employed as preschool teachers, program directors, and other service personnel (custodians, cooks, social workers). Many child care workers are self-employed family child care providers, working alone to provide quality care for children.

Most child care workers are women whose average age is 36 years old.<sup>2</sup> The education and training requirements vary by setting (e.g., child care centers vs. family child care homes), state, and individual employer, ranging from no formal education to a bachelor's or advanced degree plus certification in early childhood education. The work is demanding and the pay ranges from low to modest, based on the worker's education and work setting. The Bureau of Labor Statistics reports the following occupational information:<sup>3</sup>

- The median hourly wage for child care workers in the U.S. is \$9.77.
- The average annual wage is \$20,780 for those employed full-time. About 60 percent of individuals in the workforce are employed full-time.
- The median annual wage for child care directors is \$45,670, though 10 percent earn less than \$29,000. Directors often work more than 40 hours per week.
- Pay for self-employed family child care providers is based on the number of hours they work and the number and ages of the children in their care.

As in any occupation, child care workers can experience health problems that affect their quality of life. A study published in the American Journal of Health Education on "Barriers and Facilitators to Healthy Eating and Activity in Head Start Staff" noted that Head Start staff are ideally positioned to promote healthy

<sup>1</sup> Bureau of Labor Statistics (May 2015): [www.bls.gov](http://www.bls.gov)

<sup>2</sup> DataUSA: Childcare Workers: <https://datausa.io/profile/soc/399011/>

<sup>3</sup> Occupational Outlook Handbook, Bureau of Labor Statistics (2015)

behaviors to more than one million low-income children each year, even though there is little documentation regarding their own health. Survey results in eight Colorado Head Start centers indicated that 56 percent of teachers were overweight or obese, 89 percent wanted to be more active, and 86.6 percent desired wellness programming.<sup>4</sup>

Child Care Aware® of America is interested in better understanding the health and wellness habits of child care workers employed in child care settings. The purpose of this project is to identify child care workers' perception of wellness, learn about work-related barriers to healthy active living, and explore ways to entice workers to participate in workplace and community-based wellness programs.

Worksite and employer-based programs can be an effective strategy for improving the health and wellness of child care workers; yet, there is little research on the actual health status of child care workers as well as the availability of worksite wellness strategies for them. To gain perspective on health and wellness among child care workers, Child Care Aware® of America reviewed literature from other industries to identify measures that might be applicable to future child care employee wellness research. The 2012 Aflac Workforces Report examined the prevalence of wellness programs in today's work environment. The study included findings about the impact of wellness programs on employee satisfaction, well-being, and productivity. Compared to workers who are not offered wellness programs, those who have access to and participate in these programs are more likely to have a higher level of job satisfaction, feel happier with their employer, and be more satisfied with their overall benefits.<sup>5</sup> However, these wellness programs do not take into account the unique nature of family child care provider owner/operators for whom there is little division between work space and home.

## Methodology

Child Care Aware® of America staff conducted focus groups with child care workers on-site at child care resource and referral agencies (CCR&Rs) and similar settings, as well as conducting one virtual focus group. Six focus groups were held between December 2016 and February 2017, and included 36 participants from six states: Alabama, Colorado, Indiana, Missouri, New York, and North Carolina. Participants included child care workers, directors, and cooks from both center-based and family child care settings; they varied in age and length of time in the child care industry. Most participants (98 percent) were female.

Child Care Aware® of America staff encouraged participants to freely discuss their personal health status: health goals, eating and physical activity habits, and overall barriers to a healthy lifestyle. Participants also identified factors they deemed would be part of an "ideal work environment" that promotes wellness.

Findings are presented in the following sections:

- Perceived Health Status and Goals
- Eating Habits of Participants
- Physical Activity Habits of Participants
- Barriers to a Healthy Lifestyle
- Overcoming Barriers – The Ideal Work Environment
- Conclusion

## Perceived Health Status and Goals

Participants were asked to rate their current health status on a scale of 1-7, with 7 being optimum health.

- Approximately 10 percent rated their health status as a 6.
- Most (45 percent) rated themselves as a 5.
- Twenty-five (25) percent of participants perceived their health status to be a 4.
- Twenty (20) percent indicated their health was only a 3 or 2.

Self-perceived health status is based upon one's definition of "health" and "healthy." Some participants ranked their health status according to physical attributes such as pain, tiredness, weight, and chronic conditions (i.e., diabetes, migraines). They also gauge their health status by medical results including doctor reports, triglyceride levels, blood pressure, etc. Perceived health status is also influenced by current physical conditions, such as having a cold, muscle pain from lifting children, and injury.

*"I rated myself as a 3. I have a whole lot of medical problems. I got better after the condition I had and everything. I don't know. When I get off some of these meds, then I can be a 5. I'm not going to say a 7."*

*"I think that mine is mostly weight. I don't have many other health problems. I think if I lost more weight I'd be an ideal number."*

<sup>4</sup> *Barriers and Facilitators to Healthy Eating and Activity in Head Start Staff: An Opportunity for Worksite Wellness, American Journal of Health Education (November 2015): <http://www.tandfonline.com/doi/full/10.1080/19325037.2015.1077488>*

<sup>5</sup> *Aflac Workforces Report, Aflac (March 2012): [https://www.aflac.com/docs/awr/pdf/archive/2012\\_awr\\_executive\\_summary.pdf](https://www.aflac.com/docs/awr/pdf/archive/2012_awr_executive_summary.pdf)*

Other participants' perceived health status in relation to their lifestyle choices and actions. These individuals did not report pain or difficulty performing daily activities; however, they rated their perceived health status as lower based on eating habits, such as the amount of food consumed, eating unhealthy foods (i.e., hot dogs, potato chips, snack cakes, sodas, fried foods), and failure to maintain a routine of physical activity.

*"I just learned recently that I struggle with high blood pressure. I feel like if I work out, eat better, then I can get to where I need to be."*

*"Weight is mine. I think I need to be a little bit more active. I need to eat better, I need to start eating basically. I'm like a none-eater. So, I need to start eating and work out."*

These perceptions and actions become a cycle. Poor nutrition choices and lack of regular physical activity may lead to pain, fatigue, and chronic conditions. Likewise, a person who suffers from pain and fatigue is less likely to engage in consistent physical activity and may not feel like preparing a healthy meal. Participant responses indicated this cycle is intensified by stressors at work and meeting home/family responsibilities.

*"I think I'm a 5. I guess, I'm overweight, but I do workout. I think what's also affecting me a lot right now is my nerves. I had a breakdown last year, and I didn't want to do anything with nobody. I think it was partly my job."*

Participants recognized their own health-promotion behaviors and accomplishments, and appeared to have a realistic view of their health status. Several participants revealed a recent improvement in their health status, such as weight loss.

*"I went to the gym, and I started doing aqua pool and Jacuzzi and steam, and that made me feel okay to myself. I said, if I don't lose weight, that's okay. But I'm going to feel myself okay, because I have to deal with children, with staff and with parents, and licensing."*

Participant responses did not reveal a singular definition of health and wellness or of a specific body image or ability. All participants indicated a need for improvement and a desire to reach their optimum health, as represented by a 6

or 7 on the scale. Responses indicated an awareness and acceptance of differences in individuals according to body size, strength, age, and genetic makeup, as well as differences in personal lives and situations.

*"... But like I told my doctor... Look, man, don't keep telling me to lose weight... it's like simple. Everybody's not made to be a Barbie doll."*

Child care workers recognize the importance of healthy eating and physical activity, and believe that consistent health-promoting behaviors are essential to optimum health. The greatest challenge is setting aside time each day for healthy meal preparation, physical activity, and stress management. Examples of behavior changes as suggested by participants included the following:

- Establish and maintain a routine of physical activity such as going to a gym.
- Eat nutritious foods and practice portion control. Avoid less healthy foods and beverages such as sodas, snack cakes, and fried foods.
- Get sufficient sleep.
- Drink water. Avoid caffeinated and sweetened beverages (e.g., sodas).

## Eating Habits of Participants

### A challenging eating schedule:

Generally, child care workers begin their day early when children are dropped off for care (arrival typically begins at 6:00 a.m. or 7:00 a.m.). This presents challenges to having breakfast. Since many child care workers have their own children to feed and get to school before going to work, they themselves have little time to eat breakfast. By lunchtime or early afternoon, participants stated they are likely to be hungry and eat "whatever food is convenient," such as snack cakes or chips.

*"I don't eat in the mornings. I miss breakfast. ... I was working at a daycare for about a year, but I remember just being so hungry when it was my lunch time. I didn't care what I ate, and I don't. It's like, I'm going to McDonald's, and I'm going to order the cheeseburger, double cheeseburger because it's inexpensive."*

*"I'll eat something when I go home. I'll eat a Debbie cake or whatever. It just depends. Sometimes, if I'm really busy, I won't eat a bite. If I have a lot going on, I won't eat as much."*

Many child care programs serve family-style meals and snacks for child care workers and children, an evidence-based strategy that promotes not only nutrition but also development of social and self-help skills. Child care workers in these programs are provided food and have a scheduled time to eat. However, mealtime can be challenging as the adults have an array of responsibilities related to serving food and helping children self-serve, teaching children to use utensils, and cleaning up messes! In family child care, the caregiver often is also responsible for food preparation.

*"Most of the time I don't eat but once a day when the kids are there because I'm trying to get them fed. Some days I may eat something, but for the majority of the time, as long as they're there, I don't eat."*

#### **Impact of the nutritional guidelines on what child care workers eat:**

Programs that adhere to the USDA Child and Adult Care Food Program (CACFP) and other nutritional guidelines serve healthy foods to children. Child care workers who eat with the children often have healthier meals at work than they do at home.

*"When you look at how they eat at the daycare and how we feed the children, it's like, well, why don't we eat this stuff? We're feeding it to the kids. When I see they make this yogurt parfait, raspberries and strawberries -- Oh my gosh, I want some of that because it looks so good! ... No wonder why the kids are licking their bowls. This is good stuff."*

Planned menus, prepared by dietitians or available through outside resources, help child care workers prepare nutritious and tasty foods that children will eat. If children don't eat a specific food, then they prepare it in a different way and reintroduce the food.

*"They (Healthy Kids) give you a menu, which is really important, works out really good. Because I know what I'm going to fix for them*

*for that day. So when I get my menu, I do my grocery shopping, I just get down and buy everything that's on my menu for that month. I just prepare what's on there."*

*"With some of the foods I've given them over the years, things I used to serve maybe 20 years ago, to what I serve now, I think I've done a lot of improvements there. Like cooking. I do more olive oil when it comes to cooking their food. And even with me, I'm eating more fish and, like I said, more ground white turkey and not as much chicken and beef."*

While foods may be nutritious, the food quality and appeal varies, and some child care workers were dissatisfied with their program's food service. Depending upon the child care program, foods may be prepared on-site, catered, or provided from home. Child care workers in center-based programs do not have authority to make changes and felt their opinion was not valued.

*"At my center, I have a problem getting the children to eat the food that is cooked for them. We don't cater breakfast and we don't cater a snack, but the lunch is catered. And most of the time, you know, they don't like it. They don't eat it. But that's a problem that I have, trying to find something that they will eat. Because I hate to throw food away."*

#### **Cost in preparing healthy foods:**

Cost is a primary factor in selecting foods, whether preparing foods for children in your care or grocery shopping for your family. Participants expressed a preference for fresh foods and ingredients, and several participants have access to fresh and inexpensive foods through local groceries and farmers' markets. But fresh foods can be cost-prohibitive, not only because of the initial purchase price, but also because fresh ingredients have a shorter shelf life. In the child care setting, workers cannot afford to purchase expensive ingredients that may spoil before use, or that children will not eat. Child care workers preparing meals for their own families often choose less expensive, and time-saving processed foods. Frozen fruits and vegetables are nutritious, but again cost can influence purchases. For example, corn is one of the least expensive vegetables and therefore often served, limiting variety in meals for both children and adults.

## Convenience:

Child care workers juggle responsibilities at work and at home. After a full day of caring for children, adults are exhausted and may not feel like preparing a full meal. They eat whatever is easy and quick. Their last meal, or possibly only meal, of the day may consist of burgers and fried foods from a local drive-through, or chips and snack cakes before going to bed.

*“During the times that I’m working, I think that’s where I fall short. I’m with the kids, so my lunch consists of a bowl of cereal, cookies, cake, chocolate snacks. I’ll just grab something.”*

## Portion control:

Portion control is an essential element of healthy eating that is also influenced by the child care environment. Many child care workers do not have time scheduled to eat regular meals, and may skip breakfast and lunch. When they have an opportunity to eat, they often eat a double portion.

*“For me, like I said, I eat a lot. It could be something healthy, but it’s going to be a lot. My worst meal is I’ll go get an 8-piece hot wings and then I’ll go get stir-fried rice from another restaurant, and that’ll be my dinner.”*

## Stress:

Stress related to both work and personal life was also identified as a factor in eating habits.

*“For me, it goes back to the food. If I’m stressed, I eat. That’s what makes me happy.”*

## Physical Activity Habits of Participants

### Physical activity in their childhoods:

Most participants stated that they were active as children, teenagers, and young adults. Discussions included fond memories of being outdoors every day with friends and children in their neighborhoods playing kickball and baseball, skating, riding bikes, jumping rope, and playing hopscotch. Those living in rural areas had chores such as gardening and farm work; when chores were completed, they hiked, fished, swam, and created their own play. Some participated in church, community, and high school athletics including soccer, softball, swimming, and track. As adults, they remained active

through walking, running, bicycling, and aerobics.

*“That’s what I remember is just being active, being outside. It didn’t matter [where. I] did my running out in the ditch right down to the end of the street. You moved.”*

*“Before I could drive, just would walk. It was safer to walk places then, so you could walk mile, mile and a half to get to the library, to the store, to the movie theater. Didn’t think much about it at that time.”*

When discussing their own childhood activities, participants noted that children today do not play outside and are not as physically active as they (participants) were as children. Rather, many children today choose sedentary activities such as video games and watching television; and their social networking is through cell phones and computers, rather than face-to-face games and play.

*“When we was all growing up, we all played outside. Now the kids have all these games and they want to stay inside on the games. Even the little ones at daycare. They have games when they come in, and they won’t let go of them and put them up and do something else. They will still want to play that game.”*

### Physical activity in adulthood:

With few exceptions, participants indicated their physical activity had drastically reduced, primarily because they are exhausted at the end of the day. They are caring for children nonstop for 8 to 12 hours, and are tired when they get home.

*“When I get home, like I said, I’m usually tired. I maybe will fix dinner or just sit on the couch and like, I was supposed to do that, that, and that, and I’ll sit there and like, well, I’m too tired to do any of it so I’m just going to take a shower and go to bed. Pretty much nothing.”*

Some child care workers believe that their physically activity throughout the work day is sufficient, and therefore do not plan a physical activity routine outside of work.

*“I play with my kids. I’m going to get on the swings!”*

*“My day is basically full on. At work I am very active, because I may be running and I stay on the floor all of the time with my kids, because I sit on the floor a lot. So I’m active, very active at work. But then when I get home...I’m tired.”*

*“I do a dance with my kids. Every morning I make sure I cut the music and I always dance with them. I love to dance, so I’m always dancing with the kids.”*

*“I’m in the room with 11 three-and-a-half year olds. I move all day. I mean, I’m never still. So when I get home, I feel like I can sit down. I’ve done enough.”*

Another issue is scheduling time. After leaving work, most child care workers have family responsibilities caring for their own children, preparing meals, and maintaining the household.

*“Leisure time is, what is that? I don’t know what that is. Even on an off day, it’s like, what is leisure time or what is mommy time?”*

### **Motivation for physical activity:**

One theme emerged across the community of child care workers, regardless of age, perceived health status, or work environment. Physical activity must be interesting and fun! Adults’ experiences during the childhood and teenage years shapes their view of physical activity in adult life; and may define their motivation and barriers. Those who participated in team sports and athletics when they were young often seek structure and competition in their adult activities; they engage their own children in dance, gymnastics, basketball, track, and other athletic activities. Scheduling time for physical activity can be a barrier as they transport children to and from daily practice and events. But children’s activity is a motivation when the adult practices with children at home (e.g., shooting baskets, engaging in stretches and dance movements).

*“All my time is focused on my kids. If they’re riding bikes, then I’ll be out. Or if they skating, I’ll be out. But most often, skating and bike riding is on a weekend when they don’t have practice for dance or gymnastics or basketball. My activity is limited now.”*

Adults who worked and played outside while growing up prefer outdoor activities such as gardening, walking and jogging, and playing with their own children.

*“I play with my kids when I get home. We go outside, and I just let my kids do what they want to do. Because we stay like in an apartment complex, so we run up and down the steps, and we walk around the parking lot, and then we go home.... Then on the weekends, we go and we play. Last weekend I let them play at the playground. I get up and I play with them and everything... I really actually get on the slides and everything. I’m still a kid, too.”*

## **Barriers to a Healthy Lifestyle**

Participants in both center-based and family child care programs identified three main barriers to health and wellness: money, time, and access.

### **Money:**

Money affects nutrition and physical activity choices, and child care workers have limited income. The consensus was that healthy foods are expensive. Fresh fruits and vegetables generally cost more than canned or frozen, and they have a short shelf life.

Money also affects physical activity choices. In some locations, it is unsafe to be outdoors after dark, and child care workers may not leave work until 6:00 p.m. Fitness centers and gyms provide a variety of physical activity options in a safe environment, and some facilities offer personal training. Unfortunately, the required membership is cost-prohibitive for child care workers with limited income.

*“I feel like the gym is expensive. I cannot afford the personal trainer that I would like to have.”*

*“Some people can’t afford the gyms. Some gyms are expensive with the hidden fees.”*

*“I’ve been saying that’s what I was going to do, go online and weigh my options. But then it goes back to the budget and everything.”*

**Time:**

Time appears to be an issue for all child care workers, but especially those in family child care settings. Child care workers often work 12-hour shifts to accommodate working families who need child care. They report being exhausted after caring for children all day and have responsibilities to their own families. They cannot set aside time to prepare healthy meals or to perform physical activity.

*“... But when you get off at 6:00 p.m. and it’s dark outside, and you haven’t had time to prepare your meals, or what have you, and I’m not making excuses. I’m just saying, it’s just hard for somebody who has, could have small kids to go to a Zumba class at 7:00 p.m.”*

Most child care workers, especially those in family child care, cannot schedule break time at work to engage in physical activity. Those who do have scheduled breaks reported a lack of space, equipment, and a safe environment in which to walk or perform other physical activity during the limited time available.

**Access:**

Access to healthy foods affects nutrition. While child care programs such as Head Start follow the USDA CAFPC guidelines for meal preparation, others do not follow guidance or regulations. Programs that prepare meals onsite often use the least expensive ingredients (e.g., corn) and provide little variety. Some programs reported that they use fresh fruits and vegetables when possible; however, other programs reported that fresh foods were not readily available, were expensive, and created waste due to the short shelf life.

Consequently, meals may be unappetizing and include highly processed foods with low nutrient value. In some cases, the child care center does not provide food for its staff.

Some child care workers bring their food from home, but stated that the responsibilities of caring for their own children prevents them from having the time to prepare a quality meal to bring to work.

Access also affects physical activity. Several participants stated that their facilities do not have lunch or break rooms; one participant stated that her program director promised

to create a staff break room with exercise equipment, but instead changed that space to a literacy room. Some facilities have inadequate space for adult physical activity onsite, and others are in unsafe communities where walking outside is not advised. A few participants had gym and fitness center memberships but lack time to go exercise because the facility is 15+ minutes from their work or home location.

## Overcoming Barriers: The Ideal Work Environment

Participants discussed their perception of an “ideal work environment” to promote health, wellness, and happiness. Three factors—money, time, and access—were prioritized as essential to creating a health-promoting work environment.

**Money:**

Child care workers indicated a desire for health-promoting benefits through their employer, including the following:

- Employer-sponsored health insurance.
- Discounted memberships to and/or partnership with local gyms and fitness centers.
- Accountability, incentives, and rewards. Participants indicated that incentives such as annual bonuses, cash or product incentives, and recognition rewards would motivate them to achieve and maintain healthy behaviors. Specific examples included incentives based on participation in physical activity programs, weight loss, and healthy eating.

**Time:**

A common factor in child care environments, both center-based and family child care settings, is staff time commitment. In addition to long hours, child care workers may not have designated lunch hours or a break-time. Specific suggestions for the ideal work environment included the following:

- Shorter work days. Many child care workers put in 10- to 12-hours of work, five days per week. This leaves little time or energy for personal and family responsibilities and activities. Family child care providers acknowledged that the long and often unusual hours (e.g., nighttime care) are necessary to meet the needs of the families they serve. However, center-based child care workers and directors indicated a desire for fewer work hours each day.

- Designated break time. In many programs, child care workers are required to eat with the children (i.e., family style). However, if this is not required, then the participants would like a full hour during which they can eat a healthy lunch and perform physical activity or other personal activities (e.g., run errands). If a lunch hour is not provided, then a designated 30-minute break time would allow the individual to engage in physical activity, eat a healthy snack, and relax.
- Paid sick leave. Child care workers often choose to care for children even when they are ill or injured because otherwise they would not be paid. Paid sick leave is critical in helping providers maintain their health and in preventing illness and injury to children in care.
- Providing after-hours physical activity classes for workers.
- Providing access to healthy and appetizing foods. Specific suggestions include providing nutritious and tasty meals for the children and allowing workers to eat the same foods, and having a healthy meal catered for workers once a week. Access to healthy snacks is also desired, including snacks provided by appreciative parents (who often bring in doughnuts and other sweet and unhealthy foods).
- Providing the opportunity for regular health screening and assessment, such as measuring blood pressure, BMI, weight, etc. This would be similar to a health fair, but would occur more frequently (e.g., monthly) so workers can track changes in their health status.

### Substitute child care workers:

Addressing the issue of “time” in the ideal child care environment revealed another barrier: the availability of qualified substitute workers. Participants indicated that their programs do not maintain a viable list of part-time or substitute workers, nor are there “floater” workers to care for children during lunch or break time. Some programs rely on local university students, but require the child care workers to contact and arrange for substitute help from the students when needed. This process is time-consuming and often ineffectual. The ideal work environment would have a procedure allowing the caregiver to notify the program director or office staff of the need for a substitute; the director/office staff would arrange for the substitute.

### Access:

Overall, participants indicated that access to space, facilities, and nutritious foods was a barrier, and that the work environment could be improved to provide access by:

- Designating a staff break room with comfortable adult size chairs and space for personal belongings.
- Providing simple equipment such as a tread mill, bouncy exercise balls, stretchy bands, and free weights.
- Maintaining a safe location for walking, either indoors or outdoors.
- Partnering with a gym or fitness center located close to the child care program.
- Conducting regular on-site instruction and classes related to health and wellness, such as a bringing in a personal trainer and offering weekly physical activity classes and cooking instruction.

- Provide ready access to water and restrooms. Some child care workers refrain from consuming liquids because the restroom is located far from their classroom, so they cannot use the facility and properly supervise children.
- Ensure proper ventilation and air flow (e.g., windows that can be opened).

Many of the issues related to access are specific to center based care. However, issues such as access to healthy foods, providing opportunities for health screening and assessment, and partnerships with local fitness centers are strategies that are needed in family child care as well.

## Conclusion

Approximately 1.3 million individuals work in the childcare profession, and this number continues to grow. Child care workers care for and promote the health and wellness of our nation’s children, but in doing so, struggle to make healthy choices for themselves. These workers desire to achieve and maintain optimum health and wellness for themselves. However, limited time, money, and access to healthy food and space/facilities for physical activity negatively impacts their ability to maintain healthy eating habits, physical activity routines, and stress management practices.

Research in other industries has shown that worksite wellness programs not only positively impact the health and wellness of employees, but also result in benefits to the employer (e.g., reduced absence due to illness, increased job satisfaction). Worksite wellness programs must be comprehensive, engaging and holistic, encompassing key areas of employees’ everyday lifestyle; include a focus on a healthy workplace; and emphasize preventive actions including eating well, physical activity, and the ability to manage stress.<sup>6</sup>

<sup>6</sup> Aflac Workforces Report, Aflac (March 2012): [https://www.aflac.com/docs/awr/pdf/archive/2012\\_awr\\_executive\\_summary.pdf](https://www.aflac.com/docs/awr/pdf/archive/2012_awr_executive_summary.pdf)



The health and wellness concerns and needs are similar for center-based and family-based child care workers; however, the strategies to meet these needs differ. The following strategies are recommended for the center-based child care worksite:

- Schedule time every day for child care workers when they can eat, perform physical activity, and attend to personal needs. Make available “floaters” or substitute workers to assure continued quality of care for children.
- Provide a safe and accessible place for child care workers to be physically active. Consider providing space onsite or establishing partnerships with local gyms, fitness centers, or other facilities.
- Offer instruction on healthy eating, fitness, stress management, and other healthy habits by bringing in trainers, holding weekly classes, and encouraging support groups.
- Facilitate efforts to monitor their own health and wellness by offering regular health screening (e.g., blood pressure, weight, BMI) and/or providing required equipment (e.g., scales) and instruction.

Many family child care providers are self-employed with limited financial resources, and work long hours each day with no back-up staff. These child care workers could benefit from community-based resources to support health and wellness. Agencies that support family child care providers (e.g., resource and referral agencies, child care licensing) can offer free or low-cost information, training, and regular classes on healthy eating, fitness, stress management, and other healthy habits.

- The local health department, clinic, and child care health consultant can offer regular health screening (e.g., blood pressure, weight, BMI), and can facilitate individual health monitoring by assisting family child care providers in acquiring low-cost equipment (e.g., weight scales, blood pressure monitor).
- Local grocery stores and markets often provide recipe cards; these could be displayed with menu plans that integrate convenience and ease of preparation with healthy foods.
- Many businesses support their local communities and may respond favorably to requests such as discounted gym memberships for child care workers.

Additional research is needed to determine how existing networks of family child care providers, community resources, and local resource and referral agencies could offer services and establish support groups in various locations close to, and at times convenient for, family child care providers.

*This report was completed by staff at Child Care Aware® of America and Dr. Charlotte Hendricks, who wrote the report. Fitzgerald Draper, Jessica Tercha, Laurie Rackas and Krista Scott convened the focus groups, compiled data, and edited the report.*

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