



National Early Care & Education Learning Collaboratives:

The ABCs of a Healthy Me!

Learning Session 1, Family Child Care Edition

Participant Handbook

February 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
(University of Minnesota)

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



Introductory Materials

Definitions

Action Period	Facilitation of a training session by the Leadership Team with their program staff after each in-person Learning Session to share information, support discovery learning and engage staff 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.
Go NAP SACC	Nutrition and Physical Activity Self Assessment for Child Care self-assessment for ECE settings comparing their current practices with a set of best practices.
Learning Collaborative	A learning community made up of approximately 20-25 ECE programs 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 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 1: Materials

The ABC's of a Healthy Me!

Overview

Learning Session 1 provides a rationale for why change is necessary. It shows how early childhood nutrition, physical activity, reducing screen time and breastfeeding support practices promote optimal development and address the alarming epidemic of childhood obesity. The session focuses on increasing knowledge and awareness of healthy practices and their impact on young children. During the session, participants are expected to increase their knowledge, awareness and motivation to make healthy changes. Key content includes:

- **The powerful role of family child care providers as agents of change;**
- **Background information on childhood obesity prevention;**
- **ABC's of a Healthy Me!**
 - Reducing screen time
 - Healthy eating
 - Physical activity
 - Breastfeeding support
- **Increasing teamwork through leadership, collaboration and support for provider wellness.**
- **The process of making change:** FCC providers will learn about best practices, conducting needs assessments and identifying strengths and areas for improvement.

Post-session (Action Period)

Family child care providers utilize the Leadership Team Guide to:

- Complete the *Video Module 1 Discussion Worksheet*;
- Complete *Go NAP SACC* assessments of program best practices;
- Complete the *Five Strengths and Improvement Areas Worksheet* to identify areas for change in the environment; and
- Reach out as needed to other participating providers or the trainers for technical assistance (TA) support, ideas, or resources.





Agenda (with sample times)

Objectives

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

1. Recognize two changes in our society that have contributed to an increase in childhood obesity.
2. Identify the benefits of implementing best practices for reducing screen time, nutrition, physical activity and breastfeeding support through a review session.
3. Name at least two practices for creating a family-friendly environment and reducing screen time.
4. Complete the *Go NAP SACC* instruments to assess current FCC program practices and policies.

Learning Session 1: The ABC's of a Healthy Me!	
Time	Topic
8:00 – 8:30 am	Check-In
8:30 – 8:45 am	Welcome and Introductions <ul style="list-style-type: none"> • Housekeeping • Icebreaker: <i>From Head to Toe</i> by Eric Carle
8:45 – 9:00 am	PPT Part A: The ECELC Project <ul style="list-style-type: none"> • Video: <i>U.S. First Lady Michelle Obama's Welcome Message</i> • Evaluation: <i>Let's Move! Child Care Registration and Quiz</i>
9:00 – 9:30 am	PPT Part B: Healthy Development <ul style="list-style-type: none"> • Video: <i>Video Module 1</i> • Discussion: <i>What has contributed to childhood obesity over the past thirty years?</i>
9:30 – 9:45 am	<i>Physical Activity Break – Introduction to Locomotor Skills (part 1)</i>
9:45 – 10:15 am	PPT Part C: ABC's of a Healthy Me <ul style="list-style-type: none"> • Discussion: <ul style="list-style-type: none"> – Role Modeling Handout – Preventing Childhood Obesity resource
10:15 – 10:30 am	PPT Part D: Principles of Family Support <ul style="list-style-type: none"> • Activity: Creating a Family-Friendly Environment • Video: <i>Bringing Families Together: Building Community</i>
10:30 – 10:45 am	PPT Part E: Best Practices for Screen Time <ul style="list-style-type: none"> • Video: <i>Screen Free Moments: Promoting Healthy Habits</i>
10:45 – 11:00 am	<i>Physical Activity Break – Introduction to Locomotor Skills (part 2)</i>
11:00 – 11:45 am	PPT Part F: Facilitating Change in Your Program <ul style="list-style-type: none"> • Discussion: Facilitating Change – LS 1 Action Period • Video: <i>Making Health Easier: Healthy Changes Start in Preschool</i>
11:45 am – 12:00 pm	Evaluation, Raffle and Thank You





Welcome

Early Childhood Health Promotion and Obesity Prevention

National Early Care and Education Learning Collaboratives (ECELC) Project


Nemours.

Contra Costa Child Care Council

Lauren Brightwell
Project Coordinator

Cait James
Bernadette Garcia-Roger
ECELC Trainers

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Learning Session 1

The ABC's of a Healthy Me

Contra Costa Child Care Council

Nemours.

Early Childhood Health Promotion and Obesity Prevention

National Early Care and Education Learning Collaboratives (ECELC) Project

Acknowledgements

A special thank you

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

3



Housekeeping

Restrooms
Breaks
Cell Phones
Raffle Tickets

4



Objectives: Learning Session 1

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

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3. Name at least two practices for creating a family-friendly environment and reducing screen time.
4. Complete the *Go NAP SACC* instruments to assess current FCC program practices and policies.





U.S. First Lady Michelle Obama

First Lady Michelle Obama's welcome and thank you message!



Early Care and Education Learning Collaboratives (ECELC)

Childhood Obesity Prevention

- Best Practices Resources
 - *Let's Move! Child Care (LMCC)*
 - Nutrition and Physical Activity Self-Assessment for Child Care (*Go NAP SACC*)
- Family Child Care (FCC) Providers
 - Driving force
 - Implementation of Best Practices
 - Foundation for life-long success



9

Complete LMCC Registration and Quiz



Sign up and make the commitment to promote nutrition and physical activity in your early care and education program.

By signing up, you will:

- Get a Let's Move! Child Care Participant Certificate
- Receive emails on the latest updates, resources, and ideas for promoting children's health
- Be able to take the online, interactive Checklist Quiz to see which *Let's Move! Child Care* goals you are meeting and which goals you need to work towards. The Quiz will help you create an Action Plan to reach the goals.

Please Note: We will not share any of your personal information. You can request to stop receiving emails from *Let's Move! Child Care* at any time.

To sign up, please fill in the information below. Required fields are marked with asterisks (*).

First Name*

Last Name*

Name of program or organization*

10

Let's Move! Child Care Website



www.healthykidshealthyfuture.org

11

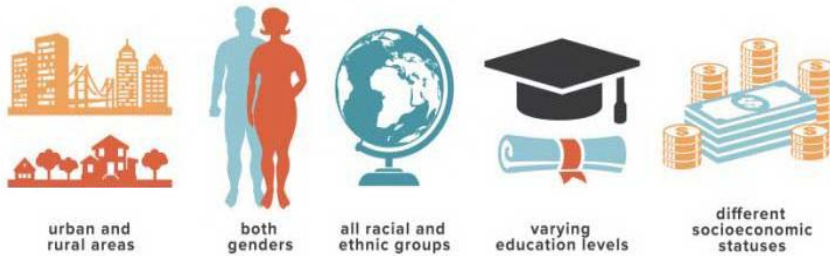


Part B
Healthy
Development

12

The Obesity Epidemic's Impact

Overweight and obesity increased rapidly in a short period of time among children, youth and adults in the U.S.



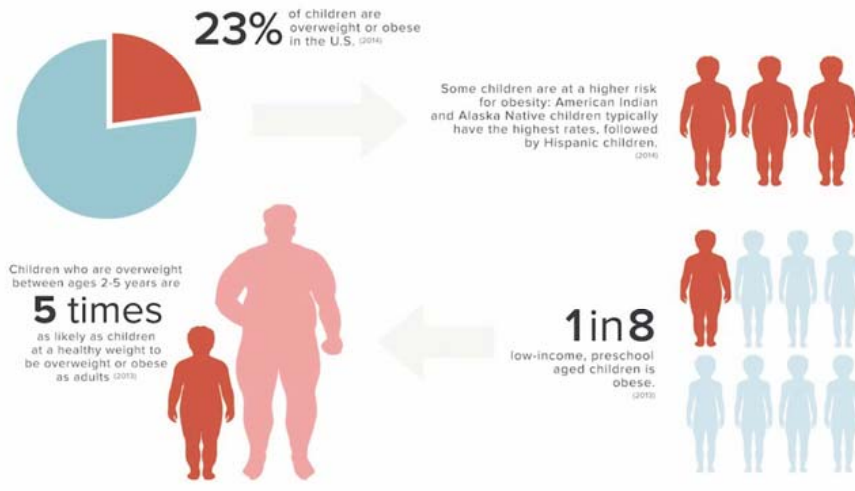
13

Video Module 1



14

Take Away Messages



15

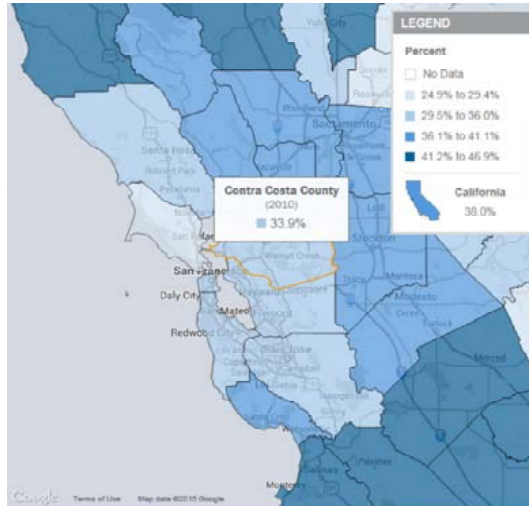
Childhood Overweight and Obesity Rates

2011: Percent of low-income children aged 2 to less than 5 years who are overweight †



16

Overweight/Obese Students, by County: 2010; showing Contra Costa County



Definition: Percentage of public school students in grades 5, 7, and 9 with Body Mass Indices (BMIs) in the overweight or obese ranges of the 2000 Centers for Disease Control and Prevention sex-specific BMI-for-age growth charts.

Data Source: [As cited on kidsdata.org](http://kidsdata.org), Babey, S. H., et al. (2011). A patchwork of progress: Changes in overweight and obesity among California 5th-, 7th-, and 9th-graders, 2005-2010. UCLA Center for Health Policy Research and California Center for Public Health Advocacy. Funded by RWJF; California Department of Education, Physical Fitness Testing Research Files.

Long-Term Impact of Obesity

Health problems in children formerly seen only in adults

- Heart disease
 - High blood pressure (hypertension)
 - High cholesterol
- Type 2 diabetes
- Hip and joint problems

Serious long-term risks

- Increased risk of developing co-morbid conditions
- Negative impact on mental health
- Shortened life expectancy



What Has Contributed to Childhood Obesity Over the Past Thirty Years?

19

Changes in Our Society and Environment

More Calories In

- Higher caloric foods
- Large portion sizes
- Consumption of soda & sweetened beverages
- More meals away from home
- Growth of food industry and advertising

Less Calories Out

- Less physical activity
- Lack of sidewalks
- Automobile travel
- Perception of safety
- Watching more TV
- More labor assisting devices



20

What is Healthy Development?

Healthy development is the capability of children, with appropriate support, to:

- Develop and realize their potential
- Satisfy their needs
- Interact successfully with their physical and social environments

Influenced by:

- Stable responsive relationships
- Safe and supportive engaging environments
- Access to good nutrition and healthy behaviors

All are very important for success in learning and life



21

What are Early Learning Standards (ELS)?

State specific standards or guidelines that assist in developing appropriate learning and highlight several domains of child development



Foundations for school readiness

FCC Provider and families resource to identify common developmental domains



22

California Infant/Toddler Learning & Development Foundations

Social-Emotional Development Domain

- Interactions and relationships with adults and peers, identity of self in relation to others, recognition of ability, expression of emotion, empathy, emotion regulation, impulse control and social understanding

Language Development Domain

- Receptive and expressive language, communication skills and knowledge and interest in print

Cognitive Development Domain

- Cause-and-effect, spatial relationships, problem solving, imitation, memory, number sense, classification, symbolic play, attention maintenance and understanding personal care routines

Perceptual and Motor Development Domain

- Perceptual Development, gross and fine motor

23



California Preschool Learning Foundations

Volume 1

- Social-Emotional Development
- Language and Literacy
- English-Language
- Development Mathematics

Volume 2

- Visual and Performing Arts
- Physical Development
- Health

Volume 3

- History–Social Science
- Science

24



Social and Cognitive Development at Home

Social

- Talk with their child about their feelings
- Tell them they love them
- Praise their child often
- Comfort and reassure them
- Read and sing
- Give children choices
- Give children simple instructions, small responsibilities and household chores



Cognitive

- Ask children questions and encourage children to think for themselves
- Take trips to museums, libraries or local business to stimulate curiosity and sense of wonder
- Play a variety of developmentally-appropriate games
- Provide different situations that allow for creative problem solving

25

Language Development at Home

Language

- Talk with their child as much as possible
- Ask questions and listen for answers
- Teach words and language
- Point out things while driving, riding or walking
- Recite nursery rhymes
- Play rhyming games
- Say tongue twisters
- **New York Times “Power of Talking to Your Baby” April 10, 2013**



- A child from a low-socio economic status is likely to hear millions fewer words at home than a child from a professional family. And the disparity matters.

26

Physical Activity Break



27

Part C ABC's of a Healthy Me



28

ABC's of a Healthy Me Handout

ABC's of a Healthy Me

Active play

- Every day, inside and out

Breastfeeding

- Support and access to a private space

Cut down on screen time

- None for children under age 2
- No more than 30 minutes a week for children ages 2 years and older

Drink milk and water

- Offer milk at meals and make water always available to quench thirst

Eat healthy foods

- Fruits, vegetables, whole grains, lean meats and protein, low-fat dairy

Funding for this publication was made possible by the Centers for Disease Control (CDC). Nemours is currently funded by the CDC under a five-year Cooperative Agreement (1U59CA000402) to support work in launching and sustaining collaborative focused on obesity prevention. The contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department of Health and Human Services, Centers for Disease Control and Prevention, or the U.S. Government.

CDC NEMOURS

29

Benefits of **A**ctive Play

Supports exploration, development and learning

Helps manage weight and maintain a healthy body mass index (BMI)

Builds and maintains healthy bones and muscles

Increases strength, coordination, agility and overall fitness

Lowers risk of chronic disease

Improves self-esteem and physical competence

Lowers stress

Linked to academic achievement



30

Benefits of **B**reastfeeding

Reduces risk for chronic diseases

Provides developmental benefits

Encourages maternal-infant bonding

Improves child and maternal health

– **Child**

- Reduced risk for diarrhea and respiratory tract infection

– **Mother**

- Lower risk of postmenopausal osteoporosis
- Less postpartum anxiety and depression
- Decreased risk of breast and ovarian cancer



31

Benefits of **C**utting Down on Screen Time

Increases time for movement, structured and unstructured play

Decreases exposure to food and beverage advertisements

Decreases snacking and consumption of high caloric foods



32

Benefits of **D**rinking Water and Milk

Milk

- Calcium
- Protein
- Vitamin A & D (if fortified)

Water

- Helps energize muscles
- Important for brain function
 - A child's brain is 75% water
- Protects spinal cord and other sensitive tissues



33

Benefits of **E**ating Healthy Foods

Eating healthy foods at a young age helps children develop life-long healthy habits

Fruits and vegetables

- Fiber, vitamins, minerals and antioxidants
- No cholesterol in fruits and vegetables
- Low in fat and calories

Low-fat dairy

- Calcium and protein: builds muscle and strong bones
- Improved bone health, especially important during childhood and adolescence when bone mass is being built

Whole grains

- Reduces blood cholesterol levels
- May lower risk of obesity, type 2 diabetes and heart disease

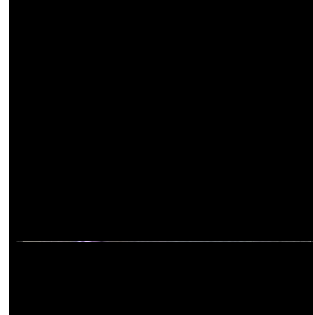
<http://www.choosemyplate.gov/vegetables-nutrients-health>

34



Family Child Care Providers are the Key to Helping Kids Grow Up Healthy!

FCC providers offer “an important opportunity to address childhood obesity,” since many children spend more time in child care than other settings, except home.



The healthy habits you model and teach will last a lifetime!
Have fun being active with children in your care!

35

Partnering with Families to Support Healthy Habits

Share the ABC's of a Healthy Me with families!

- Create a family bulletin board to share information on healthy habits
- Send home weekly or monthly newsletters that include healthy recipes, physical activities to do at home and the importance of reducing screen time

Invite families

- To participate in meal time on site
- To share healthy recipes from home

ABC's of a Healthy Me

36



Family Child Care Providers are Role Models!

Children learn through interactions

Young children want to do what you do

Sharing your classroom activities with families provides a unique opportunity to influence healthy behaviors. Invite them to have lunch with the children.



37

Role Modeling Handout

10 tips
Nutrition
Education Series

be a healthy role model for children

10 tips for setting good examples

You are the most important influence on your child. You can do many things to help your child on developing healthy eating habits for life. Offering a variety of foods helps children get the nutrients they need from every food group. They will also be more likely to try new foods and to like more foods. When children develop a taste for many types of foods, it's easier to plan family meals. Cook together, eat together, talk together, and make mealtimes a family time.

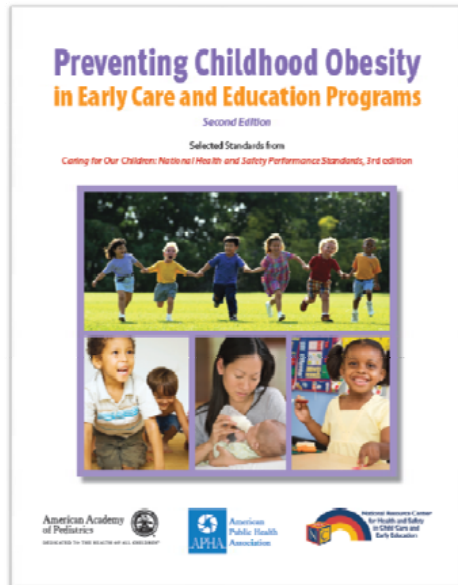
- show by example**
Eat vegetables, fruits, and whole grains with meals or as snacks. Let your child see that you like to munch on all vegetables.
- go food shopping together**
Discuss shopping lists, teach your child about food and nutrition. Discuss where vegetables, fruits, grains, dairy and protein foods come from. Let your children make healthy choices.
- get creative in the kitchen**
Cut food into fun and easy shapes with cookie cutters. Name a food your child might make: "Mom's Cheese 'Egg' or 'Jackie's Sweet Potatoes" for dinner. Encourage your child to invent new ways to. Make your own fruit smoothies from dry whole grains, low sugar cereal and dried fruit.
- offer the same foods for everyone**
"Stop being a 'discriminator cook'" by making different dishes for please children. It's easier to plan family meals when everyone eats the same foods.
- reward with attention, not food**
Show your love with hugs and kisses. Celebrate with hugs and talks. Celebrate not to other rewards do rewards. If help you child think rewards or dessert foods are better than other foods. When meals are not eaten, kids do not need "treats"—such as candy or cookies, an engagement foods.
- focus on each other at the table**
Talk about fun and happy things at mealtimes. Turn off all electronics. Take phone calls later. Try to make eating meals a stress-free time.
- listen to your child**
If your child says he or she is hungry, offer a small, healthy snack. If it is not a scheduled time to eat. Offer choices. Ask "Which would you like for dinner: broccoli or cauliflower?" instead of "Do you want broccoli for dinner?"
- limit screen time**
Allow no more than 2 hours a day of screen time like TV and computer games. Get up and move during commercials to get some physical activity.
- encourage physical activity**
Make physical activity fun for the whole family. Include your children in the planning. Walk, run, and play with your child—instead of sitting on the addition. Set an example by being physically active and using safety gear, like bike helmets.
- be a good food role model**
Try new foods yourself. Describe the taste, texture, and smell. Offer new food at a time. Name something your child likes, along with the new food. Offer new foods at the beginning of a meal, when your child is very hungry. Avoid talking or teasing your child to eat.

USDA Department of Agriculture
National Center for Food Safety and Inspection
Go to www.ChooseMyPlate.gov for more information.

604-794-0000, 1-800-858-0000
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38

Preventing Childhood Obesity



39



40

Elements of Family Engagement

Family support principles

- A philosophy and approach of collaboration with families to increase participation in the program and to build trust
- A shift in the way services are provided to focus on the whole family, not just the child enrolled in family child care

Family involvement practices

- Activities designed to build relationships and trust between FCC provider and the families

Protective factors

- Family support strategies utilizing best practices to strengthen family relationships

Integration of all three elements can enhance the learning environment to support child development and effectively engage families.

41



Strengthening Families™ Framework

The Strengthening Families Initiative focuses on four ideas:

- Building protective and promoting factors not just reducing the risk
- An approach - not a model or curriculum
- A changed relationship with parents
- Alignment of practice with developmental science

Reference: <http://www.cssp.org/reform/strengtheningfamilies>

An approach to increase families' strengths and enhance child development. Focusing on engaging families, programs and communities using five key protective factors

42



Five Key Protective Factors

Conditions or attributes of individuals, families and communities that eliminate risk

1. **Parental resilience** – hope, optimism, self-confidence, ability to manage negative emotion and problem solving
2. **Social connections** – multiple friendships and supportive relationships, feeling respected and appreciated
3. **Knowledge of parenting and child development** – nurturing parenting behavior, appropriate developmental expectations and positive discipline techniques
4. **Concrete support in time of need** – seeking support when needed and adequate financial security
5. **Social and emotional competence** – encouraging and reinforcing social skills, warm and consistent responses that foster a secure relationship with the child



Creating a Family-Friendly Child Care Environment

Integrate culture and community

Incorporate role models of all cultural, ethnic and economical backgrounds

Provide a welcoming environment

Post welcoming signage and greet families near the entrance

Strive for FCC program-family partnerships

Include families in decisions related to both

Make a commitment to outreach

Model educational activities families can do to support learning

Provide family resources and referrals

Provide resources and/or referrals to families in preventative health and family services

Set and reinforce FCC program standards

Set clear standards and ongoing professional development opportunities



Activity: Creating a Family-Friendly Environment

Creating a Family-Friendly Climate	
<p><i>"I feel welcome here... Everything says that we belong, that we are part of the family."</i></p> <p>Use this assessment tool to learn whether program staff is employing best practices to welcome families in your program. Are the practices consistent throughout the program? What practices do you use that are not listed here?</p>	
Best Practices for Creating a Welcoming Climate for Families	How do you put this into practice?
Photographs of the families of children and program staff are displayed regularly in the facility.	
Adult family members have a comfortable place to sit and be involved with their child and others.	
Magazines and other kinds of parenting information are available to families.	
A welcome sign, in languages spoken by all the families, greets families and visitors.	
The spaces for adults and children are orderly, comfortable, attractive and interesting.	
Program staff greet the adults as well as the children.	
A sense of joy and caring is nurtured in the program and exists among the people in the program.	
The program celebrates small and big accomplishments of adults and children.	
Healthy refreshments (milk, coffee, water) are offered to family members who are visiting, volunteering or filling out forms.	
Adults have safe places to store their coats and personal belongings when they participate at the program.	
Family members (including extended family members) are invited to participate in the program.	
Healthy refreshments and dinner (when appropriate) are provided at events that families attend.	
Younger and older siblings are welcome to come with parents when they are involved in program activities.	
Parents are invited to visit the program at any time that is	

45

Video: Bringing Families Together: Building Community



46



Best Practices for Screen Time

What is screen time?

- TV, Videos
- Computer time, smart phones and tablets
- Handheld video games

No screen time for children under age 2 years

- Every hour of viewing is associated with 6-8 fewer words learned
- Limits opportunities for social interactions and to explore and play

Limit or eliminate screen time for children ages 2 years and older

- More hours of viewing at age 3 can lead to decreased cognitive test scores at age 6
- No more than 30 minutes per week in FCC settings
- No more than 1 to 2 hours per day from all sources



Screen Free Moments: Promoting Healthy Habits



49

Make the Most of Screen Time

Technology is everywhere, so if it is used for *no more than 30 minutes per week* in your program choose strategies that support children's development

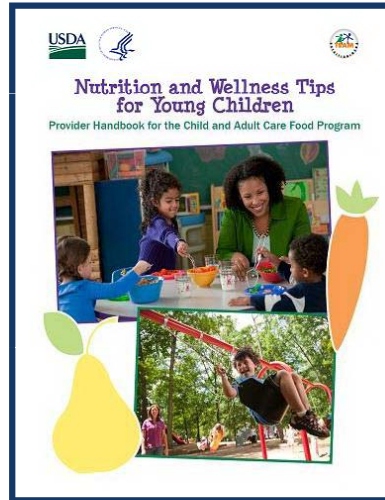
- Make screen time interactive – talk about what you're viewing and ask children to act out what they see
- Point out new words, letters and concepts
- Discuss the issues the main characters face and how they overcome them
- Help the child connect what they're viewing to the real world
- Have children take turns using a device to teach them about sharing



Ways to **C**ut Down on Screen Time

Nutrition and Wellness Tips for Young Children: Provider Handbook for the Child and Adult Care Food Program Activities to Limit Screen Time:

- Play music: have children create their own dances
- Organize puzzle time
- Conduct a “pretend play” activity
- Draw, color, create a sculpture or use play dough
- Provide a sack of special activities: put together a box containing activities children do not normally engage in



51

Personal Wellness and Screen Time

- Keep track of screen time using a log – set goals to cut down!**
- Turn your phone off from time to time to take mental breaks**
- Turn off the TV during mealtimes**
- Focus on other activities**
- Discover different ways to unwind (e.g., listening to music)**
- Take up a new, active hobby**
- Plan screen-free activities with family and/or friends**



52

Families and Screen Time

Create a “Screen Time Allowance”

- Decide with your child what time of day screen time will be allowed and what is ok

Move the TV’s out of bedrooms and to a central location where TV programs can be enjoyed together and monitored

Encourage families to put away and turn off electronics during meal times



53

Physical Activity Break



54



Facilitating Change in Your FCC Program

Go NAP SACC Assessment Tool

- Assess strengths and improvement needs
- Helps FCC Provider to identify areas to focus on throughout the Collaborative

Complete Go NAP SACC Assessment Tool

- Child Nutrition
- Infant Feeding & Breastfeeding
- Infant & Child Physical Activity
- Outdoor Play & Learning
- Screen Time

Complete the Five Strengths and Improvement Areas Worksheet

Technical Assistance (TA)

- Assist FCC Provider in completing *Go NAP SACC*
- Assist FCC Provider in assessing strengths and improvement needs

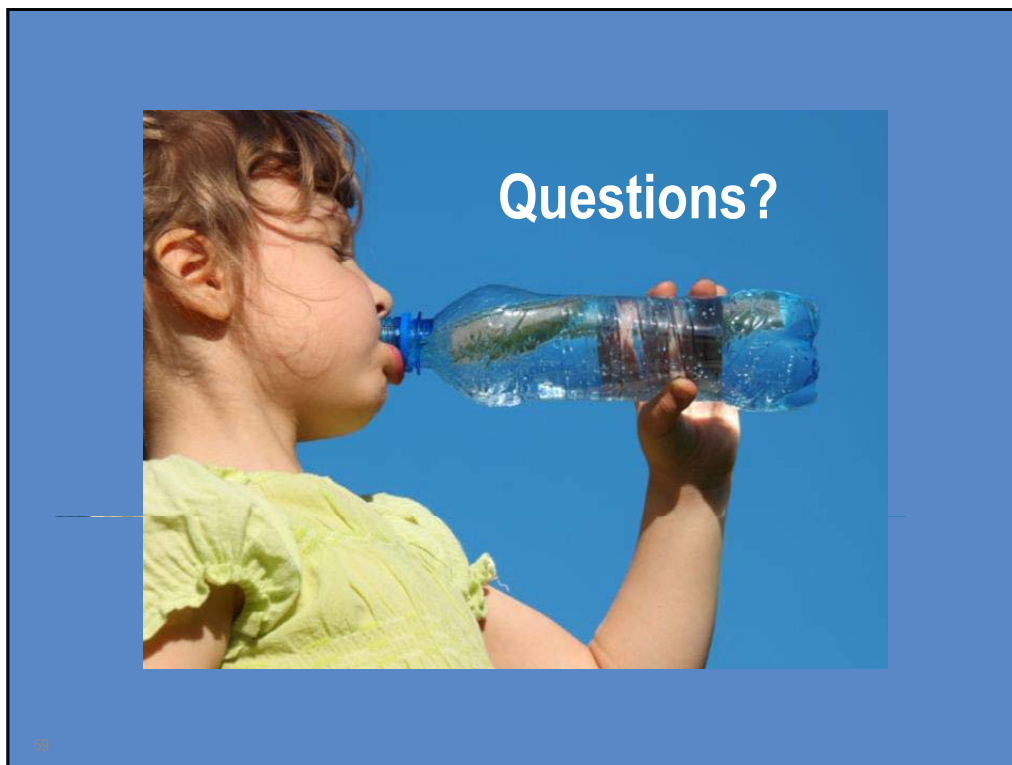
How can you enhance your program environment to make it healthier?

57

Video: Making Health Easier: Healthy Changes Start in Preschool



58



What's Next?

Learning Session 2: Nurturing Healthy Eaters and Providing Healthy Beverages

Participants will bring completed:

- *Go NAP SACC* assessment tool
- Worksheet - Five things your FCC program does well and five things to improve upon



Appendix, Preschool Learning Foundations, Volume 2
 California Department of Education
 November 2011

Physical Development

Fundamental Movement Skills

1.0 Balance

<i>At around 48 months of age</i>	<i>At around 60 months of age</i>
1.1 Maintain balance while holding still; sometimes may need assistance.	1.1 Show increasing balance and control when holding still.
1.2 Maintain balance while in motion when moving from one position to another or when changing directions, though balance may not be completely stable.	1.2 Show increasing balance control while moving in different directions and when transitioning from one movement or position to another.

2.0 Locomotor Skills

2.1 Walk with balance, not always stable, oppositional arm movements still developing, and relatively wide base of support (space between feet).	2.1 Walk with balance, oppositional arm movements, and relatively narrow base of support (space between feet).
2.2 Run with short stride length and feet off the ground for a short period of time. May show inconsistent opposition of arms and legs.	2.2 Run with a longer stride length and each foot off the ground for a greater length of time. Opposition of arms and legs is more consistent.
2.3 Jump for height (up or down) and for distance with beginning competence.	2.3 Jump for height (up or down) and for distance with increasing competence. Uses arm swing to aid forward jump.
2.4 Begin to demonstrate a variety of locomotor skills, such as galloping, sliding, hopping, and leaping.	2.4 Demonstrate increasing ability and body coordination in a variety of locomotor skills, such as galloping, sliding, hopping, and leaping.

3.0 Manipulative Skills

<i>At around 48 months of age</i>	<i>At around 60 months of age</i>
3.1 Begin to show gross motor manipulative skills by using arms, hands, and feet, such as rolling a ball underhand, tossing underhand, bouncing, catching, striking, throwing overhand, and kicking.	3.1 Show gross motor manipulative skills by using arms, hands, and feet with increased coordination, such as rolling a ball underhand, tossing underhand, bouncing, catching, striking, throwing overhand, and kicking.
3.2 Begin to show fine motor manipulative skills using hands and arms such as in-hand manipulation, writing, cutting, and dressing.	3.2 Show increasing fine motor manipulative skills using hands and arms such as in-hand manipulation, writing, cutting, and dressing.

Appendix, Preschool Learning Foundations, Volume 2
 California Department of Education
 November 2011

Perceptual-Motor Skills and Movement Concepts

1.0 Body Awareness

<i>At around 48 months of age</i>	<i>At around 60 months of age</i>
1.1 Demonstrate knowledge of the names of body parts.	1.1 Demonstrate knowledge of an increasing number of body parts.

2.0 Spatial Awareness

2.1 Use own body as reference point when locating or relating to other people or objects in space.	2.1 Use own body, general space, and other people's space when locating or relating to other people or objects in space.
--	--

3.0 Directional Awareness

3.1 Distinguish movements that are up and down and to the side of the body (for example, understands "use that side, now the other side").	3.1 Begin to understand and distinguish between the sides of the body.
3.2 Move forward and backward or up and down easily.	3.2 Can change directions quickly and accurately.
3.3 Can place an object on top of or under something with some accuracy.	3.3 Can place an object or own body in front of, to the side, or behind something else with greater accuracy.
3.4 Use any two body parts together.	3.4 Demonstrate more precision and efficiency during two-handed fine motor activities.

Appendix, Preschool Learning Foundations, Volume 2
 California Department of Education
 November 2011

Active Physical Play

1.0 Active Participation

<i>At around 48 months of age</i>	<i>At around 60 months of age</i>
1.1 Initiate or engage in simple physical activities for a short to moderate period of time.	1.1 Initiate more complex physical activities for a sustained period of time.

2.0 Cardiovascular Endurance

2.1 Engage in frequent bursts of active play that involves the heart, the lungs, and the vascular system.	2.1 Engage in sustained active play of increasing intensity that involves the heart, the lungs, and the vascular system.
---	--

3.0 Muscular Strength, Muscular Endurance, and Flexibility

3.1 Engage in active play activities that enhance leg and arm strength, muscular endurance, and flexibility.	3.1 Engage in increasing amounts of active play activities that enhance leg and arm strength, muscular endurance, and flexibility.
--	--

Appendix, Preschool Learning Foundations, Volume 2
 California Department of Education
 November 2011

Health Nutrition

1.0 Nutrition Knowledge

<i>At around 48 months of age</i>	<i>At around 60 months of age</i>
1.1 Identify different kinds of foods.	1.1 Identify a larger variety of foods and may know some of the related food groups.

2.0 Nutrition Choices

2.1 Demonstrate a beginning understanding that eating a variety of food helps the body grow and be healthy, and choose from a variety of foods at mealtimes.	2.1 Demonstrate greater understanding that eating a variety of food helps the body grow and be healthy, and choose from a greater variety of foods at mealtimes.
2.2 Indicate food preferences that reflect familial and cultural practices.	2.2 Indicate food preferences based on familial and cultural practices and on some knowledge of healthy choices.

3.0 Self-Regulation of Eating

3.1 Indicate awareness of own hunger and fullness.	3.1 Indicate greater awareness of own hunger and fullness.
--	--

ABC's of a Healthy Me

A Active play

- Every day, inside and out

B Breastfeeding

- Support and access to a private space

C Cut down on screen time

- None for children under age 2
- No more than 30 minutes a week for children ages 2 years and older

D Drink milk and water

- Offer milk at meals and make water always available to quench thirst

E Eat healthy foods

- Fruits, vegetables, whole grains, lean meats and protein, low-fat dairy



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El ABC de una Persona Saludable

A mamantar

- Apoyo y acceso a un espacio privado

B eber leche y agua

- Ofrezca leche en las comidas y tenga siempre agua disponible para calmar la sed

C omer alimentos saludables

- Frutas, vegetales, granos integrales, carnes magras y proteína, lácteos bajos en grasas

D isminuir el tiempo frente a una pantalla

- Nada de tiempo para los niños menores de 2 años.
- No más de 30 minutos por semana para niños de 2 años en adelante.

E stimular el juego activo

- Todos los días, en espacios cerrados y al aire libre



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10 tips

Nutrition
Education Series

be a healthy role model for children

10 tips for setting good examples



You are the most important influence on your child. You can do many things to help your children develop healthy eating habits for life. Offering a variety of foods helps children get the nutrients they need from every food group. They will also be more likely to try new foods and to like more foods. When children develop a taste for many types of foods, it's easier to plan family meals. Cook together, eat together, talk together, and make mealtime a family time!

1 show by example

Eat vegetables, fruits, and whole grains with meals or as snacks. Let your child see that you like to munch on raw vegetables.

2 go food shopping together



Grocery shopping can teach your child about food and nutrition. Discuss where vegetables, fruits, grains, dairy, and protein foods come from. Let your children make healthy choices.

3 get creative in the kitchen

Cut food into fun and easy shapes with cookie cutters. Name a food your child helps make. Serve “Janie’s Salad” or “Jackie’s Sweet Potatoes” for dinner. Encourage your child to invent new snacks. Make your own trail mixes from dry whole-grain, low-sugar cereal and dried fruit.

4 offer the same foods for everyone

Stop being a “short-order cook” by making different dishes to please children. It’s easier to plan family meals when everyone eats the same foods.



5 reward with attention, not food

Show your love with hugs and kisses. Comfort with hugs and talks. Choose not to offer sweets as rewards. It lets your child think sweets or dessert foods are better than other foods. When meals are not eaten, kids do not need “extras”—such as candy or cookies—as replacement foods.

6 focus on each other at the table

Talk about fun and happy things at mealtime. Turn off the television. Take phone calls later. Try to make eating meals a stress-free time.



7 listen to your child

If your child says he or she is hungry, offer a small, healthy snack—even if it is not a scheduled time to eat. Offer choices. Ask “Which would you like for dinner: broccoli or cauliflower?” instead of “Do you want broccoli for dinner?”

8 limit screen time

Allow no more than 2 hours a day of screen time like TV and computer games. Get up and move during commercials to get some physical activity.

9 encourage physical activity

Make physical activity fun for the whole family. Involve your children in the planning. Walk, run, and play with your child—instead of sitting on the sidelines. Set an example by being physically active and using safety gear, like bike helmets.



10 be a good food role model

Try new foods yourself. Describe its taste, texture, and smell. Offer one new food at a time. Serve something your child likes along with the new food. Offer new foods at the beginning of a meal, when your child is very hungry. Avoid lecturing or forcing your child to eat.

Creating a Family-Friendly Climate

“I feel welcome here... Everything says that we belong, that we are part of the family.”

Use this assessment tool to learn whether program staff is employing best practices to welcome families in your program. Are the practices consistent throughout the program? What practices do you use that are not listed here?

Best Practices for Creating a Welcoming Climate for Families	How do you put this into practice?
Photographs of the families of children and program staff are displayed regularly in the facility.	
Adult family members have a comfortable place to sit and be involved with their child and others.	
Magazines and other kinds of parenting information are available to families.	
A welcome sign, in languages spoken by all the families, greets families and visitors.	
The spaces for adults and children are orderly, comfortable, attractive and interesting.	
Program staff greet the adults as well as the children.	
A sense of joy and caring is nurtured in the program and exists among the people in the program.	
The program celebrates small and big accomplishments of adults and children.	
Healthy refreshments (milk, coffee, water) are offered to family members who are visiting, volunteering or filling out forms.	
Adults have safe places to store their coats and personal belongings when they participate at the program.	
Family members (including extended family members) are invited to participate in the program.	
Healthy refreshments and dinner (when appropriate) are provided at events that families attend.	
Younger and older siblings are welcome to come with parents when they are involved in program activities.	
Parents are invited to visit the program at any time that is convenient for them.	

Learning Session 1: Materials

Staff are understanding and help with separation issues as parents develop routines for leaving their child in care.	
The program regularly schedules informal times for families to get to know one another.	
The operating hours of the program reflect the needs of families served.	
Staffing schedules and routines support conversations between care givers and family members.	
Staff introduce themselves and nurture their relationships with families.	
Parent contributions of books and materials that reflect all families are solicited and welcomed.	
Staff reach out to parents who are isolated or have low self-esteem and connect them with other families.	
Other:	

Adapted with permission from Participants' Manual: Stronger Together. Family Support and Early Childhood Education (San Rafael, California: Parent Services Project, Inc.), 2006.

Learning Session 1: FCC Provider Guide

Learning Session 1: The ABC's of a Healthy Me!

PROVIDER NAME: _____

Learning Session 1 Action Period:

Complete before Learning Session 2 (LS2):

- Complete the *Nutrition and Physical Activity Self Assessment for Family Child Care (Go NAP SACC)* instruments.
- Complete the *Five Strengths and Improvement Areas Worksheet*.
- Bring the following items back to Learning Session 2:
 - One completed copy of each *Go NAP SACC* instrument; and
 - Completed *Five Strengths and Improvement Areas*.
- Make copies of your Action Period tasks. The original copies will be collected and might not be returned at each Learning Session.

Video Module 1

Training Objectives:

- To educate about:
 - The *Taking Steps to Healthy Success* Curriculum;
 - Childhood obesity and related healthy behaviors; and
 - The connection between learning, healthy eating and physical activity.

Supplies:

- *Video Module 1 Discussion Worksheet*;
- Pens or pencils for writing.

Environment:

Tips for providers for creating a supportive and fun learning environment for staff and families.

- Be organized. Bring all needed materials. Plan ahead so you can ensure everyone at your program will get the most out of this experience;
- Be engaging. Smile, look people in the eyes and be positive while helping them to learn;
- Share ideas and be open to suggestions. During discussions, encourage staff and families to participate, listen carefully to their ideas, record them on chart paper and be willing to share your ideas too; and
- Have fun! Make this a time to brainstorm, build your team, develop family engagement and learn how to work together to make your program better.

Facilitating Discussion with Staff and Families:

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

- Encourage staff and families to share their ideas;
- Validate their ideas by recording them on chart paper, responding positively and or offering rewards; and
- Try to use open-ended questions to encourage conversation:
 - What did you see in the video segment that was new to you?
 - What would you like to learn more about?
 - How can we use what we saw in the video segment in our program?
 - How could we inform and involve families?

Task 1: *Video Module 1* Discussion Worksheet

Introduction:

1. Think of one thing you do for yourself to be healthy.
 - Everyone is an important part of the team and all family and staff’s feedback and participation are critical to its success.
 - *TSHS* is a yearlong process to make healthy changes. The provider will attend five in-person Learning Sessions and then come back to share what was learned from the sessions with staff and families and work to make changes.
2. To share this video with program staff or families:
Locate *Video Module 1* on the *Let’s Move!* Child Care website:
 - Go to: www.healthykidshealthyfuture.org;
 - Click on the blue bubble that says “trainers;”
 - Click the blue box that says “ECELC Collaborative Learning;”
 - Click on “ECELC Resources;”
 - Scroll down to Cohort 3: (Kentucky, Virginia, LA County);
 - Click the plus sign next to ECE Program Participants (LS 1); and
 - You will see Video Module 1 listed under the *Videos* section.

Learning Session 1: The ABC's of a Healthy Me!

Video Module 1 Discussion Worksheet

PROVIDER NAME: _____

Early Childhood Health Promotion and Obesity Prevention: Why are we here?

1. Why do you think preventing childhood obesity is an important concern to address in your program?

Physical Activity and Learning

2. Why is physical activity and limited or no screen time important for the children in your care?
(List at least 3 reasons)

a)

b)

c)

Nutrition and Learning

3. Why is good nutrition, including support for breastfeeding, important to the children in your care? (List at least 3 reasons)

a)

b)

c)

Task 2: *Go NAP SACC*

As part of the National ECELC Project, participating programs 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 programs 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 2.

Which instruments should be completed?

- If a program accepts infants, toddlers, and preschoolers, complete all five instruments.
- If a program 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 program should bring a copy of each completed instrument to Learning Session 2.

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

Task 3: Program Strengths and Improvements

After completing *Go NAP SACC*, review your programs strengths and improvement areas identified during the assessment. Using the *Five Strengths and Improvement Areas Worksheet* on the following page, record:

- **Five Strengths** of your program.
- **Five Improvement Areas** of your program.

Each self-assessment question from *Go NAP SACC* represents a best practice programs can strive to meet. Identifying strengths and improvement areas will assist in creating goals for the action planning process. During Learning Session 2-5, you will have the opportunity to define action steps related to your program goal(s) and how those changes can impact the staff, environment, children, families, and policies within your program.

- Learning Session 2 Action Period: Action Plan (Goal(s), Objectives, Program Staff and Environment)
- Learning Session 3 Action Period: Action Plan (Children and Families)
- Learning Session 4 Action Period: Action Plan (Program Policies)

End of Training

Remember to make copies and bring your Action Period items back to Learning Session 2:

- *Go NAP SACC* instruments for your program completed by the provider with input from staff if desired; and
- Summary of program strengths and improvement areas on the *Five Strengths and Improvement Areas Worksheet*.

Five Strengths and Improvement Areas Worksheet

PROVIDER NAME: _____

ENROLLMENT ID: _____

Using the *Go NAP SACC* results, identify and write down five of your program's strengths and five of your program's improvement areas. Identifying strengths and improvement areas will serve as goals for the action planning process throughout the Learning Collaborative:

- Learning Session 2 Action Period: Action Plan (Goal(s), Objectives, Program Staff and Environment)
- Learning Session 3 Action Period: Action Plan (Children and Families)
- Learning Session 4 Action Period: Action Plan (Program Policies)

Program Strengths:

- 1.
- 2.
- 3.
- 4.
- 5.

Program Improvement Areas:

- 1.
- 2.
- 3.
- 4.
- 5.

*Make a copy of this worksheet to turn in at LS 2.



Go NAP SACC

Self-Assessment Instrument for Family Child Care



Date: _____

Your Name: _____

Child Care Program Name: _____



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 daily practices, policies, and other program offerings related to supporting breastfeeding and feeding infants. All of these questions refer to children ages 0–12 months.

Before you begin:

- ✓ Gather parent handbooks, menus, and other documents that state your policies and guidelines about breastfeeding and infant feeding.

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 a question does not apply to your program, 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 D, Morris E, McWilliams C, Vaughn A, Erinosh T, Mazzucca S, Hanson P, Ammerman A, Neelon S, Sommers J, Ball S. (2014). Go NAP SACC: Nutrition and Physical Activity Self-Assessment for Child Care, Family Child Care Edition. Center for Health Promotion and Disease Prevention and Department of Nutrition, University of North Carolina at Chapel Hill. Available at: www.gonapsacc.org.

Breastfeeding Environment

1. A quiet and comfortable space* 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 for breastfeeding or expressing breast milk:

See list and mark response below.

- Privacy
- An electrical outlet
- Comfortable seating

- None 1 feature 2 features 3 features

3. Enough refrigerator and/or freezer space is available to allow all breastfeeding mothers to store expressed breast milk:

- Rarely or never Sometimes Often Always

Breastfeeding Support Practices

4. I 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 my program supports breastfeeding
- Telling families about community organizations* that provide breastfeeding support
- Giving families educational materials†
- Showing a positive attitude about breastfeeding

- None 1 strategy 2–3 strategies 4–5 strategies

* Community organizations that provide breastfeeding support can include the local public health department, hospital, or local La Leche League group.

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

Breastfeeding Education & Professional Development

5. I complete professional development* on promoting and supporting breastfeeding:

- Never Less than 1 time per year 1 time per year 2 times per year or more, including at least 1 in-person or online training, when available

* Professional development can include taking in-person or online training for contact hours or continuing education credits. It can also include reading brochures, books, or online articles from trusted organizations.



Ward D, Morris E, McWilliams C, Vaughn A, Erinosh T, Mazzucca S, Hanson P, Ammerman A, Neelon S, Sommers J, Ball S. (2014). Go NAP SACC: Nutrition and Physical Activity Self-Assessment for Child Care, Family Child Care Edition. Center for Health Promotion and Disease Prevention and Department of Nutrition, University of North Carolina at Chapel Hill. Available at: www.gonapsacc.org.

6. I have covered the following topics as part of this professional development:

See list and mark response below.

- Proper storage and handling of breast milk
- Bottle-feeding a breastfed baby
- Benefits of breastfeeding for mother and baby
- Promoting breastfeeding and supporting breastfeeding mothers
- Community organizations that support breastfeeding

None 1 topic 2–3 topics 4–5 topics

7. I offer expectant families and families with infants information* on breastfeeding:

- Rarely or never Only when families ask When families ask and at 1 set time during the year When families ask, at 1 set time during the year, and I tell prospective families about my policies and practices

* Information can be offered through brochures, tip sheets, or your program’s newsletters, website, or bulletin board. Information can be offered informally or during meetings or educational sessions with families.

Breastfeeding Policy

8. My program’s 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
- My participation in professional development on breastfeeding
- Providing families information on breastfeeding

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

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

Infant Foods

9. When I purchase cereal or formula for infants, I choose iron-rich products:

Rarely or never Sometimes Often Always

10. When I purchase or prepare mashed or pureed meats or vegetables for infants, these foods contain added salt:

Always Often Sometimes Rarely or never

11. I purchase baby food desserts* for infants that contain added sugar:

Always Often Sometimes Rarely or never

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



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Feeding Practices

12. With permission from families, the timing of infant feedings in my program is:

- Feedings are only at fixed, scheduled times
- Somewhat flexible to infants showing they are hungry,* but feedings are mostly at fixed times
- Mostly flexible to infants showing they are hungry,* but feedings are sometimes at fixed times
- Fully flexible[†] to infants showing they are hungry*

- * Younger infants may show that they are hungry by rooting, sucking on their fingers, licking their lips, making excited movements, or fussing and crying. Older infants may reach for or point at food, open their mouths wide for food, or feed themselves when hungry.
- † The child might grow into his or her own schedule, but being fully flexible means that the provider always follows the child's lead in feedings.

13. I 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 they are full[†]
- Mostly on infants showing they are full,[†] but partly on the amount of food left
- Only on infants showing they are full[†]

- * This question refers to cases in which you have permission from families to decide when to end infant feedings.
- † Infants show they are full by slowing the pace of eating, turning away, becoming fussy, and spitting out or refusing more food.

14. When feeding infants, I use responsive feeding techniques:*

- Rarely or never
- Sometimes
- Often
- Always

- * Responsive feeding techniques include making eye contact, talking, responding to infants' reactions during feedings or their signs of hunger and fullness, not propping feeding bottles, and feeding only one infant at a time.

15. During meal times, I 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 includes encouraging finger-feeding, praising children for feeding themselves, and helping children use cups or other utensils.

16. I inform families about what, when, and how much their infants eat each day through:

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



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

See list and mark response below.

- Infants' food intolerances, allergies, and preferences
- Instructions for introducing solid foods and new foods to infants
- Permission to feed infants when they show they are hungry and end feedings when they show they are full
- Instructions* for feeding infants who are breastfed or fed expressed breast milk

- None 1 topic 2–3 topics 4 topics

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

Infant Feeding Education & Professional Development

18. I complete professional development on infant feeding and nutrition:

- Never Less than 1 time per year 1 time per year 2 times per year or more, including at least 1 in-person or online training, when available

19. I have covered the following topics as part of this professional development:

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
- Talking with families about infant feeding and nutrition

- None 1 topic 2–3 topics 4–5 topics

* Developmental milestones related to feeding include infants starting solid foods, feeding themselves finger foods, and using spoons and cups.

20. I offer families information 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, at 1 set time during the year, and at other times as infants reach developmental milestones



Ward D, Morris E, McWilliams C, Vaughn A, Erinosh T, Mazzucca S, Hanson P, Ammerman A, Neelon S, Sommers J, Ball S. (2014). Go NAP SACC: Nutrition and Physical Activity Self-Assessment for Child Care, Family Child Care Edition. Center for Health Promotion and Disease Prevention and Department of Nutrition, University of North Carolina at Chapel Hill. Available at: www.gonapsacc.org.

21. The information I offer families on infant feeding and nutrition covers 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
- My program's policies on infant feeding and nutrition

- None 1 topic 2–3 topics 4–5 topics

Infant Feeding Policy

22. My program's 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
- My participation in 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



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Go NAP SACC

Self-Assessment Instrument for Family Child Care



Date: _____

Your Name: _____

Child Care Program Name: _____



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, as well as the environment and your daily 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 parent handbooks, menus, and other documents that state your policies and guidelines about child nutrition.

As you assess:

- ✓ Answer choices in parentheses () are for half-day programs. Full-day programs should use the answer choices without parentheses.
- ✓ 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 a question does not apply to your program, 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. My 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. My program offers fruit that is fresh, frozen, or canned in juice (not in syrup):

- Rarely or never Sometimes Often Every time fruit is served

3. My 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. My 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

* For this assessment, corn is not included as a deep yellow vegetable because it has more starch and fewer vitamins and minerals than other vegetables.

5. My program offers vegetables that are cooked or flavored with meat fat, margarine, or butter:

- Every time vegetables are served Often Sometimes Rarely or never

6. My 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, tater tots, and hash browns that are pre-fried, sold frozen, and prepared in the oven.

7. My 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 and fish include breaded and frozen chicken nuggets and fish sticks.

8. My 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.



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9. My program offers meats or 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. My 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. My 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. My 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. I give children sweet or salty snacks outside of meal and 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*

* Water that is “freely available” is always available to children but may or may not be self-serve. Water may be available from water bottles, pitchers, portable or stationary water coolers, or water fountains.

15. My program offers children 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

* A larger serving of juice counts as offering juice more than one time.



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16. My program offers sugary drinks:*

- 1 time per month or more 1 time every few months 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,* my program offers milk that is:

- Whole (Regular) Reduced fat (2%) Low fat (1%) Fat free (Skim)

* This does not include those children with milk allergies.

18. My program offers flavored milk:

- 1 time per day or more 3–4 times per week 1–2 times per week Never

Feeding Environment

19. Meals and snacks are served to preschool children in the following way:

- I serve children their plates with set portions of each food I portion out servings to children at the table Children serve some foods themselves, while I plate or serve other foods Children* always choose and serve most or all foods themselves

* This refers to preschool children who are developmentally ready to choose and serve foods themselves.

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

- Always Often Sometimes Never

21. I eat and drink the same foods and beverages as children during meal and snack times:

- Rarely or never Sometimes Often Always

22. I eat or drink unhealthy foods or beverages in front of children:

- Always Often Sometimes Rarely or never

23. I enthusiastically role model* eating healthy foods served at meal and snack times:

- Rarely or never Sometimes Often Every meal and snack time

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

24. My program's collection of posters, books, and other learning materials* that promote healthy eating includes:

- Few or no materials Some materials with limited variety A variety of materials A large variety of materials with new items added or rotated seasonally

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



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25. My program's collection of posters, books, and other learning materials* that promote unhealthy foods includes:

- A large variety of materials with new items added or rotated seasonally A variety of materials Some materials with limited variety Few or no materials

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

Feeding Practices

26. I praise children for trying new or less-preferred foods:

- Rarely or never Sometimes Often Always

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

- Rarely or never Sometimes Often Always

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

- Rarely or never Sometimes Often Always

29. I require that children sit at the table until they clean their plates:

- Every meal and snack time Often Sometimes Rarely or never

30. I use an authoritative feeding style:*

- Rarely or never Sometimes Often Every meal and 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. A provider might encourage a child to eat broccoli by reasoning with him/her about its taste and benefits, instead of using bribes or threats.

31. I use* children's preferred foods to encourage them to eat new or less-preferred foods:

- Every meal and snack time Often Sometimes Rarely or never

* This can include offering a treat only if a child finishes his/her vegetables, or taking away a treat if a child does not finish his/her vegetables.

32. I use food to calm upset children or encourage appropriate behavior:

- Every day Often Sometimes Rarely or never

33. During meal and snack times, I 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.

34. When toddlers are developmentally ready, I offer beverages in an open, child-sized cup:

- Rarely or never Sometimes Often Always



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35. During indoor and outdoor physically active playtime, I remind children to drink water:

- Rarely or never Sometimes Often At least 1 time per play period

Menus & Variety

36. The length of my 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

* The length of the menu cycle is the length of time that it takes for the menu to repeat.

37. Weekly menus include a variety of healthy foods:

- Rarely or never Sometimes Often Always

Education & Professional Development

38. I lead planned nutrition education:*

- 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, and cooking and gardening activities.

39. I talk with children informally about healthy eating:

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

40. I complete professional development* on child nutrition (other than food safety and food program guidelines):

- Never Less than 1 time per year 1 time per year 2 times per year or more, including at least 1 in-person or online training, when available

* Professional development can include taking in-person or online training for contact hours or continuing education credits. It can also include reading brochures, books, or online articles from trusted organizations.

41. I have covered the following topics as part of this professional development:

See list and mark response below.

- Food and beverage recommendations for children
- Serving sizes for children
- Importance of variety in the child diet
- Creating a healthy mealtime environment*
- Using positive feeding practices[†]
- Talking with families about child nutrition

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

* In a healthy mealtime environment, children can choose what to eat from the foods offered, television and videos are turned off, and providers sit with children and enthusiastically role model eating healthy foods.

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



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42. I offer families information* on child nutrition:

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

* Information can be offered through brochures, tip sheets, or your program’s newsletters, website, or bulletin board. Information can be offered informally or during meetings or educational sessions with families.

43. The information I offer families on child nutrition covers 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 a healthy mealtime environment
- Using positive feeding practices
- My program’s policies on child nutrition

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

Policy

44. My program’s written policy* on child nutrition includes the following topics:

See list and mark response below.

- Foods provided to children
- Beverages provided to children
- Creating a healthy mealtime environment
- Using positive feeding practices
- Not offering food to calm children or encourage appropriate behavior
- Planned and informal nutrition education for children
- My participation in professional development on child nutrition
- Education for families on child nutrition
- Guidelines for foods offered during holidays and celebrations

- No written policy or policy does not include these topics 1–2 topics 3–5 topics 6–9 topics

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



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Go NAP SACC

Self-Assessment Instrument for Family Child Care



Date: _____

Your Name: _____

Child Care Program Name: _____



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. This self-assessment asks about physical activity for both *infants* (0–12 months) and *children* (13 months–5 years).

Before you begin:

- ✓ Gather parent handbooks, schedules, or any other documents that state your policies about physical activity or outline your day-to-day practices.

As you assess:

- ✓ Answer choices in parentheses () are for half-day programs. Full-day programs should use the 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 a question does not apply to your program, 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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Time Provided

1. The amount of time I provide for children’s indoor and outdoor physical activity* each day is:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Less than 60 minutes
(Half-day: Less than 25 minutes) | <input type="checkbox"/> 60–74 minutes
(Half-day: 25–34 minutes) | <input type="checkbox"/> 75–89 minutes
(Half-day: 35–44 minutes) | <input type="checkbox"/> 90 minutes or more
(Half-day: 45 minutes or more) |
|---|---|---|---|

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

2. I offer tummy time to non-crawling infants:*

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

* Tummy time is supervised time when an infant is awake and alert, lying on her/his belly. Opportunities for tummy time should last as long as possible to help infants learn to enjoy it and build their strength. For infants who are not used to it or do not enjoy it, each period of tummy time can start at 1–2 minutes. These periods may last 5–10 minutes for infants who are comfortable on their tummies.

3. The amount of adult-led physical activity* my program provides to children each day is:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Less than 15 minutes
(Half-day: Less than 5 minutes) | <input type="checkbox"/> 15–29 minutes
(Half-day: 5–14 minutes) | <input type="checkbox"/> 30–44 minutes
(Half-day: 15–24 minutes) | <input type="checkbox"/> 45 minutes or more
(Half-day: 25 minutes or more) |
|--|--|---|---|

* Examples of adult-led physical activity include dancing, music and movement, motor skill development lessons, and physically active games. The amount of time may include multiple short activities added up over the course of the day.

4. Outside of nap and meal times, the longest that children are asked to remain seated at any one time is:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> 30 minutes or more | <input type="checkbox"/> 20–29 minutes | <input type="checkbox"/> 15–19 minutes | <input type="checkbox"/> Less than 15 minutes |
|---|--|--|---|

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

- | | | | |
|---|--|---------------------------------------|---|
| <input type="checkbox"/> 30 minutes or more | <input type="checkbox"/> 15–29 minutes | <input type="checkbox"/> 1–14 minutes | <input type="checkbox"/> Infants are never placed in seats, swings, or ExcerSaucers |
|---|--|---------------------------------------|---|



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Indoor Play Environment

6. My program has the following portable play equipment* available and in good condition for children to use indoors:

See list and mark response below.

- Jumping toys: jump ropes, jumping balls
- Push-pull toys: big dump trucks, corn poppers, push and ride cars
- Twirling toys: ribbons, scarves, batons, hula hoops, parachute
- Throwing and catching toys: pom poms, bean bags
- Crawling or tumbling equipment: mats, portable tunnels

- None 1–2 types 3 types 4–5 types

* Indoor portable play equipment includes any toys that children can carry, throw, push, pull, etc. to help them build gross motor skills. This equipment also includes fabric tunnels, mats, and other larger items that you can easily move and switch around. Portable play equipment can be homemade or store bought.

7. I offer portable play equipment to children 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 is any time when children choose their own activities.

8. I offer developmentally appropriate portable play equipment* to infants during tummy time and other indoor activities:

- Rarely or never Sometimes Often Always

* Portable play equipment for infants includes balls, soft blocks, and rattles.

9. My program's collection of posters, books, and other learning materials that promote physical activity includes:

- Few or no materials Some materials with limited variety A variety of materials A large variety of materials with items added or rotated seasonally

Daily Practices

10. To manage challenging behaviors, I may take away time for physical activity or remove children from physically active playtime for longer than 5 minutes:

- Always Often Sometimes Never

11. I take the following role during children's physically active playtime:

- I supervise only I supervise and verbally encourage physical activity I supervise, verbally encourage, and sometimes join in to increase children's physical activity I supervise, verbally encourage, and often join in to increase children's physical activity



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

- Rarely or never Sometimes Often 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.

13. I use physical activity during daily routines, transitions, and planned activities:*

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

* Physical activity during routines, transitions, and planned activities can include playing Simon Says or other movement games while children wait in line or transition between activities, or using movement during circle time or story time.

Education & Professional Development

14. I lead planned lessons for children focused on building gross motor skills:*

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

* Gross motor skills are physical abilities and large muscle control that children develop as they grow. Lessons to build gross motor skills may focus on children practicing skipping, jumping, throwing, catching, kicking, balancing, stretching, or other specific skills.

15. I talk with children informally about the importance of physical activity:

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

16. I complete professional development* on children’s physical activity:

- Never Less than 1 time per year 1 time per year 2 times per year or more, including at least 1 in-person or online training, when available

* For this assessment, professional development on children’s physical activity does not include training on playground safety. Professional development can include taking in-person or online training for contact hours or continuing education credits. It can also include reading brochures, books, or online articles from trusted organizations.

17. I have covered the following topics as part of this professional development:

See list and mark response below.

- Recommended amounts of daily physical activity for young children
- Encouraging children’s physical activity
- Limiting long periods of seated time for children
- Children’s motor skill development
- Talking with families about encouraging children’s physical activity

- None 1 topic 2–3 topics 4–5 topics



18. I offer families information* on children's physical activity:

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

* Information can be offered through brochures, tip sheets, or your program's newsletters, website, or bulletin board. Information can be offered informally or during meetings or educational sessions with families.

19. The information I offer families on children's physical activity covers the following topics:

See list and mark response below.

- Recommended amounts of daily physical activity for young children
- Encouraging children's physical activity
- Limiting long periods of seated time for children
- Children's motor skill development
- My program's policies on physical activity

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

Policy

20. My program's 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 to actively participate in physical activity
- My supervision and role in children's physical activity
- Not taking away physical activity time or removing children from long periods of physically active playtime in order to manage challenging behaviors
- Planned and informal physical activity education
- My participation in 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 1-2 topics 3-5 topics 6-8 topics

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





Go NAP SACC

Self-Assessment Instrument for Family Child Care



Date: _____

Your Name: _____

Child Care Program Name: _____



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, the outdoor play space includes anywhere you regularly take children for outdoor playtime. This can include parks or playgrounds off-site if no play space is available right outside your home. These questions relate to opportunities for both children with special needs and typically developing children.

Before you begin:

- ✓ Gather parent handbooks, schedules, or any other documents that state your policies about outdoor play and learning or outline your day-to-day practices.

As you assess:

- ✓ Answer choices in parentheses () are for half-day programs. Full-day programs should use the 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 a question does not apply to your program, 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. I provide time for outdoor play:*

- 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)

* 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 time I provide for outdoor play 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)

3. I use 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 children decide to do.
- Structured learning opportunities: Planned lessons and activities including circle time, art, and reading time.
- Seasonal outdoor activities: Activities that are unique to the season or the weather, including gardening, water play, collecting fallen leaves, and playing in the snow.
- Walking trips or field trips: On walking trips, children explore the outdoors nearby your home, but beyond the regular play space. On field trips, children can enjoy various outdoor activities around the community.

- None 1 activity type 2–3 activity types 4 activity types

Outdoor Play Environment

4. The amount of my program's outdoor play space,* that is shaded by structures[†] or trees is:

- No shade Less than 1/4 or more than 3/4 is shaded 1/4 to 1/2 is shaded 1/2 to 3/4 is shaded

* The outdoor play space includes anywhere you regularly take children for outdoor playtime. This can include parks or playgrounds off-site if no play space is available right outside your home.

† Structures that provide shade include umbrellas, gazebos, arbors, and covered porches.

5. The open area that I use for outdoor games and group activities is:

- No open area Large enough for some children to run around safely Large enough for most children to run around safely

6. My program's outdoor play space includes:

- 1 play area* 2 play areas* 3 play areas* 4 play areas* or more

* Each play area offers different play opportunities. An area might include a swing set, sandbox, climbing structure, pathway, garden, house or tent, small inflatable pool, easel, or outdoor musical instruments like pots and pans for drumming. A play area does not need to be permanent; it can be created by bringing equipment outside.



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7. Please describe the garden* in your outdoor play space:

- I have no garden for herbs, fruits, or vegetables It grows only herbs It grows some fruits and/or vegetables for children to taste It grows enough fruits and/or vegetables to provide children meals or snacks during 1 or more seasons

* A garden can be planted in the ground or in containers like window boxes or pots. A garden can include vines growing on fences or arbors, or fruit trees planted in the outdoor play space.

8. My program has the following portable play equipment* available and 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
- Crawling or tumbling equipment: mats, portable tunnels
- Other “loose parts”: sticks, shovels, pales

- None 1–2 types 3–5 types 6–7 types

* Portable play equipment includes any toys that children can carry, throw, push, pull, or kick, as well as “loose parts” that help children explore and learn about the natural world. This equipment can be homemade or store bought. Portable play equipment does not include equipment fixed into the ground like swing sets and jungle gyms, but does include fabric tunnels, mats, and other larger items that can easily be moved around by adults.

9. I offer children portable play equipment during outdoor active playtime:

- Rarely or never Sometimes Often Always

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

- Very limited Limited Somewhat limited Not limited – there is always something available for each child to play with

Education & Professional Development

11. I complete professional development* on outdoor play and learning:

- Never Less than 1 time per year 1 time per year 2 times per year or more, including at least 1 in-person or online training, when available

* Professional development can include taking in-person or online training for contact hours or continuing education credits. It can also include reading brochures, books, or online articles from trusted organizations.



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12. I have covered the following topics as part of this professional development:

See list and mark response below.

- Recommended amounts of outdoor playtime for young children
- Using the outdoor play space to encourage children’s physically active play
- Talking with families about outdoor play and learning

None 1 topic 2 topics 3 topics

13. I offer families information* on outdoor play and learning:

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

* Information can be offered through brochures, tip sheets, or your program’s newsletters, website, or bulletin board. Information can be offered informally or during meetings or educational sessions with families.

14. The information I offer families on outdoor play and learning covers the following topics:

See list and mark response below.

- Recommended amounts of outdoor playtime for young children
- Using the outdoors to encourage children’s physically active play
- My program’s policies on outdoor play and learning

None 1 topic 2 topics 3 topics

Policy


15. My program’s written policy* on outdoor play and learning includes the following topics:

See list and mark response below.

- Amount of outdoor playtime provided each day
- Ensuring adequate total playtime on inclement weather[†] days
- Shoes and clothes that allow children to play outdoors in all seasons
- Safe sun exposure for children
- Not taking away outdoor playtime in order to manage challenging behaviors
- My participation in 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 can include any written guidelines about your program’s operations or expectations for assistants, children, and families. Policies can be included in parent handbooks and other documents.
† Inclement weather includes very high and very low temperatures, hazardous air quality, storms, and any other factors that make the outdoors unsafe for children.

 *The Outdoor Play Environment items represent a collaboration between Go NAP SACC and the Natural Learning Initiative at North Carolina State University in Raleigh, NC.*



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Go NAP SACC

Self-Assessment Instrument for Family Child Care



Date: _____

Your Name: _____

Child Care Program Name: _____



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, the outdoor play space includes anywhere you regularly take children for outdoor playtime. This can include parks or playgrounds off-site if no play space is available right outside your home. These questions relate to opportunities for both children with special needs and typically developing children.

Before you begin:

- ✓ Gather parent handbooks, schedules, or any other documents that state your policies about outdoor play and learning or outline your day-to-day practices.

As you assess:

- ✓ Answer choices in parentheses () are for half-day programs. Full-day programs should use the 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 a question does not apply to your program, 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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Go NAP SACC

Self-Assessment Instrument for Family Child Care



Date: _____

Your Name: _____

Child Care Program Name: _____



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 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 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 parent handbooks, daily schedules, and other documents that state your policies and guidelines about screen time.

As you assess:

- ✓ Answer choices in parentheses () are for half-day programs. Full-day programs should use the answer choices without parentheses.
- ✓ 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 a question does not apply to your program, 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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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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