



National Early Care & Education Learning Collaboratives:

Taking Steps to Healthy Success

Learning Session 4, Family Child Care Edition

Participant Handbook

June 2016



Nemours is currently funded by the Centers for Disease Control and Prevention (CDC) under a five-year Cooperative Agreement (1U58DP004102) to support states in launching ECE learning collaboratives focused on obesity prevention. Funding for these materials and learning sessions was made possible by the CDC. The views expressed in written materials or publications, or by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Welcome to the Collaborative

Welcome to *Taking Steps to Healthy Success*

An Early Care and Education Learning Collaborative (ECELC) to Promote Healthy Practices

Your Name:

Program:

My Contact for Technical Assistance:

Nemours and its dedicated partners welcome you to the National Early Care and Education Learning Collaboratives (ECELC) Project! Nemours developed the model to support child care providers' efforts to help young children grow up healthy and tested it with large early care and education programs in Delaware. We are excited to see it in action in your state!

Thanks to the commitment and generous funding from the Centers for Disease Control and Prevention (CDC), we are able to work together to adapt this powerful model for healthy change to meet the unique needs of your state. We are excited to support your work to create a healthier environment in your early care and education program for your children, your families and your program staff.

A collaborative is a community of learners that will connect you with others engaged in making healthy change. It will offer learning opportunities, increase knowledge, create networks of support, and equip you to engage your staff in the process of making healthy changes. Over one year, the Collaborative will meet five times, with technical assistance visits scheduled between sessions to provide information, an opportunity to share experiences, and a forum for raising questions.

This toolkit is your guide to making change. It contains resources, tools and information to help you make the best practice and policy decisions for your program. Video training and materials will help staff and families understand the importance of making healthy changes and give them the tools to support your work. Small group work with a Trainer, and opportunities to share challenges and successes with others going through the process of change will give you a network to rely on for support, information and ideas.

This is a working toolkit that we will add to at each session. We hope you find the Learning Session materials useful. Thank you for joining us in this exciting work to help kids grow up healthy!



Helpful Contacts:

Project Coordinator: _____

Phone: _____

Email: _____

ECELC Trainer: _____

Phone: _____

Email: _____

ECELC Trainer: _____

Phone: _____

Email: _____

Acknowledgements

Nemours gratefully acknowledges the valuable contributions of a wide variety of stakeholders committed to supporting children’s health and optimal development. We thank you all for helping to make our dream a reality.

Thanks to generous funding support from the **Centers for Disease Control and Prevention (CDC)**, we are able to work collaboratively with states to adapt the model to meet their unique needs. We welcome the opportunity to collaborate and learn with leaders and providers in participating states.

On behalf of the early care and education providers who will participate in the ECELC, and the children and families they serve, we thank our partners in this effort:

Child Care Aware® of America

National Initiative for Children’s Healthcare Quality

Gretchen Swanson Center for Nutrition

American Academy of Pediatrics

National Association of Family Child Care

American Heart Association, Dr. Mary Story

Dr. Dianne Ward (University of North Carolina)

National Resource Center for Health and Safety in Child Care and Early Education

American Public Human Services Association

Association of State & Territorial Public Health Nutrition Directors

United States Breastfeeding Committee

Zero to Three

Special thanks to our **Delaware Child Care Collaborative participants**, who helped us develop, test and refine our original model. We learned so much from them, their children and families. Their commitment to promoting healthy eating and physical activity, their willingness to learn, their courage to change and their generosity in sharing their experiences continue to inspire us.

We are grateful to the **Delaware Institute for Excellence in Early Childhood at the University of Delaware (DIEEC)**, our partner in implementing the second cohort of the Child Care Learning Collaboratives in Delaware, for their inspired collaboration.

The contribution of **Elizabeth Walker**, who guided the first collaborative in Delaware, is beyond measure. We are grateful to Elizabeth for sharing her vision, anchoring the collaborative in science and inspiring us all to change.

We thank the following individuals and organizations who contributed their expertise, materials and time to ensure success as we worked together to develop an empowering model for quality improvement in support of children’s health in child care settings:

Child Care Exchange and Videoactive Productions:
Roger Neugebauer and Dan Huber

Delaware Child and Adult Care Food Program (CACFP): Beth Wetherbee and David Bowman

Delaware Office of Child Care Licensing: Patti Quinn

I am Moving, I am Learning: Linda Carson

Parent Services Project

Sesame Workshop

Strengthening Families

Definitions

Action Period	The period after each in-person Learning Session to share information, support discovery learning and engage staff (when applicable), in a particular task: program assessment, action planning, implementation of the action plan, and/or documentation of the process.
Center	Refers to a physical place where a program is offered.
Early Care and Education (ECE)	A field, sector or industry that includes nurturing care and learning experiences for children from birth to age 5.
Early Care and Education Program (ECE Program)	An intervention or service that has a design, staff, a curriculum or approach and a funding source that serves children from birth to age 5.
Early Care and Education Program Leadership Team (Leadership Team)	Up to 3 people (e.g., owner/director, lead teacher, food service personnel) self-defined by each ECE program to attend the 5 in-person Learning Sessions and facilitate the corresponding Action Period with their program staff.
Early Childhood	A developmental period of time, typically birth to age 6.
Facilitator	Designated person or people from the Leadership Team to lead the Action Period component with their ECE program staff.
Family Child Care(FCC)	An intervention or service that is provided in a caregiver's home that typically serves children birth to school-age.
Family Child Care Home	Refers to a physical place where a FCC program is offered.
Family Child Care Provider (FCC Provider)	A caregiver that provides childcare services in their home.
Nutrition and Physical Activity Self- Assessment for Child Care (Go NAP SACC)	A self-assessment instrument for early care and education programs comparing their current practices with a set of best practices.
Nutrition and Physical Activity Self-Assessment for Family Child Care (Go NAP SACC)	A self-assessment instrument for family child care homes comparing their current practices with a set of best practices.
Learning Collaborative	A learning community made up of approximately 20-25 ECE programs or FCC homes to increase their knowledge, create networks of support, and equip programs to work together to make healthy policy and practice changes aligned with <i>Let's Move!</i> Child Care.
Learning Session	Five in-person, active Learning Sessions focused on the relationship of nutrition, breastfeeding support, physical activity, and screen time to children's health also provide opportunities to build collegial relationships, develop leadership, increase collaboration, plan for and implement healthy change.
Let's Move! Child Care (LMCC)	Part of the national <i>Let's Move!</i> Campaign, initiated by U.S. First Lady Michelle Obama, focused on improving practices in early childhood settings to solve the problem of obesity within a generation.
National Early Care and Education Learning Collaboratives Project (ECELC)	Name of this project funded by the Centers for Disease Control and Prevention and managed by Nemours to support ECE programs as they improve their practices and policies for nutrition, breastfeeding support, physical activity, and screen time.
Program	An intervention or service that has a design, staff, curriculum or approach, and a funding source.
Resources	The tools, materials, and resources aligning with <i>Let's Move!</i> Child Care and the Preventing Childhood Obesity, 3rd Edition standards that are available to participating ECE programs as they implement the ECELC.
State Implementing Partner	An agency/organization subcontracted with Nemours to handle the administration of the ECELC in a particular state.
State Project Coordinator (Project Coordinator/PC)	Administers the ECELC and provides overall coordination of the Learning Collaborative logistics in the state, with leadership responsibility for technical support, communication efforts, recruitment and support of Trainers and participating programs.
Taking Steps to Healthy Success (Curriculum)	ECELC curriculum, structured around 5 in-person learning sessions for Leadership Teams or FCC Providers and on-site Action Period sessions to engage all program staff, designed to guide Leadership Teams and their programs through the process of making healthy changes aligned with best practices.
Teacher	An individual responsible for the primary education of a group of children.
Technical Assistance (TA)	Encouragement, support, information and resources provided by the Trainer(s) to help Leadership Teams facilitate training of program staff and develop and implement action plans for healthy change.
Trainer(s)	Individuals responsible for implementing 5 on-site Learning Collaborative sessions and providing ongoing technical assistance to participating ECE programs.

Learning Session 4: Materials

Learning Session 4: Serving Meals Family-Style and Supporting Breastfeeding

Overview

Learning Session 4 (LS4) provides a rationale for the role Family Child Care (FCC) providers play in making healthy changes. It explains family-style dining and breastfeeding best practices in FCC settings. During this session, participants are expected to increase their knowledge, awareness and motivation to work towards healthy change. Key content includes information on:

- Best practices for family-style dining;
- Ways to support breastfeeding families in your program;
- Continuing the process of healthy change through an Action Plan;
- Developing objectives and action steps to support program policies; and
- Ways to support family-style dining and breastfeeding through family engagement.



Post-session (Action Period)

The FCC provider will utilize the *Leadership Team Guide* to:

- Implement steps identified in the “program policies” column of the *Action Plan Worksheet*; and
- Finalize documenting goals and healthy changes made from Learning Session 2 to Learning Session 5.

Sample Agenda

Objectives

At the end of the Learning Session, participants will be able to:

1. Describe two best practices for family-style dining;
2. Describe two best practices for ways to support breastfeeding ;
3. Identify change opportunities within their program to develop program policies that will create healthy environments and communicate health strategies to families; and
4. Finalize documenting and communicating the process of healthy change on their storyboard.

Learning Session 4: Serving Meals Family-Style and Supporting Breastfeeding	
Time	Topic
8:00 – 8:30 am	Check-In
8:30 – 8:45 am	Welcome Back, Acknowledgements, Housekeeping and Objectives <ul style="list-style-type: none"> • Icebreaker
8:45 – 9:30 am	PPT Part A: Family-Style Dining <ul style="list-style-type: none"> • Video: <i>Family-Style Dining with 2 Year Olds</i> • Discussion: <i>Are you ready for family-style dining?</i> • Video: <i>Putting it All Together</i> • Handout: Family-Style Mealtime Routine • Video: <i>Tips for Success</i>
9:30 – 9:45 am	Physical Activity Break – Movement Cube Activity
9:45 – 10:30 am	PPT Part B: Breastfeeding Support <ul style="list-style-type: none"> • Video: <i>How to Support Breastfeeding Mothers</i>
10:30 – 10:45 am	PPT Part C: Extending Your Learning to Staff and Families
10:45 – 11:00 am	Physical Activity Break – Locomotor Skills Review: Nutrition Kits
11:00 – 11:45 am	PPT Part D: Facilitating Change in Your Program
11:45 am – 12:00 pm	Evaluation, Raffle and Thank You



Welcome Back

Lauren Brightwell
Project Coordinator

ECELC Trainers
Cait James
Bernadette Garcia-Roger





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Learning Session 4 Family Style Dining and Support Breastfeeding

Early Childhood Health Promotion
and Obesity Prevention

National Early Care and Education
Learning Collaboratives (ECELC)
Project





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The Packard Foundation

- For generous funding support

Nemours

- For their expertise, materials, support and time spent on the project's implementation

Gretchen Swanson Center for Nutrition

- For the evaluation component of this national effort

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Housekeeping



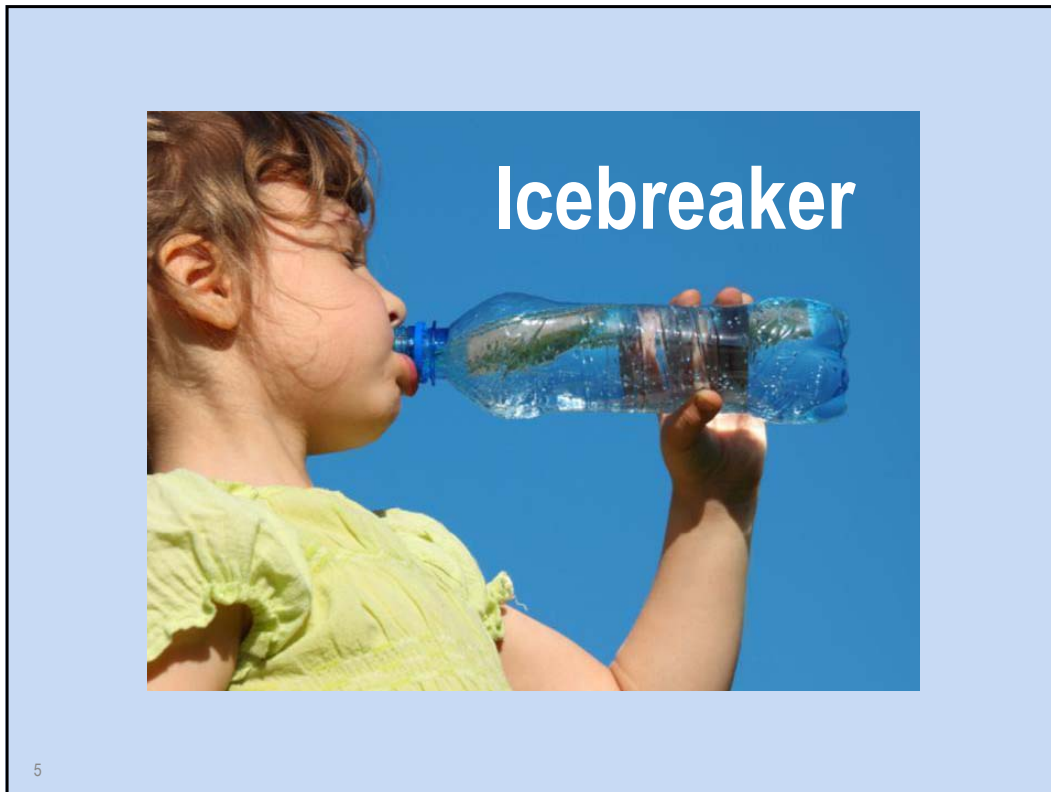
Restrooms

Breaks

Cell Phones

Raffle Tickets

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Objectives: Learning Session 4

At the end of the Learning Session, participants will be able to:

1. Describe two best practices for family-style dining
2. Describe two best practices for ways to support breastfeeding
3. Identify change opportunities within their FCC program to develop program policies that will create healthy environments
4. Finalize documenting and communicating with families the process of healthy change on a storyboard





Part A Family-Style Dining

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Family-Style Dining



Family-Style Dining with 2 Year Olds

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Characteristics of Family-Style Dining

Children help set the table

Child-size tables, utensils and serving dishes are utilized

Food is passed in small containers

Beverages are served in small pitchers

Children serve themselves

Adults sit at the table with children and role model by eating the same foods

Encourage children to eat new and different foods

Adults engage children in conversation. Expand language and learning skills by incorporating colors, shapes and numbers

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Family-Style Dining Tools

Age and developmentally appropriate equipment allows children to

- Develop and enhance fine motor skills
- Improve hand-eye coordination

Child Size Equipment

- Wide lip bowls and platters
- Measuring cups or short handled hard serving spoons
- Cups, small pitchers, plates, spoons and small tongs



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Are you ready for family-style dining?

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Putting It All Together



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Feeding Phrases

Phrases that help

- “These radishes are crunchy!” What other vegetable is crunchy?
- “This is a kiwi. It is sweet. What fruits do you like that are sweet?”
- “What should you do when your stomach is full from eating?”
- “Thank you for trying a new vegetable its ok that you did not like it.”

Phrases that hinder

- “Do not leave the table until everything is finished.”
- “Carla, look at Maria. She ate all of her bananas and you did not.”

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CACFP Supports Family-Style Dining

Have all food on the table at the beginning of the meal

Have enough food available to meet CACFP meal pattern requirements for all children

- Try measuring cups to help children serve appropriate portions
- Have extra bowls of food on the table for children to serve themselves seconds
- Expect spilled food as children learn to serve themselves
- Children must be offered all foods at the table. FCC providers can always offer again the foods passed over
- An adult should sit and eat with the children to facilitate and model

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Family-Style Dining at Home

Providers can promote family-style dining by

- Taking photos of children eating family-style at their program
- Send home a conversation starter for ‘table talk’
- Invite parents to participate in eating family-style with the children during day care hours

Provide families with tips to start family-style dining at home

- Have children help in setting the table
- Start with allowing children to pour their own beverages
- Wiping their own hands and faces after the meal
- Clearing their own plates once meal is finished



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Mealtime Routine Sample Handout



Mealtime Routine Sample

1. Call for helpers - children with daily jobs.
2. Transition activity - song.
3. Bathroom and hand wash break.
4. Children sit at the table as food is placed.
5. Teachers sit and eat with children.
6. Children and teachers dispose of plates.
7. Transition - children choose quiet books or puzzles as others finish eating.

Family Style Mealtime Checklist

Mealtime Routine

- Teachers' routine allows for food to be prepared and ready at the designated mealtime.

Appropriate size bowls and serving utensils

- Food is served in bowls of appropriate size that children can lift and pass.
- Serving bowls are made of materials that do not conduct heat and are not too hot to pass.
- Small size scoops, one-piece plastic tongs, and short-handled hard plastic serving spoons are used.

Family Style Practice Activities

- Serving utensils practice (small group activity or set up a learning center in classroom)**
- Practice with scoops, tongs, and short-handled hard plastic serving spoons.

Pouring practice (set up water table or learning center in classroom)

- Pretend practice.
- Practice with dry liquid such as sand or beans.
- Practice with water and pouring into child-size cups.

Cleanup practice (dramatic play or a small group activity)

- Pretend cleanup with sponge or cloth.
- Pretend floor cleanup with mini-mop or cloth.
- Practice cleanup of table and floor with water.

Mealtime expectations to review with children

- We eat together at the table.
- We all come to the table at the same time.
- We wait until everyone is ready before we begin.
- We serve ourselves and pass food to each other.
- We use inside voices.

Passing food practices for children

- Pass with both hands.
- Keep food over the table when passing it.
- Hold the bowl by the sides (to keep fingers out food).

National Food Service Management Institute. (2011). Happy mealtime for healthy kids. University, MN, Author.



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Best Practices For Feeding Children

Serve meals family-style

Encourage self-feeding

Eat when seated at a table

Use appropriate serving sizes

- Serve more only if the child is still hungry
- Children will eat what they need

Engage children in mealtime prep and cleanup

Serve familiar and new foods

Encourage children to try new foods, don't force

Do not use food as punishment or reward

Integrate nutrition experiences for children into program activities



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Add to Exploratory Centers

Creative and Pretend play

- Clean and empty food containers, old pots and pans

Water play

- Cups, spoons, bowls and pitchers

Garden and Sand Play

- Forks and spoons



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Tips for Success



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Physical Activity Break



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Part B Breastfeeding Support



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How to Support Breastfeeding Mothers



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Why Do Breastfeeding Moms Need Our Support?

The success rate among mothers who choose to breastfeed can be greatly improved through active support...

- 81% of moms desire to breastfeed
- 79% of moms start breastfeeding
- 60% of moms do not meet their breastfeeding goals (frequency and/or duration)
- Returning to work is the primary reason for ending breastfeeding
- Shorter duration of breastfeeding if baby is in an early care and education environment



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Call to Action

*“One of the most **highly effective preventative measures** a mother can take to protect the health of her infant and herself **is to breastfeed**. The decision to breastfeed is a personal one, and **a mother should not be made to feel guilty if she cannot, or chooses not to breastfeed**. **The success rate among mothers who choose to breastfeed can be greatly improved through active support...**”*

Action: Ensure that all early care and education providers accommodate the needs of breastfeeding mothers and infants.

U.S. Department of Health and Human Services. *Executive Summary: The Surgeon General's Call to Action to Support Breastfeeding*. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; 2011.

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Babies and Mothers are Healthier with Breastfeeding

Babies are at a lower risk of

- Respiratory infections – 63-77%
- Ear infections – 23-50%
- Asthma – 26-40%
- SIDS – 36%
- Type 1 diabetes – 30%
- Type 2 diabetes – 40%
- Leukemia – 15-20%
- 24% less likely to become obese



The longer a woman breastfeeds, the lower her risk of

- Type 2 diabetes
- Breast and ovarian cancer
- Osteoporosis
- Rheumatoid arthritis



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Cultural Views of Breastfeeding

Many different cultures look at breastfeeding as a natural choice for feeding

Many countries have banned the practice of giving free or subsidized formula to new mothers

Accepting and understanding cultural differences allows the FCC provider to become culturally sensitive to those moms who decide to breastfeed

Some cultures discourage breastfeeding because it 'spoils' babies and/or discourages babies from sleeping through the night



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Breastfeeding is Supported by CACFP

Breast milk is part of the CACFP meal pattern

- It is reimbursable for infants if fed by FCC provider AND if mothers breastfeed directly at the program
- It's free! No equipment to purchase
 - Cost effective for families as well
- For children over 12 months, breast milk may be substituted for cow's milk

Human milk is food

- No need to store human milk in a separate refrigerator
- No need to wear gloves to give a bottle of human milk or formula
- Exposure with human milk is not hazardous



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Breastfeeding Report Card

	National	Healthy People 2020 Targets
Ever breastfed	79.2%	81.9%
Exclusively BF at 3 months	40.7%	46.2%
Exclusively BF at 6 months	18.8%	25.5%
Breastfeeding at 6 months	49.4%	60.6%
Breastfeeding at 1 year	26.7%	34.1%

Breastfeeding is more than a lifestyle choice, it's a public health issue

Benefits for employers

- Moms miss fewer days of work because children aren't sick as often.

Benefits for society

- Decreased abuse and neglect rates for mothers who breastfeed.
- If 90% of mothers breastfed for 6 months
 - 1,000 infant deaths could be prevented
 - U.S. could save \$13 billion

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Easy Steps to Having a Breastfeeding-Friendly Program

1. Update or change program policies
2. Communicate program policies with families and staff
3. Provide learning and play opportunities for children
4. Practice proper storage and labeling
5. Consider providing a dedicated space for nursing
6. Create a feeding plan
7. Refer families to appropriate community programs
8. Continue to learn and provide updates to families and staff



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Part C Extending Your Learning to Staff and Families



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Breastfeeding at Work

Affordable Care Act requires support of hourly employees

- Insurance benefits may cover the cost of breastfeeding equipment, such as breast pumps

If mothers want to breastfeed upon return to work, they should have

- A reasonable break time
- Private space
- A place to store their pumped milk
- A work support system



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Resources for Families and FCC Providers

La Leche League

Helps breast feeding mothers through mother to mother support, encouragement, information and education

- <http://www.llnocal.org/LocalGroups.html>
 - Visit the website to find a meet-up group near you - dates and times listed on site

Lactation Consultants

Breastfeeding resource sheet - provides consultant resources and contact information

- <http://cchealth.org/wic/breastfeeding/pdf/breastfeeding-resources.pdf>



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Women, Infants and Children (WIC)

Provides nutritious foods, education and counseling and screening and referrals to participants

- Target Population are low income, nutritionally at risk
 - Pregnant and Breastfeeding women
 - Non-breastfeeding post-partum women
 - Infants and Children

Concord WIC

2355 Stanwell Circle
Concord, CA 94520
925-646-5370

Pittsburg WIC

2311 Loveridge Road
Pittsburg, CA 94565
925-431-2460

Richmond WIC

39th & Bissell
Richmond, CA 94805
510-231-8600

Brentwood WIC

171 Sand Creek Road, Suite A
Brentwood, CA 94513
925-513-6880

CDC's Breastfeeding and Early Care and Education: Increasing Support for Breastfeeding Families

Breastfeeding and Early Care and Education
Increasing support for breastfeeding families



Obesity rates among children aged 2 to 3 years approximately doubled between 2000-2002 and 2008-2010. WIC is encouraged to continue breastfeeding for at least the first six months and continued breastfeeding for at least the first year as foods are introduced. Unfortunately, in 2009 only 47% of mothers breastfed at six months and 26% at 12 months of age.

One factor affecting breastfeeding duration is that many mothers are away from their children during the day and may not receive the support they need to continue breastfeeding. In 2007, 60% of women with children under age 3 were in the labor force. As a result, many children are cared for by persons other than their parents.

Early care and education (ECE) providers and teachers influence the lives and health of the families they serve and have an important role in supporting breastfeeding mothers. ECE programs, centers and family homes can support breastfeeding mothers by ensuring that staff members are well-trained in recent national recommendations for supporting breastfeeding mothers. Support may include allowing mothers to breastfeed at the facility, holding a mother's pumped breast milk to her baby, thawing and preparing bottles of pumped milk as needed and helping with breast milk as a breast- care case they run out.

As of December 2011, only 6 states (Arizona, Colorado, Connecticut, Delaware, Florida, and Michigan) have national recommendations for encouraging and supporting breastfeeding and the feeding of breast milk (AZ, CA, DC, MI, NC, VT).

Examples of state efforts to increase support for breastfeeding women in ECE environments:

- Arizona's Lingoover Pack Program** is a resource for ECE providers to help children to make healthy choices related to nutrition, physical activity, and tobacco. The program includes a self-assessment, a sample breastfeeding policy, and a written plan to support and work with breastfeeding mothers (<http://health.gov/lingooverpack/>).
- The Mississippi Department of Health WIC program** has developed a training curriculum for ECE providers entitled *How to Support a Breastfeeding Mother: A Guide for the Child-care Center*. The curriculum

National Center for Chronic Disease Prevention and Health Promotion
Division of Nutrition, Physical Activity and Obesity



incorporates guidelines for providers on how to support breastfeeding mothers as well as guidelines for the storage and handling of expressed milk. (<http://www.dhs.state.tx.us/wichd/bf/childcare.htm>).



The Utah Department of Health's Nutrition, Physical Activity and Nutrition Program provides an online TCP Star Training, comprised of six workshops about preventing childhood overweight. This training is approved for professional development credit: 3 hours of Licensing Credit, and Career Leader Credit in health and safety for child care providers in the state. Training Module 6, *How to Support a Breastfeeding Mother: A Guide for Child-care Providers*, provides ECE directors and staff accurate information and resources so they can best support breastfeeding mothers whose babies are in their care.

The New York State Department of Health's Child and Adult Care Food Program (CACFP) recognizes ECE centers and family day care homes that participate in CACFP and support breastfeeding families with Breastfeeding Friendly certificates. A website provides ECE centers and family day care homes with self-assessment to apply for this designation, and lists the breastfeeding friendly centers and homes: (<http://www.health.ny.gov/prevention/nutrition/cacfp/breastfeedingpages.htm>).

The Wake County Breastfeeding-Friendly Child Care Initiative (BFCCI) supports breastfeeding in ECE centers serving low-income families through collaboration between the Carolina Global Breastfeeding Institute and the Wake County Child Care Health Consultants and Wake County SmartStart. Activities include identifying the knowledge, attitudes, and practices that support breastfeeding among ECE center staff, mandatory trainings for ECE providers, and a toolkit that includes tools and materials for both providers and breastfeeding families (<http://gbl.iph.umc.edu/take-action/booklets/259/>).

The Wisconsin Department of Health Services developed the Ten Steps to Breastfeeding-Friendly Child Care Centers, a resource kit to help ECE centers and family homes promote breastfeeding and ensure that they support mothers to be able to breastfeed. <http://www.dhs.wisconsin.gov/publications/P0900022.pdf>

Find out more at Let's Move! Child Care <http://healthykidshealthyfuture.com/>

Setting and enforcing ECE standards is the responsibility of individual states and territories, although some local jurisdictions can set standards. The 3rd edition of *Caring for our Children: National Health and Safety Performance Standards*, the gold standard for ECE, provides recommendations on how child-care providers can support breastfeeding families.

References to non-federal organizations are provided solely as a service to the audience. These references do not constitute an endorsement of these organizations or their programs and policies by CDC or the Federal Government, and none should be inferred.

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Resources

Let's Move! Child Care

www.healthykidshealthyfuture.org

MyPlate for Preschoolers

<http://www.choosemyplate.gov/preschoolers.html>

Nutrition and Wellness Tips for Young Children

www.teamnutrition.usda.gov

Nemours' Best Practices for Healthy Eating

www.healthykidshealthyfuture.org

Child and Adult Care Food Program (CACFP)

www.fns.gov/cacfp

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Physical Activity Break



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**Review
LS3 Action
Period**



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**Part D
Facilitating
Change in
Your
Program**




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Action Plan Worksheet

Start Date: _____

Provider Name: _____

Goal: _____



Objectives / Steps						Program Policies
Sample: Review menus over a three month period to align with the best practices for fruits, vegetables, whole grains and elimination of fried foods.						Include Healthy Eating as a required topic when enrolling new families.
Who is responsible?						Self
Date						September 1 st

More information on breastfeeding is The Center of Human Development, Carolina W. Harwood University Press, 2019

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Action Plan

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Facilitating Change in Your Program: LS4 Action Period

Facilitated by FCC Provider (if necessary)

- Training for program staff
 - Mini-version of Learning Session 4



Opportunity to

- Complete the *Go NAP SACC* instruments
- Begin implementation of Action Steps for developing program policies
- Finalize storyboard with documentation of healthy changes made at your program

Technical Assistance (TA)

- Assist in the completion of the *Go NAP SACC* assessments
- Assist in the implementation of Action Steps for creating program Policies

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Sample Policy: Family-Style Dining

At ABC Family Child Care, we support family-style dining by

- Role-modeling positive healthy eating behaviors in the presence of children
- Sitting with children at the table and eating the same meals and snacks
- Encouraging children to try developmentally-appropriate servings of new foods
- Providing child-size tables, utensils and serving dishes at mealtime
- Providing opportunities outside of mealtime to strengthen pouring and scooping skills that can be utilized during family-style dining



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Sample Policy: Breastfeeding Support

At ABC Family Child Care, we support breastfeeding and infant feeding by

- Providing a clean, welcoming place for mothers to breastfeed or express their milk
- Offering breastfeeding promotional materials that are culturally appropriate
- Providing a refrigerator for the storage of expressed milk
- Ensuring all FCC providers feed infants on cue unless the parent/guardian give written instructions otherwise
- Providing professional development trainings to staff on supporting breastfeeding at least twice per year

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Sample Policy: Screen Time

At ABC Family Child Care

- Screen time use will be closely monitored by FCC provider
- Children will be allowed to participate in screen time activities lasting no longer than 30 minutes per week
- Children will engage in screen time and other media use when it is used to enhance learning
- Children are allowed to use various forms of technology as a exploratory opportunity

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Sample Policy: Healthy Eating

At ABC Family Child Care, we support healthy eating by

- Role-modeling positive healthy eating behaviors in the presence of children
- Sitting with children at the table and eating the same meals and snacks
- Incorporating one nutrition education activity daily into our learning curriculum
- Providing nutrition education for our families at least two times per year
- Following healthy celebrations and fundraising guidelines

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Sample Policy: Physical Activity

Children attending ABC Family Child Care

- Will play outdoors daily when weather and air quality conditions do not pose a significant risk
- Will be offered physical activities that are structured and unstructured
- Shall be offered activities that include breathless play (MVPA)
- Shall be dressed appropriately for the weather, including wearing appropriate seasonal clothing and footwear, so they can participate fully, move freely and play safely

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Finalizing Your Storyboard



Programs will finalize their story of change by

- Describing what change(s) were made and how they did it
- Sharing who was involved in the process
- Explaining accomplishments and challenges faced
- Sharing photos of the implementation process
- Describing how participants reacted to the change(s)
- Outlining any program policies that were updated as a result
- Explaining the next steps they will take to sustain the change(s)

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What's Next?

Learning Session 5: Celebrating Success

Participants will bring:

- Completed *Go NAP SACC*
- Completed Storyboard

Lunch will be provided at LS5 and session will end at 1:00 pm sharp!



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Family Style Mealtime Routine

Mealtime Routine Sample

1. Call for helpers - children with daily jobs.
2. Transition activity – song.
3. Bathroom and hand wash break.
4. Children sit at the table as food is placed.
5. Teachers sit and eat with children.
6. Children and teachers dispose of plates.
7. Transition – children choose quiet books or puzzles as others finish eating.

Family Style Mealtime Checklist

Mealtime Routine

- Teachers' routine allows for food to be prepared and ready at the designated mealtime.

Appropriate size bowls and serving utensils

- Food is served in bowls of appropriate size that children can lift and pass.
- Serving bowls are made of materials that do not conduct heat and are not too hot to pass.
- Small size scoops, one-piece plastic tongs, and short-handled hard plastic serving spoons are used.

Mealtime expectations to review with children

- We eat together at the table.
- We all come to the table at the same time.
- We wait until everyone is ready before we begin.
- We serve ourselves and pass food to each other.
- We use inside voices.

Passing food practices for children

- Pass with both hands.
- Keep food over the table when passing it.
- Hold the bowl by the sides (to keep fingers out of food).

Family Style Practice Activities

Serving utensils practice (small group activity or set up a learning center in classroom)

- Practice with scoops, tongs, and short-handled hard plastic serving spoons.

Pouring practice (set up water table or learning center in classroom)

- Pretend practice.
- Practice with dry liquid such as sand or beans.
- Practice with water and pouring into child-size cups.

Cleanup practice (dramatic play or a small group activity)

- Pretend cleanup with sponge or cloth.
- Pretend floor cleanup with mini-mop or cloth.
- Practice cleanup of table and floor with water.

National Food Service Management Institute. (2011). *Happy mealtimes for healthy kids*. University, MS: Author.



Rutina a la Hora de Comidas Familiares

Muestra de rutina a la hora de comer

1. Busque ayudantes: niños con trabajos diarios.
2. Actividad de transición: canción.
3. Pausa para ir al baño y lavarse las manos.
4. Los niños se sientan a la mesa cuando se sirve la comida.
5. Los maestros se sientan y comen con los niños.
6. Los niños y los maestros colocan los platos.
7. Transición: los niños eligen libros tranquilos o rompecabezas mientras los demás terminan de comer.

Lista de Verificación de las Comidas Familiares

Rutina a la hora de comer

- Las rutinas de los maestros permiten que la comida se prepare y esté lista a la hora de comer designada.

Recipientes y utensilios para servir del tamaño adecuado

- La comida se sirve en recipientes de tamaño adecuado que los niños puedan levantar y pasar.
- Los recipientes son de material apropiado, por lo tanto, no son conductores del calor y no están demasiado calientes para pasarlos.
- Se utilizan cucharas pequeñas, una pinza de plástico de una pieza y cucharas para servir de plástico con mango corto.

Expectativas de la hora de comer para revisar con los niños

- Nos sentamos a la mesa a comer juntos.
- Todos nos sentamos a comer al mismo tiempo.
- Esperamos hasta que todos estén listos para empezar a comer.
- Nos servimos y pasamos la comida a los demás.
- Utilizamos un tono suave.

Prácticas de pasar alimentos para niños

- Pasen la comida con las dos manos.
- Pasen la comida encima de la mesa.
- Sostengan el recipiente por los costados, (para que los dedos no toquen la comida).

Actividades de Práctica Familiar

Práctica con utensilios para servir (actividad de grupo pequeño o establezca un centro de aprendizaje en el aula)

- Practique con cucharas, pinzas y cucharas para servir de plástico con mango corto.

Práctica de vertido (prepare una mesa para el agua o el centro de aprendizaje en el aula)

- Práctica de simulación.
- Practique con líquidos secos, como arena o frijoles.
- Practique con agua y sirviendo en tazas de tamaño para niño.

Práctica de limpieza (juego dramático o una actividad en grupos pequeños)

- Simule cómo limpiar con esponja o paño.
- Simule la limpieza del piso con una mini fregona o un paño.
- Practique limpiar la mesa y el piso con agua.

National Food Service Management Institute. (2011). *Happy mealtimes for healthy kids*. Universidad, MS: Autor.

Breastfeeding and Early Care and Education

Increasing support for breastfeeding families



Early care and education providers can influence mothers' breastfeeding continuation. The more breastfeeding support a mother receives from her ECE provider the greater the likelihood she will continue to breastfeed.

Obesity rates among children aged 2 to 5 years approximately doubled between 1976–1980 and 2009–2010. With an estimated 12.1% of children aged 2 to 5 years already obese, prevention efforts must target our youngest children.

Breastfeeding helps protect children against obesity, among other important health benefits. The American Academy of Pediatrics recommends exclusive breastfeeding for about the first six months and continued breastfeeding for at least the first year as foods are introduced. Unfortunately, in 2009 only 47% of mothers breastfed at six months and 26% at 12 months of age.

One factor affecting breastfeeding duration is that many mothers are away from their children during the day and may not receive the support they need to continue breastfeeding. In 2007, 60% of women with children under age 3 were in the labor force. As a result, many children are cared for by persons other than their parents.

Early care and education (ECE) providers and teachers influence the lives and health of the families they serve and have an important role in supporting breastfeeding mothers. ECE programs, centers and family homes alike can support breastfeeding mothers by ensuring that staff members are well-trained to meet national recommendations for supporting breastfeeding mothers. Support may include allowing mothers to breastfeed at the facility, feeding a mother's pumped breast milk to her baby, thawing and preparing bottles of pumped milk as needed and keeping extra breast milk in a freezer in case they run out.

As of December 2011, only 6 states' licensing regulations contained language that meets national recommendations for encouraging and supporting breastfeeding and the feeding of breast milk (AZ, CA, DE, MS, NC, VT).

Examples of state efforts to increase support for breastfeeding women in ECE environments:

Arizona's Empower Pack Program is a resource for ECE providers to help children to make healthy choices related to nutrition, physical activity, and tobacco. The program includes a self-assessment, a sample breastfeeding policy, and a video on how to support and work with breastfeeding mothers (<http://azdhs.gov/empowerpack/>).

The Mississippi Department of Health WIC program has developed a training curriculum for ECE providers entitled *How to Support a Breastfeeding Mother: A Guide for the Childcare Center*. The curriculum

incorporates guidelines for providers on how to support breastfeeding mothers as well as guidelines for the storage and handling of expressed milk (<http://www.dshs.state.tx.us/wichd/bf/childcare.shtm>).

The Utah Department of Health's Nutrition, Physical Activity and Nutrition Program provides an online TOP Star Training, comprised of six workshops about preventing childhood overweight. This training is approved for professional development credit: 5 hours of Licensing Credit, and Career Ladder Credit in Health and Safety for child care providers in the state. Training Module 6, *How to Support a Breastfeeding Mother: A Guide for Childcare Providers*, provides ECE directors and staff accurate information and resources so they can best support breastfeeding mothers whose babies are in their care.

The New York State Department of Health's Child and Adult Care Food Program (CACFP) recognizes ECE centers and family day care homes that participate in CACFP and support breastfeeding families with Breastfeeding Friendly certificates. A website provides ECE centers and family day care homes with self-assessment to apply for this designation, and lists the breastfeeding friendly centers and homes: (<http://www.health.ny.gov/prevention/nutrition/cacfp/breastfeedingspon.htm>).

The Wake County Breastfeeding-Friendly Child Care Initiative (BFCC) supports breastfeeding in ECE centers serving low-income families through collaboration between the Carolina Global Breastfeeding Institute and the Wake County Child Care Health Consultants and Wake County SmartStart. Activities include identifying the knowledge, attitudes, and practices that support breastfeeding among ECE center staff, mandatory trainings for ECE providers, and a toolkit that includes tools and materials for both providers and breastfeeding families (<http://cgbi.sph.unc.edu/take-action/toolkits/259>).

The **Wisconsin Department of Health Services** developed the **Ten Steps to Breastfeeding Friendly Child Care Centers**, a resource kit to help ECE centers and family homes promote breastfeeding and ensure that they support mothers to be able to breastfeed. <http://www.dhs.wisconsin.gov/publications/P0/P00022.pdf>

Find out more at **Let's Move! Child Care**
<http://healthykidshealthyfuture.com/>



Setting and enforcing ECE standards is the responsibility of individual states and territories, although some local jurisdictions can set standards. The 3rd edition of *Caring for our Children: National Health and Safety Performance Standards*, the gold standard for ECE, provides recommendations on how childcare providers can support breastfeeding families.

References to non-federal organizations are provided solely as a service to the audience. These references do not constitute an endorsement of these organizations or their programs and policies by CDC or the Federal Government, and none should be inferred.

Lactancia, y Cuidado y Educación Temprana:

Incrementando el apoyo para las familias que amamentan

Los índices de obesidad en los niños de entre 2 a 5 años se duplicaron entre los períodos de 1976 a 1980 y 2009 a 2010. Con un estimado de 12.1% de los niños de 2 a 5 años que ya son obesos, los esfuerzos de prevención deben dirigirse a nuestros niños más pequeños.

Introducción

Amamantar ayuda a proteger a los niños contra la obesidad, entre otros beneficios de salud importantes. La Academia Estadounidense de Pediatría recomienda la lactancia materna exclusiva durante los primeros seis meses y la lactancia continuada durante al menos el primer año mientras se introducen los alimentos. Desafortunadamente, en 2011 solo el 49% de las madres amamantaron a sus hijos hasta los seis meses y el 27% hasta los 12 meses de edad.

Un factor que afecta la duración de la lactancia es que muchas madres están lejos de sus niños durante el día y no pueden recibir el apoyo que necesitan para continuar con la lactancia materna. En 2007, el 60 % de las mujeres con niños menores de 3 años de edad estaban en la fuerza laboral. Como resultado, muchos niños son cuidados por personas que no son sus padres.



Los proveedores de Cuidado y Educación Temprana (ECE, por sus siglas en inglés) y los maestros influyen en la vida y la salud de las familias a las que atienden y juegan un papel importante en el apoyo a las madres lactantes. Los programas de ECE, los centros y las casas de familia por igual pueden apoyar a las madres lactantes, asegurándose de que los miembros del personal estén bien capacitados para cumplir con las

Los proveedores de cuidado y educación temprana pueden influenciar en la continuación de lactancia materna. Cuanto más apoyo a la lactancia reciba una madre de su proveedor de ECE, mayor será la posibilidad de que ella continúe amamantando.

recomendaciones nacionales para el apoyo a las madres lactantes. El apoyo puede incluir permitir a las madres amamantar en las instalaciones, darle a un bebé la leche materna que se extrajo la madre con una bomba, descongelar y preparar los biberones con la leche extraída según sea necesario y mantener leche materna adicional en un congelador en caso de que se agote.

A partir de diciembre de 2011, las regulaciones de licencias de solo 6 estados contenían el vocabulario que cumple con las recomendaciones nacionales para fomentar y apoyar la lactancia y la alimentación con leche materna (AZ, CA, DE, MS, NC, VT).

Ejemplos de los esfuerzos del estado por aumentar el apoyo a las mujeres lactantes en diversos entornos de ECE:

El Programa de Empoderamiento de Arizona es un recurso para que los proveedores de ECE ayuden

a los niños a tomar decisiones saludables relacionadas con la nutrición, la actividad física y el tabaco. El programa incluye una autoevaluación, un modelo de política de lactancia materna y un video sobre como apoyar y trabajar con las madres lactantes (<http://azdhs.gov/empowerpack/>).

El programa WIC del Departamento de Salud de Mississippi ha desarrollado un plan de estudio para proveedores de ECE titulado *Cómo Apoyar a Una Madre Lactante: Una Guía para el Centro de Cuidado Infantil*. El plan de estudios incorpora pautas para los proveedores sobre cómo apoyar a las madres lactantes, así como pautas para el almacenamiento y la manipulación de la leche extraída (<http://www.dshs.state.tx.us/wichd/bf/childcare.shtm>).

El Programa de Nutrición y Actividad Física del Departamento de Nutrición de la Salud de Utah

ofrece una capacitación en línea TOP Star que comprende seis talleres sobre la prevención del sobrepeso infantil. Esta capacitación está aprobada para el crédito de desarrollo profesional: 5 horas de Crédito de Licencia, y Crédito de Escala en la Carrera de Salud y Seguridad para los proveedores de atención médica infantil en el estado. Módulo de Capacitación 6, *Cómo apoyar a una Madre Lactante: Una Guía para Proveedores de Cuidado Infantil*, proporciona a los directores y al personal de la ECE información precisa y recursos para que puedan apoyar mejor a las madres lactantes cuyos bebés están bajo su cuidado.

El Child and Adult Care Food Program (CACFP) del Departamento de Salud del Estado de Nueva York reconoce a los centros de ECE y hogares familiares de cuidado diurno que participan en el CACFP y apoyan a las familias lactantes con certificados de Promoción de la Lactancia Materna. Un sitio en internet ofrece a los centros de ECE y a los hogares familiares de cuidado diurno la autoevaluación para solicitar esta designación, y las listas de los centros y hogares que promueven la lactancia: (<http://www.health.ny.gov/prevention/nutrition/cacfp/breastfeedingspon.htm>).

La Iniciativa de Cuidado Infantil que Promueve la Lactancia Materna (BFCC, por sus siglas en inglés) del Condado de Wake apoya la lactancia materna en los centros de ECE que sirven a familias de bajos ingresos a través de la colaboración entre el Carolina Global Breastfeeding Institute y los Consultores de Salud de los Centros de Cuidado Infantil del Condado de Wake y SmartStart en el Condado de Wake. Las actividades incluyen la identificación de los conocimientos, las actitudes y las prácticas que apoyan la lactancia entre el personal de los centros de ECE, las capacitaciones obligatorias para los proveedores de ECE, y un conjunto de herramientas que incluye herramientas y materiales tanto para los proveedores como para las familias que amamantan (<http://cgbi.sph.unc.edu/take-action/toolkits/259>).

El Departamento de Servicios de Salud de Wisconsin desarrolló los **Diez Pasos para los Centros de Cuidado Infantil que Promueven la Lactancia**, un kit de recursos para ayudar a los centros de ECE y las casas de familia a promover la lactancia y velar por que apoyen a las madres para que puedan amamantar. <http://www.dhs.wisconsin.gov/publications/P0/P00022.pdf>

Obtenga más información en **¡Let's Move!** Cuidado Infantil <http://healthykidshealthyfuture.com>



Es responsabilidad de los estados y territorios individuales establecer y hacer cumplir las normas de ECE, aunque algunas jurisdicciones locales pueden establecer normas. La tercera edición de *El Cuidado de Nuestros Niños: Estándares Nacionales de Desempeño en la Salud y la Seguridad*, la regla de oro de ECE, ofrece recomendaciones sobre cómo los proveedores de cuidado infantil pueden apoyar a las familias que amamantan.

Las referencias a las organizaciones no federales se proporcionan solo como un servicio al público. Estas referencias no constituyen un respaldo de CDC ni del Gobierno Federal a estas organizaciones o a sus programas y políticas, y así debe ser entendido.

Supporting Breastfeeding in Child Care Settings...for Child Care Providers

- Promote your child care as being breastfeeding friendly
- Encourage breastfeeding mothers to continue to breastfeed when they return to work or school
- Tell parents about the many benefits and importance of breastfeeding



Storage and Handling

- Safely store breast milk in the refrigerator or freezer as soon as the parent brings it to your child care. Breast milk can be stored in the refrigerator for up to 5 days, in the freezer for 3 months and in a deep freeze for 6 months
- Be sure to label breast milk with baby's name and date the breast milk was pumped
- Rotate stored breast milk so the earliest date is used first (first in-first out)
- Always wash your hands before and after handling breast milk. The CDC and OSHA state that gloves do not need to be worn when handling breast milk
- Bottles of breast milk should be warmed under running warm tap water, never warm a bottle in the microwave as it can cause "hot spots" that will burn baby
- After warming, bottles should be gently swirled or mixed to avoid damaging nutrients in the milk and avoid foaming of the milk
- Any unfinished breast milk should be discarded
- BPA-free bottles, bottle caps, nipples and other equipment used to feed breast milk can be cleaned by washing in a dishwasher or by washing in hot soapy water and rinsing
- If bottles are not cleaned at your child care, place all feeding devices into a plastic bag for parents to take home

Feeding

- Promote breast milk as the only food offered until baby is 6 months of age unless otherwise directed by a health professional
- Offer breastfeeding mothers a quiet place to breastfeed while at your child care
- Encourage parents to practice bottle feeding with breast milk before coming to child care to acclimate baby to being fed from a bottle
- Be aware of baby's hunger and fullness cues
- Discuss feeding schedule with parents

Support

- Communicate with parents about what baby did for the day, including how much and when baby ate and how many wet and dirty diapers baby had during the day
- Train all child care staff to be supportive of breastfeeding
- Share reliable breastfeeding resources with parents and child care staff

Is Your FCC Program Breastfeeding Friendly?

1. My child care home is a place where breastfeeding families are welcome. Yes _____ No _____

- I encourage mothers to visit and breastfeed during the day.
- When meeting with new families, I include information about how I support breastfeeding.
- There is a sign/poster visible to mothers so they know breastfed babies are welcome.

2. My child care home helps mothers to continue breastfeeding their babies when they return to work or school. Yes _____ No _____

- I have a comfortable place available for mothers to nurse their infants before or after work.
- I ensure that nursing mothers employed by me have reasonable breaks each day to express milk and reasonable efforts are made to provide a room or other location (not a bathroom) to express milk in privacy.

3. My child care home has accurate written materials on breastfeeding topics available for all parents. Yes _____ No _____

- I offer written materials that are easy to understand and are not produced by formula companies.
- I understand the breastfeeding materials offered to families.
- I provide Moms with information about community resources such as support groups, WIC Breastfeeding Coordinators and Lactation Consultants.

4. My child care home feeds infants on demand and coordinates feeding times with the mother's normal feeding schedule. Yes _____ No _____

- I develop an infant feeding plan with each family as infants enroll. The plan is updated as infants move through the stages of development.
- I do not give breastfed babies food/drink, other than their mother's breast milk, unless indicated in the feeding plan.
- I feed infants based on their hunger and fullness cues.
- Refrigerator and freezer space is available for pumped breast milk which is labeled with the infant's full name and the date it was pumped.
- I encourage mothers to provide a small backup supply of frozen breast milk in case the infant needs to eat more often or the pickup time is delayed.

5. My child care home is prepared to support breastfeeding moms. Yes _____ No _____

- I am trained about the benefits of breastfeeding, how to prepare, feed and store human milk and I have breastfeeding resources available for my families.
- Training for my assistant(s) is given soon after they are hired.

FAMILY CHILD CARE BREASTFEEDING POLICIES AND PRACTICES

To create the healthiest possible environment for the infants in my care, I have instituted the following policies in my family child care program:

Supportive Environment

- I provide an atmosphere that welcomes breastfeeding families. I support mothers who continue to breastfeed their infants/children as they return and continue to work.
- I have a private, designated space (other than the bathroom) for mothers to breastfeed their children. If that space is not available, a portable divider/partition will be made available. I welcome mothers to breastfeed on site when they are able to.
- I maintain a breastfeeding supportive environment through posting and providing culturally appropriate breastfeeding support materials (pictures, posters, etc) not including those produced or supplied by commercial entities and/or manufacturers of infant formula.
- I “check-in” with mothers for feedback and ways to continue providing support.
- I communicate the infant’s daily routine (i.e., feeding, napping, etc.) so a mother can adjust her schedule for pumping and/or visiting to feed her infant.

Initial Contact

- I discuss breastfeeding support with all potential new families and share this policy and breastfeeding resources with them. The policy is included in my parent handbook.
- I work with parents prior to their first day in child care to transition the infant to bottle or cup feedings.

Feeding and Handling Milk

- I follow storage and handling of breast milk as defined by California Department of Public Health and Centers for Disease Control regulations. http://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm
- I discuss with all families how expressed milk is handled at our home.
- Freezer space is available for milk storage.
- I inform families using written procedures on the proper way to label and handle breast milk.
- I coordinate with parents about the quantity of milk remaining in containers to avoid waste. I fill bottles with less breast milk than necessary for a feeding. I will have additional breast milk available to add to the bottle as needed.
- I develop a sustainable feeding plan with each family including feeding infants on demand as we observe hunger cues and coordinating the last feeding of the day to meet the mother’s feeding needs (either to feed or await mother’s feeding).
- I hold infants when feeding them.

Staff Training

- I participate in training at a minimum of once a year on feeding breast milk, breastfeeding policy, supporting exclusive breastfeeding and transitioning to whole milk.
- Families have the right to request information about the content of breastfeeding training I have completed.
- This policy is reviewed annually and updated to incorporate new evidence based research and practices.

FAMILY CHILD CARE

NUTRITION & PHYSICAL ACTIVITY

POLICIES AND PRACTICES

To create the healthiest possible environment for the children in my care, I have instituted the following policies in my family child care program:

NUTRITION

Meals and Snacks

- I provide all children with breakfast, lunch and an afternoon snack.
- All meals and snacks meet the current U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP) requirements.
- I serve a variety of foods to broaden children's food experiences and meals and snacks emphasize nutrient-rich foods (e.g., fruits, vegetables, whole grains, low-fat or non-fat dairy and lean meats).
- Weekly menus are posted for parents.
- All meals and snacks are trans-fat free, and are low in saturated fat, sugar, and sodium.
- Only low fat 1% or non-fat/skim milk is served to children over two years of age.
- I use healthy food preparation techniques for our menus (e.g., we steam vegetables, bake chicken, etc.).
- Foods that do not meet the Institute of Medicine- recommended CACFP standards, such as soda, sweetened tea, fruit drinks, full-fat (for children over 2) and flavored milk, candy, cookies, sugary cereals and French fries are not served in my home daycare.
- Snacks include either whole fruits or vegetables each day.
- Water is made available to the children throughout the day every day both indoors and outdoors..

Mealtime Practices

- Positive mealtime behaviors are demonstrated and encouraged.
- Food is never used as a punishment or reward in our child care.
- I use mealtime as an opportunity to teach nutrition and food concepts.
- I eat with the children to encourage social interaction and conversation, and ask questions and talk about nutrition concepts related to the foods I serve.
- In order to model healthy habits, I consume the same food offered to children during meals and snacks, and do not consume other foods or beverages (with exceptions made for medical restrictions as they may arise).
- I remind children to take small portions, and encourage, without forcing, each child to eat/ taste their food.
- I support a social environment at mealtime where children wash their hands, eat family style, and learn how to pour beverages, serve themselves, make independent food choices, and practice good table manners.
- I help children gauge level of fullness when requests for second helpings are made. Second helpings are not put on children's plate unless they ask for more or serve themselves. When second helpings are requested, I encourage fruits and vegetables before other meal components.

Celebrations and Special Occasions

- I take great pleasure in celebrating children's milestones. I have chosen to celebrate birthdays and other special occasions with activities that shift the focus away from food and to the child.
- In the event of a special occasion or holiday we prefer to celebrate with a special outing/field trip, a fun game, singing songs or a new project.
- For the health and safety of the children, no candy, soda, sweetened beverages, cookies or other desserts are to be sent in.
- When special foods are served the children are invited to help prepare the healthy treat.
- If parents would like to bring something special to help celebrate, modeling dough, stickers, crayons or other small favors are appreciated.

DAILY PHYSICAL ACTIVITY

- I provide all children with numerous opportunities for physical activity throughout the day.
- Preschoolers have at least 60 minutes of structured physical activity and at least 60 minutes of unstructured physical activity daily with several opportunities for “breathless” moderate to vigorous physically active (MVPA) play .
- All children are provided outdoor time at least twice daily, weather and air quality permitting.
- In the case of severe weather similar activities are provided inside.
- I provide equipment and materials for active play and movement that support the development of gross motor skills and are appropriate for all children. During outdoor play, children practice gross motor skills with a variety of activities, such as running, skipping, kicking and throwing balls.
- Children with special needs have opportunities to participate in physical activity routinely with their peers.
- My facility is regularly inspected to ensure the safety of all children. I ensure the outdoor environment is safe by discarding broken materials, cleaning contaminated areas, sweeping/raking areas regularly, and picking up large branches.
- I participate in physical activity with the children to increase child participation and model healthy levels of activity.
- Parents are asked to dress their children for safe outdoor playtime.
- Children should come to school wearing sunscreen for morning outdoor play, and I will reapply prior to afternoon outdoor activities. Parents must complete a Topical Medication form.

SCREEN TIME

The American Academy of Pediatrics recommends that children under two years old do not engage in any screen time at all and older children watch no more than 1-2 hours per day. Because children watch television and play on the computer outside my care, I do not offer any screen time in my home daycare.

EDUCATION

I offer a developmentally appropriate health education curriculum for children that include lessons and activities on nutrition and physical activity. Nutrition education is also incorporated into other content areas, such as language and literacy development, mathematics, science and music. I incorporate nutrition themes into planned learning experiences, when appropriate, to reinforce and support health messages. Nutrition concepts are integrated into daily routines whenever possible, such as mealtimes and transitions. I participate in annual training on nutrition and physical activity for children to further my own knowledge and expertise. Throughout my home, healthful food and physical activities are promoted in posters, books, games and toys (e.g., kitchen equipment). All books, posters, and other educational materials are free of illustrations of unhealthful foods.

COMMUNICATION AND PROMOTION

I actively promote positive verbal and nonverbal messages about healthy eating and physical activity. Food promotions and messages emphasize nutrient-rich foods only, such as fruits, vegetables, whole grains and low-fat dairy products. I encourage family involvement to support and promote children’s healthy eating and physical activity habits. I welcome family input; for example, families are encouraged to suggest items they would like to see on the menu. I communicate in ways that respect families’ cultures and customs. Nutrition education and physical activity information is provided for parents through newsletters, handouts and a parent communication board. I will work with families to provide referrals to appropriate resources for families with children with special nutrition or health needs. I encourage parents to communicate any concerns about their child’s eating or physical activity habits. I also encourage parents to contact me with any questions or suggestions about our nutrition and physical activity practices.

EVALUATION

Each year I carry out a self-assessment of progress on wellness goals, which includes soliciting written feedback from parents as well as measuring where we stand on specific aims.

Learning Session 4: Action Period

Learning Session 4: Serving Meals Family-Style and Supporting Breastfeeding

Provider Name: _____

Learning Session 4 Action Period:

Complete before Learning Session 5 (LS5):

- Begin to implement changes in the area of “program policy.”
- Complete the *Go NAP SACC* post-assessment.
- Finalize your storyboard to document and communicate healthy changes being made in your program.
- Bring the following items back to Learning Session 5:
 - Completed *Go NAP SACC* instrument
 - Completed *Action Plan Worksheet*
 - Completed *Storyboard*

Setting the stage

Supplies:

- *Go NAP SACC* post-assessment;
- *Action Plan Worksheet*;
- *Storyboard*; and
- Pens or pencils for writing.

Environment

Tips for creating a supportive and fun environment for making change:

- Be organized. Bring all needed materials and plan ahead;
- When applicable, share ideas with staff and families, be open to suggestions. During discussions, encourage staff and families to participate, listen carefully to their ideas, record them and be willing to share your ideas too; and
- Have fun! Make this a time to brainstorm and build your program to make it healthier and better.

Engaging staff in discussion

To help engage staff and families in discussion, try these discussion prompts and ideas:

- Encourage staff and families to take the lead on sharing their ideas;
- Validate their ideas by recording them and responding positively; and
- Try to use open-ended questions to encourage conversation:
 - How would a program policy help support our healthy changes?
 - What changes can we make in our program environment to support family-style dining and breastfeeding?
 - What are some ways that we can engage families in family-style dining?
 - How can we convey our supportive breastfeeding environment to current families and new families enrolling in our program?

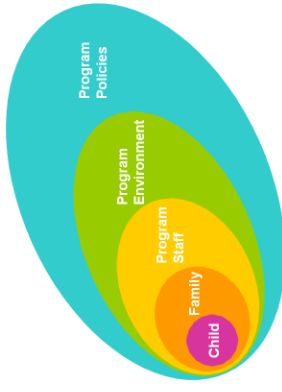
Task 1: Action Plan

What is Your Role in Making Healthy Changes?

Finalize the Action Plan and implement the final steps:

- Complete the “program policy” column on the *Action Plan Worksheet*. Use the sample *Action Plan Worksheet* on the following page as a guide; and
- Work to implement changes in the area of program policy.

Action Plan Worksheet



Start Date:

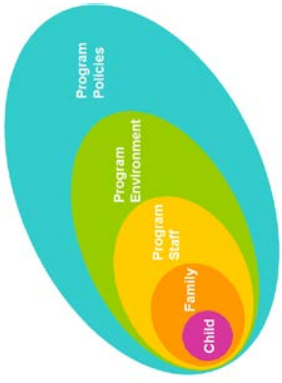
Provider Name:

Goal:

Objectives / Steps	Provider	Environment	Child	Family	Program Policies
<p><u>Sample:</u> Revise menus over a three month period to align with the best practices for fruits, vegetables, whole grains and elimination of fried foods.</p>	<p>Share family ideas for healthy foods to include in new menus.</p> <p>Take photos of children enjoying healthy foods and share with families.</p> <p>Learn about best practices through training sessions.</p>	<p>Develop a display in the home to share information, resources, and healthy recipes.</p> <p>Create and hang documentation of children engaged in healthy eating or nutrition activities.</p> <p>Develop a system for purchasing, storing, and monitoring food.</p>	<p>Discuss menu changes and new foods with the children and how they help them grow up strong and healthy.</p> <p>Model curiosity and enjoyment of healthy foods during all snacks and meals.</p> <p>Develop “taste tests” and graph the results of children’s preferences for new foods.</p>	<p>Work with families to develop an exciting “taste test” event during pick up for children and families to try the foods and vote on new menu items.</p> <p>Ask families for healthy food recipes to be included on the new menus.</p> <p>Schedule events to promote healthy eating.</p>	<p>Include Healthy Eating as a required topic when enrolling new families.</p> <p>Develop new menus to align with the best practices for serving fruits, vegetables, whole grains, and fried foods.</p> <p>Include healthy eating policy and rationale in family handbooks.</p>
Who is responsible?	Self and Children	Self, Children and Families	Self	Self	Self
Date	June 1 st	July 1 st	June 1 st	August 1 st	September 1 st

Model adapted from: Bronfenbrenner. U. *The Ecology of Human Development*. Cambridge, MA: Harvard University Press: 1979.

Action Plan Worksheet



Start Date:

Provider Name:

Goal:

Objectives / Steps					Program Policies
<p>Sample: Revise menus over a three month period to align with the best practices for fruits, vegetables, whole grains and elimination of fried foods.</p>					<p>Include Healthy Eating as a required topic when enrolling new families.</p>
<p>Who is responsible?</p>					<p>Self</p>
<p>Date</p>					<p>September 1st</p>

Model adapted from: Bronfenbrenner. U. *The Ecology of Human Development*. Cambridge, MA: Harvard University Press: 1979.

Action Plan Worksheet

	Who is responsible?	Date

Task 2: Finalizing Your Storyboard

Finalizing Your Story of Change

Complete your story of the healthy changes you made through the Action Plan and the successes and challenges you may have faced. These will be shared at Learning Session 5.

- Finalize the **storyboard to share your story of healthy change** with colleagues, staff, children and families.
 - Create your storyboard by:
 - Describing what change(s) were made and how they did it;
 - Sharing who was involved in the process;
 - Explaining accomplishments and challenges faced;
 - Sharing photos of the implementation process;
 - Describing how staff, children, and families reacted to the change(s);
 - Outlining any program policies that were updated as a result; and
 - Explaining the next steps they will take to sustain the change(s).
 - Display the boards in your home so that children, families and staff can see and learn what efforts you made to make your program healthier

Bring the storyboards to Learning Session 5!

Task 3: *Go NAP SACC*

As a part of the National ECELC Project, participating providers are asked to complete five *Go NAP SACC* instruments:

1. *Breastfeeding & Infant Feeding*;
2. *Child Nutrition*;
3. *Infant & Child Physical Activity*;
4. *Outdoor Play & Learning*; and
5. *Screen Time*.

The instruments will allow providers to reflect on the progress made with implementing the best practices.

Who should complete the *Go NAP SACC* instruments?

The child care provider will complete the instruments. Program staff can provide input, if applicable, but only one copy of each instrument should be turned in at Learning Session 5.

Which instruments should be completed?

Complete the same instruments that you completed for the Learning Session 1 Action Period. Remember:

- If a provider accepts infants, toddlers, and preschoolers, complete all five instruments.
- If a provider does not accept infants, they do not need to complete the *Breastfeeding & Infant Feeding* instrument.

What should programs do upon completion of the instruments?

- Each provider should bring a copy of each completed instrument to Learning Session 5.

Providers should contact their assigned trainer/technical assistant if they have any questions.



Go NAP SACC

Self-Assessment Instrument

Date: _____

Program Name: _____

Enrollment ID#: _____



Breastfeeding & Infant Feeding

Go NAP SACC is based on a set of best practices that stem from the latest research and guidelines in the field. After completing this assessment, you will be able to see your program's strengths and areas for improvement, and use this information to plan healthy changes.

For this self-assessment, **breastfeeding and infant feeding** topics include teacher practices, program policies, and other program offerings related to feeding infants and supporting breastfeeding. All of these questions refer to children ages 0-12 months.

Before you begin:

- ✓ Gather staff manuals, parent handbooks, and other documents that state your policies and guidelines about breastfeeding and infant feeding.
- ✓ Recruit the help of key teachers and staff members who are familiar with day-to-day practices.

As you assess:

- ✓ Definitions of key words are marked by asterisks (*).
- ✓ Answer each question as best you can, thinking about your general practices. If none of the answer choices seem quite right, just pick the closest fit.

Understanding your results:

- ✓ The answer choices in the right-hand column represent the best practice recommendations in this area. To interpret your results, compare your responses to these best practice recommendations. This will show you your strengths and the areas in which your program can improve.



Breastfeeding Environment

1. A quiet and comfortable space,* set aside for mothers to breastfeed or express breast milk, is available:

- Rarely or never Sometimes Often Always

* This is a space other than a bathroom.

2. The following are available to mothers in the space set aside for breastfeeding or expressing breast milk:

See list and mark response below.

- Privacy
 - An electrical outlet
 - Comfortable seating
 - Sink with running water in the room or nearby
- None 1 feature 2-3 features All 4 features

3. At our program, enough refrigerator and/or freezer space is available to allow all breastfeeding mothers to store expressed breast milk:

- Rarely or never Sometimes Often Always

4. Posters, brochures, children’s books, and other materials that promote breastfeeding are displayed in the following areas of our building:

See list and mark response below.

- The entrance or other public spaces
 - Infant classrooms
 - Toddler and/or preschool classrooms
 - The space set aside for breastfeeding
- None 1 area 2 areas 3-4 areas

Breastfeeding Support Practices

5. Teachers and staff promote breastfeeding and support mothers who provide breast milk for their infants by:

See list and mark response below.

- Talking with families about the benefits of breastfeeding
 - Telling families about the ways our child care program supports breastfeeding
 - Telling families about community organizations that provide breastfeeding support
 - Giving families educational materials
 - Showing positive attitudes about breastfeeding
- None 1 topic 2-3 topics 4-5 topics

Breastfeeding Education & Professional Development

6. Teachers and staff receive professional development* on promoting and supporting breastfeeding:

- Never Less than 1 time per year 1 time per year 2 times per year or more

* Professional development can include print materials, information presented at staff meetings, and in-person or online training for contact hours or continuing education credits.



Ward DS, Morris E, McWilliams C, Vaughn A, Erinosh T, Mazzuca S, Hanson P, Ammerman A, Neelon SE, Sommers JK, Ball S. (2013). Go NAP SACC: Nutrition and Physical Activity Self-Assessment for Child Care, 2nd edition. Center for Health Promotion and Disease Prevention and Department of Nutrition, University of North Carolina at Chapel Hill. Available at: www.gonapsacc.org.

7. Professional development on breastfeeding includes the following topics:

See list and mark response below.

- Proper storage and handling of breast milk
- Bottle-feeding a breast-fed baby
- Benefits of breastfeeding for mother and baby
- Promoting breastfeeding and supporting breastfeeding mothers
- Community organizations that support breastfeeding
- Our program’s policies on promoting and supporting breastfeeding

None 1-2 topics 3-4 topics 5-6 topics

8. Educational materials* for families on breastfeeding are offered:

- Rarely or never Only when a family asks To all enrolled expectant families and families with infants To enrolled families with infants, and we tell prospective families about our policies and practices

* Educational materials can include brochures, tip sheets, and links to trusted websites.

Breastfeeding Policy

9. Our written policy* on promoting and supporting breastfeeding includes the following topics:

See list and mark response below.

- Providing space for mothers to breastfeed or express breast milk
- Providing refrigerator and/or freezer space to store expressed breast milk
- Professional development on breastfeeding
- Educational materials for families on breastfeeding
- Breastfeeding support* for employees

No written policy or policy does not include these topics 1 topic 2-3 topics 4-5 topics

* A written policy includes any written guidelines about your program’s operations or expectations for teachers, staff, or families. Policies can be included in parent handbooks, staff manuals, and other documents.

* Support can include allowing teachers and staff to breastfeed or express breast milk on their breaks.

Infant Foods

10. When our program offers infant cereal or formula, it is iron rich:

Rarely or never Sometimes Often Always

11. When our program offers mashed or pureed meats or vegetables, these foods contain added salt:

Always Often Sometimes Rarely or never

12. Our program offers baby food desserts* that contain added sugar:

Always Often Sometimes Rarely or never

* Desserts are sweet, mashed or pureed foods, made with added sugar.



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Infant Feeding Practices

13. Teachers feed infants:

- Always on a fixed schedule
- Often on a fixed schedule, but sometimes on a flexible schedule, when infants show they are hungry*
- Often on a flexible schedule, when infants show they are hungry,* but sometimes on a fixed schedule
- Always on a flexible schedule when infants show they are hungry*

* Infants can show they are hungry by rooting, sucking on fingers or fist, licking or smacking lips, fussing or crying, or making excited arm and leg movements.

14. Teachers end infant feedings based on:

- Only the amount of breast milk, formula, or food left
- Mostly the amount of food left, but partly on infants showing signs they are full*
- Mostly on infants showing signs they are full,* but partly on the amount of food left
- Only on infants showing signs they are full*

* Infants can show they are full by slowing the pace of eating, turning away, becoming fussy, spitting out, or refusing more food

15. When feeding infants, teachers use responsive feeding techniques:*

- Rarely or never
- Sometimes
- Often
- Always

* Responsive feeding techniques include making eye contact, speaking to infants, responding to infants' reactions during feedings, responding to hunger and fullness signals, and feeding only one infant at a time.

16. At meal times, teachers praise and give hands-on help* to guide older infants as they learn to feed themselves:

- Rarely or never
- Sometimes
- Often
- Always

* Praise and hands-on help can include encouraging finger-feeding, praising children for feeding themselves, and helping children use cups or utensils.

17. Teachers inform families about what, when, and how much their infants eat each day by:

- Teachers do not inform families of daily infant feeding
- A written report or verbal report
- Some days both a written and verbal report, but usually one or the other
- Both a written and verbal report each day

18. The written infant feeding plan that families complete for our program includes the following information:

See list and mark response below.

- Infant's food intolerances, allergies, and preferences
- Instructions for introducing solid foods and new foods to the infant while in child care
- Permission for teachers to feed the infant on a flexible schedule, when he/she shows hunger
- Instructions* for feeding infants whose mothers wish to breastfeed or provide expressed breast milk

- None
- 1 topic
- 2-3 topics
- All 4 topics

* Instructions can include what to feed infants if there is no breast milk available, and scheduling to avoid large feedings before mothers plan to breastfeed.



Infant Feeding Education & Professional Development

19. Teachers and staff receive professional development* on infant feeding and nutrition:

- Rarely or never Less than 1 time per year 1 time per year 2 times per year or more

* Professional development can include print materials, information presented at staff meetings, and in-person or online training for contact hours or continuing education credits.

20. Professional development on infant feeding and nutrition includes the following topics:

See list and mark response below.

- Using responsive feeding techniques
- Not propping feeding bottles
- Introducing solid foods and new foods
- Infant development related to feeding and nutrition
- Communicating with families about infant feeding and nutrition
- Our program's policies on infant feeding and nutrition

- None 1-2 topics 3-4 topics 5-6 topics

21. Families are offered education* on infant feeding and nutrition:

- Rarely or never Only when families ask When families ask and at 1 set time during the year When families ask, as infants reach developmental milestones, and at other set times during the year

* Education can include brochures, tip sheets, links to trusted websites, and in-person educational sessions.

22. Education for families on infant feeding and nutrition includes the following topics:

See list and mark response below.

- Using responsive feeding techniques
- Not propping feeding bottles
- Introducing solid foods and new foods
- Infant development related to feeding and nutrition
- Our program's policies on infant feeding and nutrition

- None 1 topic 2-3 topics 4-5 topics



Infant Feeding Policy

23. Our written policy* on infant feeding and nutrition includes the following topics:

See list and mark response below.

- Foods provided to infants
- Infant feeding practices
- Information included on written infant feeding plans
- Professional development on infant feeding and nutrition
- Education for families on infant feeding and nutrition

- No written policy or policy does not include these topics 1 topic 2-3 topics 4-5 topics

* A written policy includes any written guidelines about your program's operations or expectations for teachers, staff, or families. Policies can be included in parent handbooks, staff manuals, and other documents.



Congratulations on completing the Go NAP SACC Breastfeeding & Infant Feeding Self-Assessment!

For more information about this and other Go NAP SACC tools, please visit: www.gonapsacc.org.



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Go NAP SACC

Self-Assessment Instrument

Date: _____

Program Name: _____

Enrollment ID#: _____



Child Nutrition

Go NAP SACC is based on a set of best practices that stem from the latest research and guidelines in the field. After completing this assessment, you will be able to see your program's strengths and areas for improvement, and use this information to plan healthy changes.

For this self-assessment, child nutrition topics include foods and beverages provided to children, the program's feeding environment, and teacher practices during meal times. Unless otherwise noted, all questions in this section relate to your program's practices for both toddlers and preschool children.

Before you begin:

- ✓ Gather menus, staff manuals, parent handbooks, and other documents that state your policies and guidelines about child nutrition.
- ✓ Recruit the help of key teachers and staff members who are familiar with day-to-day practices.

As you assess:

- ✓ Answer choices in parentheses () are for half-day programs. Full-day programs should use answer choices without parentheses.
- ✓ Definitions of key words are marked by asterisks (*).
- ✓ Answer each question as best you can. If none of the answer choices seem quite right, just pick the closest fit. If the question refers to an age group you do not serve, move to the next question.

Understanding your results:

- ✓ The answer choices in the right-hand column represent the best practice recommendations in this area. To interpret your results, compare your responses to these best practice recommendations. This will show you your strengths and the areas in which your program can improve.



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Foods Provided

1. Our program offers fruit:*

- 3 times per week or less (Half-day: 2 times per week or less) 4 times per week (Half-day: 3 times per week) 1 time per day (Half-day: 4 times per week) 2 times per day or more (Half-day: 1 time per day or more)

* For this assessment, fruit does not include servings of fruit juice.

2. Our program offers fruit that is fresh, frozen, or canned in its own juice, not in syrup:

- Rarely or never Sometimes Often Every time fruit is offered

3. Our program offers vegetables:*

- 2 times per week or less (Half-day: 1 time per week or less) 3-4 times per week (Half-day: 2-3 times per week) 1 time per day (Half-day: 4 times per week) 2 times per day or more (Half-day: 1 time per day or more)

* For this assessment, vegetables do not include french fries, tater tots, hash browns, or dried beans.

4. Our program offers dark green, orange, red, or deep yellow vegetables*:

- 3 times per month or less 1-2 times per week 3-4 times per week 1 time per day or more

* This does not include servings of white potatoes or corn. These vegetables are not included because they have more starch and fewer vitamins and minerals than other vegetables.

5. Our program offers vegetables that are prepared with meat fat, margarine, or butter:

- Every time vegetables are served Often Sometimes Rarely or never

6. Our program offers fried or pre-fried potatoes:*

- 3 times per week or more 2 times per week 1 time per week Less than 1 time per week or never

* Fried or pre-fried potatoes include french fries, tator tots, and hash browns that are pre-fried, sold frozen, and prepared in the oven.

7. Our program offers fried or pre-fried meats or fish:*

- 3 times per week or more 2 times per week 1 time per week Less than 1 time per week or never

* Fried or pre-fried meats or fish include breaded and frozen chicken nuggets and fish sticks.

8. Our program offers high-fat meats:*

- 3 times per week or more 2 times per week 1 time per week Less than 1 time per week or never

* High-fat meats include sausage, bacon, hot dogs, bologna, and ground beef that is less than 93% lean.



9. Our program offers meats and meat alternatives that are lean or low fat:*

- 3 times per month or less 1-2 times per week 3-4 times per week Every time meats or meat alternatives are served

* Lean or low-fat meats include skinless, baked or broiled chicken; baked or broiled fish; and ground beef or turkey that is at least 93% lean and cooked in a low-fat way. Low-fat meat alternatives include low-fat dairy foods; baked, poached, or boiled eggs; and dried beans.

10. Our program offers high-fiber, whole grain foods:*

- 1 time per week or less (Half-day: 3 times per month or less) 2-4 times per week (Half-day: 1 time per week) 1 time per day (Half-day: 2-4 times per week) 2 times per day or more (Half-day: 1 time per day or more)

* High-fiber, whole grain foods include whole wheat bread, whole wheat crackers, oatmeal, brown rice, Cheerios, and whole grain pasta.

11. Our program offers high-sugar, high-fat foods:*

- 1 time per day or more 3-4 times per week 1-2 times per week Less than 1 time per week or never

* High-sugar, high-fat foods include cookies, cakes, doughnuts, muffins, ice cream, and pudding.

12. Our program offers high-salt, high-fat snacks:*

- 1 time per day or more 3-4 times per week 1-2 times per week Less than 1 time per week or never

* High-salt, high-fat snacks include chips, buttered popcorn, and Ritz crackers.

13. Children are given sweet or salty snacks outside of meal or snack times:

- 1 time per day or more 3-4 times per week 1-2 times per week Less than 1 time per week or never

Beverages Provided

14. Drinking water is available:

- Only when children ask Only when children ask and during water breaks Only indoors, where it is always visible and freely available Indoors and outdoors, where it is always visible and freely available

15. Our program offers a 4-6 oz. serving of 100% fruit juice:

- 2 times per day or more 1 time per day 3-4 times per week 2 times per week or less

16. Our program offers sugary drinks:*

- 1 time per month or more Less than 1 time per month 1-2 times per year Never

* Sugary drinks include Kool-Aid, fruit drinks, sweet tea, sports drinks, and soda.



17. For children ages 2 years and older,* our program offers milk that is:

- Whole or regular Reduced fat or 2% Low-fat or 1% Fat-free or skim

* This does not include children with milk allergies.

18. Our program offers flavored milk:

- 1 time per day or more 3-4 times per week 1-2 times per week Less than 1 time per week or never

Feeding Environment

19. Meals and snacks are served to preschool children by:

- Meals and snacks come to classrooms pre-plated with set portions of each food Teachers portion out servings to children Children are allowed to serve some foods themselves, while other foods are pre-plated or served by teachers Children are allowed to choose and serve all foods themselves

20. Television or videos are on during meal or snack times:

- Always Often Sometimes Never

21. When in classrooms during meal or snack times, teachers and staff eat and drink the same foods and beverages as children:

- Rarely or never Sometimes Often Always

22. Teachers enthusiastically role model* eating healthy foods served at meal and snack times:

- Rarely or never Sometimes Often Every meal or snack time

* Enthusiastic role modeling is when teachers eat healthy foods in front of children and show how much they enjoy them. For example, a teacher might say, "Mmm, these peas taste yummy!"

23. Teachers and staff eat or drink unhealthy foods or beverages in front of children:

- Always Often Sometimes Rarely or never

24. Describe the posters, books, toys, and other learning materials* that your program displays to promote healthy eating:

- There are few or no materials There are some materials, but limited variety There is a large variety of materials There is a large variety of materials with new items introduced often

* Learning materials can include books about healthy eating habits, posters of MyPlate, pictures of fruits and vegetables, healthy play foods, fruit or vegetable garden areas, and bowls of fruit.

25. Describe the posters, books, toys, and other learning materials* that your program displays featuring unhealthy foods:

- There is a large variety of materials with new items introduced often There is a large variety of materials There are some materials, but limited variety There are few or no materials

* Learning materials can include books or games about unhealthy foods, pictures or posters of unhealthy foods, unhealthy play foods, and bowls of candy.



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26. Soda and other vending machines are located:

- In the entrance or front of building In public areas, but not entrances Out of sight of children and families There are no vending machines on site

Feeding Practices

27. During indoor and outdoor physically active playtime, teachers remind children to drink water:

- Rarely Sometimes Often At least 1 time per play period

28. Teachers praise children for trying new or less preferred foods:

- Rarely or never Sometimes Often Always

29. When children eat less than half of a meal or snack, teachers ask them if they are full before removing their plates:

- Rarely or never Sometimes Often Always

30. When children request seconds, teachers ask them if they are still hungry before serving more food:

- Rarely or never Sometimes Often Always

31. Teachers require that children sit at the table until they clean their plates:

- Every meal or snack time Often Sometimes Rarely or never

32. Teachers use an authoritative feeding style:*

- Rarely or never Sometimes Often Every meal or snack time

* An authoritative feeding style strikes a balance between encouraging children to eat healthy foods and allowing children to make their own food choices. To encourage children to eat their vegetables, caregivers may reason with them and talk about the importance of eating vegetables, rather than using bribes or threats.

33. Teachers use food to calm upset children or encourage appropriate behavior:

- Every day Often Sometimes Rarely or never

34. During meal and snack times, teachers praise and give hands-on help* to guide toddlers as they learn to feed themselves:

- Rarely or never Sometimes Often Always

* Praise and hands-on help includes encouraging finger-feeding, praising children for feeding themselves, and helping children use cups or other utensils.

35. For children ages 1 year and older who are developmentally ready, beverages are offered in open, child-sized cups:

- Rarely or never Sometimes Often Always

Menus & Variety

36. The length of our program's menu cycle is:

- 1 week or shorter 2 weeks 3 weeks or longer without seasonal change 3 weeks or longer with seasonal change



37. Weekly menus include a variety of healthy foods:

- Rarely or never Sometimes Often Always

Education & Professional Development

38. Teachers incorporate planned nutrition education* into their classroom routines:

- Rarely or never 1 time per month 2-3 times per month 1 time per week or more

* Planned nutrition education can include circle time lessons, story time, stations during center time, cooking activities, and gardening activities.

39. Teachers talk with children informally about healthy eating:

- Rarely or never Sometimes Often Each time they see an opportunity

40. Teachers and staff receive professional development on nutrition:

- Never Less than 1 time per year 1 time per year 2 times per year or more

* For this assessment, professional development on child nutrition does not include food safety and food program guidelines training. Professional development can include print materials, information presented at staff meetings, and in-person or online training for contact hours or continuing education credits.

41. Professional development on child nutrition includes the following topics:

See list and mark response below.

- Food and beverage recommendations for children
- Serving sizes for children
- Importance of variety in the child diet
- Creating healthy mealtime environments*
- Using positive feeding practices*
- Communicating with families about child nutrition
- Our program's policies on child nutrition

- None 1-3 topics 4-5 topics 6-7 topics

* In a healthy mealtime environment, children can choose what to eat from the foods offered, and teachers enthusiastically role model eating healthy foods.

* Positive feeding practices include praising children for trying new foods, asking children about hunger or fullness before taking their plates away or serving seconds, and avoiding the use of food to calm children or encourage appropriate behavior.

42. Families are offered education* on child nutrition:

- Never Less than 1 time per year 1 time per year 2 times per year or more

* Education can include brochures, tip sheets, links to trusted websites, and in-person educational sessions.



43. Education for families on child nutrition includes the following topics:

See list and mark response below.

- Food and beverage recommendations for children
- Serving sizes for children
- The importance of variety in the child diet
- Creating healthy mealtime environments
- Using positive feeding practices
- Our program's policies on child nutrition

None

1-2 topics

3-4 topics

5-6 topics

Policy

44. Our written policy* on child nutrition includes the following topics:

See list and mark response below.

- Foods provided
- Beverages provided
- Healthy mealtime environments
- Teacher practices to encourage healthy eating
- Not offering food to calm children or encourage appropriate behavior
- Professional development on child nutrition
- Education for families on child nutrition
- Planned and informal nutrition education for children
- Guidelines on food for holidays and celebrations
- Fundraising with non-food items

No written policy or
policy does not include
these topics

1-4 topics

5-8 topics

9-10 topics

- * A written policy includes any written guidelines about your program's operations or expectations for teachers, staff, children, or families. Policies can be included in parent handbooks, staff manuals, and other documents.



Congratulations on completing the Go NAP SACC Child Nutrition Self-Assessment!

For more information about this and other Go NAP SACC tools, please visit: www.gonapsacc.org.



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Go NAP SACC

Self-Assessment Instrument

Date: _____

Program Name: _____

Enrollment ID#: _____



Infant & Child Physical Activity

Go NAP SACC is based on a set of best practices that stem from the latest research and guidelines in the field. After completing this assessment, you will be able to see your program's strengths and areas for improvement, and use this information to plan healthy changes.

For this self-assessment, **physical activity** is any movement of the body that increases heart rate and breathing above what it would be if a child was sitting or resting. These questions relate to opportunities for both children with special needs and typically developing children.

Before you begin:

- ✓ Gather staff manuals, parent handbooks, and other documents that state your policies and guidelines about physical activity.
- ✓ Recruit the help of key teachers and staff members who are familiar with day-to-day practices.

As you assess:

- ✓ Answer choices in parentheses () are for half-day programs. Full-day programs should use answer choices without parentheses.
- ✓ Definitions of key words are marked by asterisks (*).
- ✓ Answer each question as best you can. If none of the answer choices seem quite right, just pick the closest fit. If the question refers to an age group you do not serve, move to the next question.

Understanding your results:

- ✓ The answer choices in the right-hand column represent the best practice recommendations in this area. To interpret your results, compare your responses to these best practice recommendations. This will show you your strengths and the areas in which your program can improve.



Ward DS, Morris E, McWilliams C, Vaughn A, Erinosh T, Mazzuca S, Hanson P, Ammerman A, Neelon SE, Sommers JK, Ball S. (2013). Go NAP SACC: Nutrition and Physical Activity Self-Assessment for Child Care, 2nd edition. Center for Health Promotion and Disease Prevention and Department of Nutrition, University of North Carolina at Chapel Hill. Available at: www.gonapsacc.org.

Time Provided

1. The amount of time provided to preschool children* for indoor and outdoor physical activity* each day is:

- Less than 60 minutes (Half-day: Less than 30 minutes) 60-89 minutes (Half-day: 30-44 minutes) 90-119 minutes (Half-day: 45-59 minutes) 120 minutes or more (Half-day: 60 minutes or more)

* For Go NAP SACC, preschool children are children ages 2-5 years.

* Physical activity is any movement of the body that increases heart rate and breathing above what it would be if a child was sitting or resting. Examples include walking, running, crawling, climbing, jumping, and dancing.

2. The amount of time provided to toddlers* for indoor and outdoor physical activity each day is:

- Less than 60 minutes (Half-day: Less than 15 minutes) 60-74 minutes (Half-day: 15-29 minutes) 75-89 minutes (Half-day: 30-44 minutes) 90 minutes or more (Half-day: 45 minutes or more)

* For Go NAP SACC, toddlers are children ages 13-24 months.

3. Our program offers 3-5 minutes of tummy time* to infants:*

- 2 times per week or less (Half-day: 1 time per week or less) 3-4 times per week (Half-day: 2-3 times per week) 1 time per day (Half-day: 4 times per week) 2 times per day or more (Half-day: 1 time per day or more)

* 3-5 minutes of tummy time is supervised time when an infant is awake and alert, lying on her/his belly. Tummy time may not last 3-5 minutes for infants who are not used to it or do not enjoy it. It may last longer than 5 minutes for infants who do. Tummy time should last as long as possible to help infants learn to enjoy it and build their strength.

* For Go NAP SACC, infants are children ages 0-12 months.

4. The amount of adult-led* physical activity our program provides to preschool children each day is:

- Less than 30 minutes (Half-day: Less than 10 minutes) 30-44 minutes (Half-day: 10-19 minutes) 45-59 minutes (Half-day: 20-29 minutes) 60 minutes or more (Half-day: 30 minutes or more)

* Adult-led activities and lessons can be led by teachers or outside presenters. Examples include dancing, music and movement, motor development lessons, physically active games, and tumbling or gymnastics.

5. Outside of nap and meal times, the longest that preschool children and toddlers are expected to remain seated at any one time is:

- 30 minutes or more 20-29 minutes 15-19 minutes Less than 15 minutes

6. Outside of nap and meal times, the longest that infants spend in seats, swings, or ExcerSaucers at any one time is:

- More than 30 minutes 15-30 minutes 1-14 minutes Infants are never placed in seats, swings, or ExcerSaucers



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Indoor Play Environment

7. Our program offers the following in the indoor play space:

See list and mark response below.

- Space for all activities, including jumping, running, and rolling
- Separate play areas for each age group
- Areas that allow play for individuals, pairs, small groups, and large groups
- Full access for children with special needs

None 1 feature 2 features 3-4 features

8. Our program has the following portable play equipment* available in good condition for children to use indoors:

See list and mark response below.

- Jumping toys: jump ropes, jumping balls
- Push-pull toys: wagons, wheelbarrows, big dump trucks
- Twirling toys: ribbons, scarves, batons, hula hoops, parachute
- Throwing, catching, and striking toys: balls, bean bags, noodles, rackets
- Balance toys: balance beams, plastic “river stones”
- Crawling or tumbling equipment: mats, portable tunnels

None 1-2 types 3-4 types 5-6 types

- * Portable play equipment includes any toys that children can carry, throw, push, pull, etc. This does not include equipment fixed into the ground like swing sets and jungle gyms. Portable play equipment can be homemade or store-bought.

9. Teachers offer portable play equipment to preschool children and toddlers during indoor free play time:*

Rarely or never Sometimes Often At least a few items are always available to encourage physical activity

- * Indoor free play time includes free choice activities during center time. It can also include activities in a gym, multi-purpose room, or other space that allows children to move freely.

10. Teachers offer developmentally appropriate portable play equipment to infants during tummy time and other indoor activities:

Rarely or never Sometimes Often Always

11. Describe the posters, books, and other learning materials that your program displays to promote physical activity:

There are few or no materials There are some materials with limited variety There is a large variety of materials There is a large variety of materials, with new items introduced often

Teacher Practices

12. As punishment for misbehavior, preschool children or toddlers are removed from physically active playtime for longer than 5 minutes:

Always Often Sometimes Never



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13. Teachers take the following role during preschool children’s physically active playtime:

- | | | | |
|----------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> They supervise only | <input type="checkbox"/> They supervise and verbally encourage physical activity | <input type="checkbox"/> They supervise, verbally encourage, and sometimes join in to increase children’s physical activity | <input type="checkbox"/> They supervise, verbally encourage, and often join in to increase children’s physical activity |
|----------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|

14. During tummy time and other activities, teachers interact with infants to help them build motor skills:*

- | | | | |
|------------------------------------------|------------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> Rarely or never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |
|------------------------------------------|------------------------------------|--------------------------------|---------------------------------|

* Motor skills are physical abilities and muscle control that children develop as they grow. Motor skills for infants include lifting and turning the head, rolling over, sitting up, reaching for and grasping toys.

15. Teachers incorporate physical activity into classroom routines and transitions:*

- | | | | |
|------------------------------------------|------------------------------------|--------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Rarely or never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Each time they see an opportunity |
|------------------------------------------|------------------------------------|--------------------------------|------------------------------------------------------------|

* Physical activity during classroom routines and transitions can include movement during circle time or story time, physical activity during center time, Simon Says, or other movement games while children wait in line.

Education & Professional Development

16. Teachers lead planned lessons to build preschool children’s and toddlers’ motor skills:*

- | | | | |
|------------------------------------------|-------------------------------------------|----------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Rarely or never | <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 2-3 times per month | <input type="checkbox"/> 1 time per week or more |
|------------------------------------------|-------------------------------------------|----------------------------------------------|--------------------------------------------------|

* Motor skills are physical abilities and muscle control that children develop as they grow. Motor skills for preschool children and toddlers include walking, running, skipping, jumping, throwing, catching, and kicking.

17. Teachers talk with children informally about the importance of physical activity:

- | | | | |
|------------------------------------------|------------------------------------|--------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Rarely or never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Each time they see an opportunity |
|------------------------------------------|------------------------------------|--------------------------------|------------------------------------------------------------|

18. Teachers and staff receive professional development* on children’s physical activity:

- | | | | |
|--------------------------------|----------------------------------------------------|------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> Less than 1 time per year | <input type="checkbox"/> 1 time per year | <input type="checkbox"/> 2 times per year or more |
|--------------------------------|----------------------------------------------------|------------------------------------------|---------------------------------------------------|

* For this assessment, professional development on children’s physical activity does not include playground safety training. Professional development can include print materials, information presented at staff meetings, and in-person or online training for contact hours or continuing education credits.

19. The following topics are included in professional development on children’s physical activity:

See list and mark response below.

- Recommended amount of daily physical activity for children
- Ways to encourage children’s physical activity
- Ways to limit long periods of seated time for children
- Children’s motor skill development
- Communicating with parents about how to promote children’s physical activity
- Our program’s policies on physical activity

- | | | | |
|-------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 1-2 topics | <input type="checkbox"/> 3-4 topics | <input type="checkbox"/> 5-6 topics |
|-------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|



20. Families are offered education* on children’s physical activity:

- Never Less than 1 time per year 1 time per year 2 times per year or more

* Education can include brochures, tip sheets, links to trusted websites, and in-person educational sessions.

21. The following topics are included in education for families on children’s physical activity:

See list and mark response below.

- Recommended amount of daily physical activity for children
- Ways to encourage children’s physical activity
- Ways to limit long periods of seated time for children
- Children’s motor skill development
- Our program’s policies on physical activity

- None 1 topic 2-3 topics 4-5 topics

Policy

22. Our written policy* on physical activity includes the following topics:

See list and mark response below.

- Amount of time provided each day for indoor and outdoor physical activity
- Limiting long periods of seated time for children
- Shoes and clothes that allow children and teachers to actively participate in physical activity
- Teacher practices that encourage physical activity
- Not withholding physical activity as punishment
- Planned and informal physical activity education
- Professional development on children’s physical activity
- Education for families on children’s physical activity

- No written policy or policy does not include these topics 1-3 topics 4-6 topics 7-8 topics

* A written policy can include any written guidelines about your program’s operations or expectations for teachers, staff, children, or families. Policies can be included in parent handbooks, staff manuals, and other documents.



**Congratulations on completing the
Go NAP SACC Infant & Child Physical Activity Self-Assessment!**

For more information about this and other Go NAP SACC tools, please visit: www.gonapsacc.org.



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Go NAP SACC

Self-Assessment Instrument

Date: _____

Program Name: _____

Enrollment ID#: _____



Outdoor Play & Learning

Go NAP SACC is based on a set of best practices that stem from the latest research and guidelines in the field. After completing this assessment, you will be able to see your program's strengths and areas for improvement, and use this information to plan healthy changes.

For this self-assessment, outdoor play and learning includes all activities done outdoors. The questions cover a range of activities, some focused on physical activity and some focused on other learning activities. These questions relate to opportunities for both children with special needs and typically developing children.

Before you begin:

- ✓ Gather staff manuals, parent handbooks, and other documents that state your policies and guidelines about outdoor play and learning.
- ✓ Recruit the help of key teachers and staff members who are familiar with day-to-day practices.

As you assess:

- ✓ Answer choices in parentheses () are for half-day programs. Full-day programs should use answer choices without parentheses.
- ✓ Definitions of key words are marked by asterisks (*).
- ✓ Answer each question as best you can. If none of the answer choices seem quite right, just pick the closest fit. If the question refers to an age group you do not serve, move to the next question.

Understanding your results:

- ✓ The answer choices in the right-hand column represent the best practice recommendations in this area. To interpret your results, compare your responses to these best practice recommendations. This will show you your strengths and the areas in which your program can improve.



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Outdoor Playtime

1. Outdoor playtime* is provided to preschool children and toddlers:

- | | | | |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <input type="checkbox"/> 4 times per week or less (Half-day: 3 times per week or less) | <input type="checkbox"/> 1 time per day (Half-day: 4 times per week) | <input type="checkbox"/> 2 times per day (Half-day: 1 time per day) | <input type="checkbox"/> 3 times per day or more (Half-day: 2 times per day or more) |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------|

* Outdoor playtime includes any time that children are outdoors playing and learning. Children may be very physically active or do less energetic activities during this time.

2. The amount of outdoor playtime provided to preschool children* each day is:

- | | | | |
|--------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Less than 60 minutes (Half-day: Less than 15 minutes) | <input type="checkbox"/> 60-74 minutes (Half-day: 15-29 minutes) | <input type="checkbox"/> 75-89 minutes (Half-day: 30-44 minutes) | <input type="checkbox"/> 90 minutes or more (Half-day: 45 minutes or more) |
|--------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------|

* For Go NAP SACC, preschool children are children ages 2-5 years.

3. The amount of outdoor playtime provided to toddlers* each day is:

- | | | | |
|--------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Less than 30 minutes (Half-day: Less than 10 minutes) | <input type="checkbox"/> 30-44 minutes (Half-day: 10-19 minutes) | <input type="checkbox"/> 45-59 minutes (Half-day: 20-29 minutes) | <input type="checkbox"/> 60 minutes or more (Half-day: 30 minutes or more) |
|--------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------|

* For Go NAP SACC, toddlers are children ages 13-24 months.

4. Infants* are taken outdoors:*

- | | | | |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> 3 times per week or less (Half-day: 2 times per week or less) | <input type="checkbox"/> 4 times per week (Half-day: 3 times per week) | <input type="checkbox"/> 1 time per day (Half-day: 4 times per week) | <input type="checkbox"/> 2 times per day or more (Half-day: 1 time per day or more) |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------------------|

* For Go NAP SACC, infants are children ages 0-12 months.

* Infants may be taken outdoors for different activities, including a walk in a stroller or tummy time on a blanket or mat.

Outdoor Play Environment

5. Our program uses the outdoors for the following types of activities:

See list and mark response below.

- Free play: Playtime that can be more or less energetic, depending on what activities and games children decide to do.
- Structured learning opportunities: Planned lessons and activities including circle time, arts and crafts, and reading books.
- Seasonal outdoor activities: Activities that are unique to the season or the weather, including gardening, collecting fallen leaves and acorns, water play, and playing in the snow.
- Walking trips: Activities that let children explore the outdoors beyond the regular play space, including nature hikes, scavenger hunts, and neighborhood tours.
- Outdoor field trips: Trips to places around the community where children can enjoy outdoor activities including local botanical gardens, nature or wildlife centers, local parks, farms, or community gardens.

- | | | | |
|-------------------------------|------------------------------------------|---------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 1 activity type | <input type="checkbox"/> 2-3 activity types | <input type="checkbox"/> 4-5 activity types |
|-------------------------------|------------------------------------------|---------------------------------------------|---------------------------------------------|



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6. In our outdoor play space, structures* or trees provide the following amount of shade:

- There is no shade in our outdoor play space Enough for a few children to find shade when they need it Enough for most children to find shade when they need it Enough for all children to find shade at the same time

* Structures that provide shade include fabric canopies or umbrellas, hard top canopies, gazebos, and arbors.

7. An open grassy area for games, activities, and events is:

- Not available Large enough for some children to run around safely Large enough for most children to run around safely Large enough for all children to run around safely*

* This refers to all children who regularly use the open grassy area together, not necessarily all of the children in the program. For large centers, this response refers to a space large enough for at least 25 children to run around safely.

8. The outdoor play space for preschool children includes:

- 1-2 play areas* 3-5 play areas* 6-7 play areas* 8 play areas* or more

* Play areas are areas defined by their play opportunities. An area may include a swing set, sandbox, climbing structure, pathway, garden, house or tent, stage, easels, or outdoor musical instruments like pots, pans, and pipes for drumming.

9. Describe your program's garden:*

- There is no garden There is an herb garden The garden produces some fruits and/or vegetables for children to taste The garden produces enough fruits and/or vegetables to provide children meals or snacks during 2 seasons or more

* A garden can be planted in the ground or in containers like window boxes or pots. A garden can include a grove of fruit trees or vines growing on fences or arbors.

10. In our outdoor play space, the path for wheeled toys is:

- No path available Unpaved and 5 feet wide or wider Paved and less than 5 feet wide Paved and 5 feet wide or wider
-

11. Describe the shape of the path for wheeled toys:

- No path available Line Curves but no loops Curves and loops*

* Curves and loops allow children to ride around multiple loops, not just one large circle.

12. Describe how the path for wheeled toys connects to different parts of the outdoor play space:

See list and mark response below.

- Connects to building entrances
- Connects the building to play areas
- Connects different play areas to each other

- No path available 1 type of connection 2 types of connections 3 types of connections
-



13. Our program has the following portable play equipment* available in good condition for children to use outdoors:

See list and mark response below.

- Jumping toys: jump ropes, jumping balls
- Push-pull toys: wagons, wheelbarrows, big dump trucks
- Ride-on toys: tricycles, scooters
- Twirling toys: ribbons, scarves, batons, hula hoops, parachute
- Throwing, catching, and striking toys: balls, bean bags, noodles, rackets
- Balance toys: balance beams, plastic “river stones”
- Crawling or tumbling equipment: mats, portable tunnels

- None 1-2 types 3-5 types 6-7 types

* Portable play equipment includes any toys that children can carry, throw, push, pull, etc. This does not include equipment fixed into the ground like swing sets and jungle gyms. Portable play equipment can be homemade or store bought.

14. Portable play equipment is available to children during outdoor physically active playtime:

- Rarely or never Sometimes Often Always

15. The amount of portable play equipment available to children during outdoor physically active playtime is:

- Very limited – children must always wait to use items Limited – children often wait to use items Somewhat limited – children sometimes wait to use items Not limited – children never wait to use items

Education & Professional Development

16. Teachers and staff receive professional development* on outdoor play and learning:

- Never Less than 1 time per year 1 time per year 2 times per year or more

* Professional development can include print materials, information presented at staff meetings, and in-person or online training for contact hours or continuing education credits.

17. The following topics are included in professional development on outdoor play and learning:

See list and mark response below.

- Recommended amount of outdoor playtime for children
- How to use the outdoor play space for physical activity and learning
- Communicating with families about outdoor play and learning
- Our program’s policy on outdoor play and learning

- None 1 topic 2-3 topics All 4 topics

18. Families are offered education* on outdoor play and learning:

- Never Less than 1 time per year 1 time per year 2 times per year or more

* Education can include brochures, tip sheets, links to trusted websites and in-person educational sessions.



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19. The following topics are included in education for families on outdoor play and learning:

See list and mark response below.

- Recommended amount of outdoor playtime for children
- How to encourage physical activity outdoors
- Our program's policy on outdoor play and learning

None 1 topic 2 topics All 3 topics

Policy

20. Our written policy* on outdoor play and learning includes the following topics:

See list and mark response below.

- Amount of outdoor playtime provided daily
- Ensuring adequate total playtime on bad weather days
- Shoes and clothes that allow children and teachers to play outdoors in all seasons
- Safe sun exposure for children, teachers, and staff
- Not withholding outdoor playtime as punishment
- Professional development on outdoor play and learning
- Education for families on outdoor play and learning

No written policy or policy does not include these topics 1-2 topics 3-5 topics 6-7 topics

* A written policy includes any written guidelines about your program's operations or expectations for teachers, staff, children, or families. Policies can be included in parent handbooks, staff manuals, and other documents.



Congratulations on completing the Go NAP SACC Outdoor Play & Learning Self-Assessment!

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Go NAP SACC

Self-Assessment Instrument

Date: _____

Program Name: _____

Enrollment ID#: _____



Screen Time

Go NAP SACC is based on a set of best practices that stem from the latest research and guidelines in the field. After completing this assessment, you will be able to see your program's strengths and areas for improvement, and use this information to plan healthy changes.

For this self-assessment, **screen time** includes any time spent watching shows or videos, or playing games (including active video games) on a screen. Screens can include televisions, desktop, laptop or tablet computers, or smart phones. For children 2 years of age and older, screen time does not include teachers using e-books or tablet computers to read children stories, using Smart Boards for interactive instruction, or connecting with families through Skype or other videoconferencing programs.

Before you begin:

- ✓ Gather staff manuals, parent handbooks, and other documents that state your policies and guidelines about screen time.
- ✓ Recruit the help of key teachers and staff members who are familiar with day-to-day practices.

As you assess:

- ✓ Definitions of key words are marked by asterisks(*).
- ✓ Answer each question as best you can, thinking about your general practices. If none of the answer choices seem quite right, just pick the closest fit. If the question refers to an age group you do not serve, move to the next question.

Understanding your results:

- ✓ The answer choices in the right-hand column represent the best practice recommendations in this area. To interpret your results, compare your responses to these best practice recommendations. This will show you your strengths and the areas in which your program can improve.



Availability

1. Televisions are located:

- In every classroom In some classrooms Stored outside of classrooms but regularly available to children No televisions or televisions stored outside of classrooms and not regularly available to children

2. For children 2 years of age and older, the amount of screen time* allowed in our program each week is:

- 90 minutes or more (Half-day: 45 minutes or more) 60-89 minutes (Half-day: 30-44 minutes) 30-59 minutes (Half-day: 15-29 minutes) Less than 30 minutes (Half-day: Less than 15 minutes)

* For children 2 years of age and older, screen time does not include teachers using e-books or tablet computers to read children stories, using Smart Boards for interactive instruction, or connecting with families through Skype or other videoconferencing programs.

3. For children under 2 years of age, the amount of screen time* allowed in our program each week is:

- 60 minutes or more 30-59 minutes 1-29 minutes No screen time is allowed

* For children under 2 years of age, screen time includes **any time** spent watching shows or videos, or playing games (including active video games) on a screen. Screens can include televisions, desktop, laptop or tablet computers, or smart phones.

4. When television or videos are shown, this programming is educational and commercial free:*

- Rarely or never Sometimes Often Always

* Educational and commercial-free shows and videos are developmentally appropriate, support children's learning goals, and do not contain advertising.

5. When screen time is offered, children are given the opportunity to do an alternative activity:

- Rarely or never Sometimes Often Always

Practices

6. Screen time is used as a reward:

- Every day 1-4 times per week 1-3 times per month Rarely or never

7. When screen time is offered, teachers talk with children about what they are seeing and learning:

- Rarely or never Sometimes Often Always

Education & Professional Development

8. Teachers and staff receive professional development* on screen time:

- Never Less than 1 time per year 1 time per year 2 times per year or more

* Professional development can include print materials, information presented at staff meetings, and in-person or online training for contact hours or continuing education credit.



9. Professional development on screen time includes the following topics:

See list and mark response below.

- Recommended amounts of screen time for young children
- Appropriate types of programming for young children
- Appropriate use of screen time in the classroom
- Communicating with families about healthy screen time habits
- Our program's policies on screen time

None 1-2 topics 3-4 topics 5 topics

10. Families are offered education* on screen time:

Never Less than 1 time per year 1 time per year 2 times per year or more

* Education can include brochures, tip sheets, links to trusted websites, and in-person educational sessions.

11. Education for families on screen time includes the following topics:

See list and mark response below.

- Recommended amounts of screen time for young children
- Appropriate types of programming for young children
- Appropriate supervision and use of screen time by caregivers
- Our childcare program's policy on screen time

None 1 topic 2-3 topics 4 topics

Policy

12. Our written policy* on screen time includes the following topics:

See list and mark response below.

- Amount of screen time allowed
- Types of programming allowed
- Appropriate supervision and use of screen time in classrooms
- Not offering screen time as a reward or withholding it as punishment
- Professional development on screen time
- Education for families on screen time

No written policy or policy does not include these topics 1-2 topics 3-4 topics 5-6 topics

* A written policy includes any written guidelines about your program's operations or expectations for teachers, staff, children, and families. Policies can be included in parent handbooks, staff manuals, and other documents.



Congratulations on completing the Go NAP SACC Screen Time Self-Assessment!

For more information about this and other Go NAP SACC tools, please visit: www.gonapsacc.org.



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