



NEMOURS CHILD CARE WELLNESS POLICY WORKBOOK:

Creating an Environment for Preschoolers
to Develop Healthy Habits for Life

January 2012

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ACKNOWLEDGEMENTS

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Nemours gratefully acknowledges the contributions from a variety of stakeholders and professionals committed to supporting early childhood health and development. Child care providers can use this workbook to create their own policies and practices that help children develop healthy habits around eating and physical activity.

We thank the following individuals and community partners for their support and feedback during the development of this Workbook:

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This Workbook references key recommendations from the following sources:

- American Academy of Pediatrics
- Child and Adult Care Food Program
- Institute of Medicine
- Let's Move! Child Care
- National Association for Sport and Physical Education
- United States Department of Agriculture

Nemours is one of the nation's leading pediatric health systems, dedicated to advancing higher standards in children's health. We've made a promise to do whatever it takes to prevent and treat even the most disabling childhood conditions—a promise of specialty medical care, advanced hospitalization, applied research, and advocacy integrated with health information, prevention and a continuous process of teaching and learning.

Affiliated with respected community and academic partners, Nemours cares directly for 250,000 children annually, treating every child as if they were our own. A uniquely enhanced electronic medical record system links Nemours care-giving specialists with the patient family and referring physicians across time, geography, and condition to achieve optimal results for each child.

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The *Nemours Child Care Wellness Policy Workbook* serves to help child care providers, families and communities work together to raise fit, happy children. Child care providers and other early childhood professionals can use this Workbook to develop their own individualized wellness policies.

A. WHY DOES A CHILD CARE PROGRAM NEED A WELLNESS POLICY?

A Wellness Policy is a set of statements around the specific practices promoted at your program. The day-to-day practices of your program play a key role in helping children develop healthy eating and physical activity habits.

Defining a program's policies around day-to-day practices can:

- Communicate core values and principles regarding healthy habits to child care providers, to current and potential families and to the community.
- Help child care providers and families act as role models for children by practicing healthy habits themselves.
- Set a standard that is clear and consistent (which avoids future misunderstandings).
- Help guide those teaching children about the importance of these healthy habits.

This Workbook guides you step-by-step to develop written policies for your child care program in the areas of nutrition and physical activity. This process will help you develop wellness policies similar to those required by school districts for their schools K-12. A Wellness Policy reflecting nutrition and physical activity standards is encouraged by the National Resource Center for Health and Safety in Child Care and Early Education as well as Quality Rating Improvement Systems. You can use the information to set your goals and monitor your progress towards those goals.

B. WHAT ARE THE COMPONENTS OF A WELLNESS POLICY?

Goals and standards for:

- nutritional practices (how children will be fed at your program) and education,
- physical activity practices and education, and
- other program-based activities

Evaluation plan to monitor and measure its effectiveness.



C. USING THE WELLNESS POLICY WORKBOOK

This Workbook is designed for your active use. Each section provides a brief overview, space to record your current policy (informal or formal), suggested policies, and space for you to plan for improvements and record the policies you wish to include in your Child Care Wellness Policy. **For each section, you may choose to include several new statements in your Wellness Policy or none at all.** At the end of the Workbook, you will find references and other resources that can provide further guidance.

Do not skip the sections that ask for your comments! The more actively you participate in this process, the better the results you will achieve. You will develop a clearer understanding of why young children need to develop healthy habits for life and how you can help them do so.

Consider having a team of three or more individuals work together to complete this Workbook. Participants could include the child care director, child care providers, parents, educators, and health care professionals (see Section 4, Wellness Advisory Council). Leadership from the child care director (and corporate leaders, if applicable) will certainly be needed to develop program-specific policies; and participation of child care providers and family members will help to keep the policies realistic and appropriate.

Once you have completed the Workbook, gather the set of policies you developed to share in your own Wellness Policy (see Appendix H). **Choose ten or more key policies that you will adopt.** Recognize that a long list of policies may be difficult to monitor and enforce.

There are various ways to share the Wellness Policy in:

- Welcome or registration packet for new families
- Family handbook
- Employee handbook
- Family newsletters
- Bulletin board or posters
- Family meetings
- Website

Make a plan to review and revise this policy each year to include new guidance from experts, new regulations, and your experiences when using the policies in your program. Share a copy of the new policy with child care providers and families.

Intended to assist child care programs that provide care to preschool children ages 3-5.

Standards, best practices and regulations for other ages are not specifically included in this Workbook, but should be considered if a program wants to expand their written policy to include other age groups in their program.

A. NUTRITION EDUCATION

1. NUTRITION EDUCATION LEARNING EXPERIENCES FOR CHILDREN

The main goal of nutrition education is to help young children learn to make healthy choices among foods and beverages. This lays the groundwork for a lifetime of healthful eating. To make a difference, child care providers should:

- Offer nutrition education that is appropriate for children’s ages.
- Offer learning experiences that reflect children’s cultures.
- Include nutrition education in math and reading lessons, as well as dramatic play.
- Create opportunities for children to practice new skills and have fun.
- Choose nutrition education learning materials that are easy and enjoyable to teach.



PROGRAM ASSESSMENT	Never	1 time per year	2 times per year	3+ times per year
We provide nutrition education for children:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Less than once a week	1-2 times per week	3-4 times per week	1 + times a day
We teach children about healthy foods and the pleasure of eating during:				
▪ Formal opportunities (e.g., circle time lessons)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Informal opportunities (e.g., mealtime conversations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT NUTRITION EDUCATION POLICIES FOR PRESCHOOLERS AT YOUR PROGRAM ALSO INCLUDE:

SOME MODEL BEST PRACTICES FOR NUTRITION EDUCATION FOR CHILDREN:

- Education about nutrition is offered to children at least three or more times per year.
- Lesson plans include instruction about healthy eating at least once per month.
- Nutrition education is included with other subjects such as sensory development, language, science, math, and dramatic play.
- Nutrition lessons include fun, hands-on activities tailored to the children's developmental stage.
Examples: contests, taste tests, farm visits, work in school gardens and cooking activities
- Nutrition lessons reflect the children's culture.
- Nutrition education is the shared responsibility of every child care provider, including directors and food service workers. It also involves parents/guardians.
- Nutrition education gives children the knowledge and skills they need to make smart food choices.
- Child care providers teach children about the taste, smell and texture of foods as well as the benefits of eating healthy foods. They teach vocabulary and language skills about food and eating.
- Children are taught to recognize correct portion sizes.

WHAT POLICIES AROUND NUTRITION EDUCATION FOR PRESCHOOL CHILDREN WILL YOU INCLUDE IN YOUR WELLNESS POLICY?

2. NUTRITION EDUCATION FOR CHILD CARE PROVIDERS

Before teaching children about healthy nutrition, child care providers need training in this area. With a good background in healthy eating practices, child care providers are better able to use a wellness program to instruct children.

Key goals for nutrition education for child care providers should include:

- Training that introduces lessons for the developmental stages of children and for their cultures.
- Using teaching methods that help providers offer children nutrition education in creative, lively ways.
- Teaching basic nutrition concepts to children. These include dietary recommendations and the impact of childhood obesity.
- Activities to teach the importance of proper nutrition to children's overall well-being and school success.
- Strategies to promote positive health messages where children live, learn and play.

PROGRAM ASSESSMENT

Never

1 time per year

2 times per year

3+ times per year

Child care providers are offered training/continuing education on nutrition for children (other than food safety and food program guidelines):



CURRENT NUTRITION EDUCATION POLICIES FOR PROVIDERS AT YOUR PROGRAM ALSO INCLUDE:

SOME MODEL BEST PRACTICES FOR NUTRITION EDUCATION FOR CHILDREN:

- Child care providers participate in professional development activities two or more times per year to effectively teach children about nutrition.
- Child care provider's professional development includes orientation to state standards and available materials used to teach a basic knowledge of nutrition to children.

WHAT POLICIES AROUND NUTRITION EDUCATION FOR PROVIDERS WILL YOU INCLUDE IN YOUR WELLNESS POLICY?

B. NUTRITION STANDARDS

1. MEALS & SNACKS

Nearly 12 million young children attend child care nationwide. Child care programs play a major part in providing children with the varied, wholesome foods they need to maintain an appropriate weight, stay healthy and learn well. Child care programs should plan meals and snacks that meet the requirements set by the United States Department of Agriculture (USDA) as well as state and local requirements.

Keep the following guidelines in mind when planning or supervising menus for children's meals and snacks:

- Choose whole or minimally processed, nutrient-rich foods.
- Select foods that are low in fat, added sugars, and sodium.
- Include lots of fruits, vegetables and whole grains.
- Replace juice with whole fruits and vegetables.
- Offer age appropriate servings (portion sizes).
- Ensure foods are safe to eat, e.g., avoid choking by cutting grapes and hot dogs into smaller pieces.
- Allow children to be guided by their own feelings of hunger and fullness.

a. Fruits and Vegetables

- The USDA Dietary Guidelines promote a daily diet of a variety of fruits and vegetables.
- Fruits and vegetables are loaded with nutrients, vitamins and minerals. Especially dark green, red and orange vegetables, and beans* and peas.
- Fruits and vegetables are fairly low in calories when they are prepared without added fats or sugars.
- The fiber in fruits and vegetables helps children to feel full longer.
- With their great variety, fruits and vegetables also provide children with opportunities to learn about different textures, colors, and tastes.
- Children who eat a diet that includes lots of fruits and vegetables at a young age are on the road to a lifetime of healthy eating habits.

*Note: Although beans and peas fall into this group of foods, they are also sometimes classified as protein-rich foods. When serving them, you should count them only in one or the other grouping, not in both.

PROGRAM ASSESSMENT	On average...	Less than once a week	1-2 times per week	3-4 times per week	1 + times a day
Fruit (not juice) and/or a vegetable (not including French fries, tater tots, hash browns, or dried beans) is offered to preschoolers at every meal:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preschoolers are offered fruit that is fresh, frozen or canned in juice (not syrup):		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preschoolers are offered a variety of vegetables, such as dark green, orange, red, and deep yellow vegetables (not including potatoes, corn, and green beans):		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fried or pre-fried and then baked vegetables (e.g., French fries, tater tots, hash browns) are served:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooked vegetables are prepared with added meat fat, margarine or butter:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT POLICIES ON PROMOTING EATING FRUITS AND VEGETABLES AT YOUR PROGRAM ALSO INCLUDE:

SOME MODEL BEST PRACTICES FOR FRUITS AND VEGETABLES:

- All meals and snacks for children include a variety of fruits and vegetables, especially deeply colored ones.
- Providers gently encourage children to try fruits and vegetables.
- Providers gently offer children unfamiliar foods, knowing that a child may need to sample a new food ten or more times before learning to like it.
- Juice is rarely or never offered to children. Instead, children receive fresh fruits cut up into small pieces. The fruits may be fresh, frozen, canned or dried.*
- When child care providers offer fruit and/or vegetable juices, they serve only 100% juice. No child is given more than ½ cup (4 oz.) in a day.
- Ideally, high fat, high sugar and high salt foods are not on the menus for meals or snacks. If they are served, they are offered less than once a week.

*Note: for children under age 4, dried fruit and vegetables are not recommended as this could be a choking hazard.

WHAT POLICIES REGARDING FRUITS AND VEGETABLES WILL YOU INCLUDE IN YOUR WELLNESS POLICY?

b. Meats and Meat Alternates

- Meats, beans* and nuts offer valuable protein. They are also rich in other vital nutrients and help the body to build, repair and maintain itself.
- Protein is also found in some foods that are classified in other food groups, (i.e., milk and milk products like yogurt and cheese). Choose meat and other meat products that are low in fats.

*Note: Although beans and peas fall into this group of protein-rich foods, they are also sometimes classified as vegetables. When serving them, you should count them only in one or the other grouping, not in both.

PROGRAM ASSESSMENT	Less than once a week	1-2 times per week	3-4 times per week	1 + times a day
Beans or lean meats (baked or broiled chicken, turkey, or fish) are offered to preschoolers:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fried or pre-fried (frozen and breaded) meats (chicken nuggets) or fish (fish sticks) are offered to preschoolers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processed meats (e.g., bologna, hot dogs, sausage) are served:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processed cheese or cheese food is served:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT POLICIES ON SERVING MEAT AND MEAT ALTERNATES AT YOUR PROGRAM ALSO INCLUDE:

SOME MODEL BEST PRACTICES FOR MEAT AND MEAT ALTERNATES:

- Providers serve (or encourage parents to provide) a variety of foods that are protein sources such as seafood,* fish, lean meat and poultry as well as offer eggs, beans, peas, soy products, such as tofu, and unsalted nuts and seeds.
- Providers serve nutritious meat and meat alternates that contain less total fat, saturated fat and sodium than processed meats like bologna, hot dogs, sausage and bacon.
- Meats are prepared by grilling, broiling, poaching or roasting. Fried and baked pre-fried meats like chicken nuggets and fish sticks are avoided.

*See page 12, d. Special Dietary Concerns – Food Intolerances and Allergies

WHAT POLICIES REGARDING MEAT AND MEAT ALTERNATES WILL YOU INCLUDE IN YOUR WELLNESS POLICY?

c. Grains and Breads

- Any food made from wheat, rice, oats, cornmeal, barley or another cereal grain is a grain product. Bread, pasta, oatmeal, breakfast cereals, tortillas, and grits are examples of grain products.
- Grains are divided into two subgroups, whole grains and refined grains.
- Whole grains contain the entire grain kernel—bran, germ and endosperm—and are good sources of dietary fiber, several B vitamins and minerals. Examples include whole wheat flour, bulgur (cracked wheat), oatmeal, ready-to-eat breakfast cereals that are whole wheat cereal flakes, whole cornmeal and brown rice.
- Refined grains, on the other hand, have been broken up to remove the bran and germ. This is done to give the grains a finer texture and improve shelf life. It also removes dietary fiber, iron, and many B vitamins. When this is done most refined grains are then enriched. This means that some, but not all, B vitamins and iron are added back after processing, but fiber remains left out. Examples of refined grain products include white flour, white bread/buns/rolls, some ready-to-eat breakfast cereals (cornflakes), grits, cornbread and some common snacks, e.g., goldfish crackers and pretzels.
- Choosing foods that are free of added sugars helps children meet their nutrient needs without eating too many calories, sugars and fats. Grain products with added sugars supply calories, but not many nutrients. Major food sources with added sugars are cakes, cookies, pies, sweet rolls, pastries, donuts, candy, and ready-to-eat breakfast cereals with more than 6 grams of sugar per serving.

PROGRAM ASSESSMENT	Less than once a week	1-2 times per week	3-4 times per week	1 + times a day
Whole grain bread, oatmeal, brown rice or whole wheat tortillas are offered:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sticky or sweet bread foods are served:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT POLICIES ON GRAINS AND BREADS AT YOUR PROGRAM ALSO INCLUDE:

SOME MODEL BEST PRACTICES FOR GRAINS AND BREADS:

- Providers serve a variety of grains daily and make sure at least half of grains served are whole grains.
- High fat, high sugar, and high salt foods, especially from refined grains, are served less than one time per week or are not served.

WHAT POLICIES REGARDING GRAINS AND BREADS WILL YOU INCLUDE IN YOUR WELLNESS POLICY?

d. Special Dietary Concerns

– FOOD ALLERGIES AND INTOLERANCES

Food allergies are common and affect as many as one in ten children. Eight foods account for most allergic reactions: milk, eggs, peanuts, tree nuts (walnuts, cashews, almonds, pistachios, pecans, etc.), wheat, soy, fish and shellfish. Serving safe food to children is as important as serving well-balanced, appetizing meals and snacks. Identifying a risk for food allergy and taking the needed precautions when preparing and serving food for children is an important safety concern.

FOOD ALLERGIES: Serious reactions (anaphylaxis) are sudden and in extreme cases can be life threatening. Symptoms may include a blotchy rash (hives), swelling, hoarse voice, and wheezing. Symptoms can occur within minutes to a couple of hours after contact with the allergy-causing food. Other food allergy symptoms can include stomach pain; diarrhea and vomiting; itchy skin; itchy tongue, mouth and throat; and swelling of the lips and face. Even a tiny amount of the food can cause a reaction.

FOOD INTOLERANCES: Reactions to a food or chemical in food that are not related to an allergy. Symptoms can be similar to an allergy and commonly include stomach pain, diarrhea, vomiting, gas and skin rashes.

– EATING SUBSTANCES THAT DO NOT PROVIDE NUTRITION

The practice of eating nonfood substances (like soil) is called pica. Pica involves the repeated intake of nonfood substances and often happens among children 1 to 3 years old.

Pica can be a serious health concern. Children who eat paint chips or contaminated soil can develop lead toxicity that can lead to major developmental delays and brain and nervous system damage. Children who eat soil or drink water that is tainted with certain parasites can also develop an iron deficiency anemia or an infection. Encouraging a family to speak with their child's doctor will help identify and prevent health problems.

– VEGETARIANISM

Because they are growing rapidly, young children are at risk for nutritional deficiencies. Children who follow highly restrictive diets may eat too few calories or fail to meet needs for nutrients such as protein, calcium, iron, zinc, vitamins B6, B12, and vitamin D. Be sure to speak with families to ensure children are provided healthy options with a variety of nutrients when in child care.

– FOOD PREFERENCES BASED ON CULTURE AND/OR RELIGION

A child's family may make food choices based on their culture and/or religion. Speaking with a family about cultural/religious practices prior to their child's start in a program can avoid later conflict and confusion. Child care providers need to be sensitive to the beliefs and practices of a child's family while also helping the family to ensure that their child's dietary needs are fully met.

PROGRAM ASSESSMENT	Rarely or never	Some of the time	Most of the time	All the time
Food safety and handling are followed as required by state regulations:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children with special dietary needs are taken into account when preparing, handling and serving food:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Families are asked about any cultural, religious or vegetarian-type food preferences at time of enrollment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Families are notified and referred for lead poisoning testing when a child repeatedly consumes nonfood substances:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT POLICIES ON SPECIAL DIETARY CONCERNS AT YOUR PROGRAM ALSO INCLUDE:

SOME MODEL BEST PRACTICES FOR SPECIAL DIETARY CONCERNS:

- Families are asked to report any possible food allergy or food intolerance their child may have.
- Written instructions are requested from a doctor about food(s) to be omitted and safe alternatives.
- Cultural and religious aspects of foods are discussed thoroughly with families to avoid later conflict and confusion.
- Parents or guardians are notified if their child repeatedly places nonfood substances in his or her mouth and encouraged to seek advice from their health care professional.
- The preferences of families with a vegetarian diet are accommodated based on written instructions from parents or guardians on food choices including foods desired and foods to be avoided or eliminated from the child’s diet, as well as an up-to-date health record from the child’s health care professional.

WHAT POLICIES REGARDING SPECIAL DIETARY CONCERNS WILL YOU INCLUDE IN YOUR WELLNESS POLICY?

2. OTHER FOOD AND BEVERAGES

Children form lifelong eating habits based on foods and beverages served to them when they are very young. Foods and beverages served at the child care program should be chosen with four goals in mind:

- Encourage nutritious foods.
- Limit fats.
- Avoid added sugars.
- Serve age-appropriate portion sizes.

a. What We Drink

MILK AND MILK PRODUCTS

- Many children two years of age and older do not get enough calcium in their diets. Milk and milk products are high in nutritional value and provide calcium, protein, and vitamin D for bone growth and development.
- Skim (fat-free) and 1% (low-fat) milk contain as much calcium and vitamin D as 2% or whole milk, but do not contain the extra calories and fat.
- The American Academy of Pediatrics recommends daily servings of fat-free, reduced-fat or part-skim milk, cheese, yogurt, and other calcium-rich foods to help build strong bones in growing children and adolescents

PROGRAM ASSESSMENT	Whole or regular	2% (reduced fat)	1% (low-fat)	Skim (fat-free)
Milk served to children two years of age is usually:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Less than once a week	1-2 times per week	3-4 times per week	1 + times a day
Flavored milk is served:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT POLICIES REGARDING MILK AND MILK PRODUCTS AT YOUR PROGRAM ALSO INCLUDE:

SOME MODEL BEST PRACTICES FOR MILK AND MILK PRODUCTS:

- Skim (fat-free) or 1% (low-fat) milk is served to children two years of age and older.
- Flavored milk is not served, even if reduced fat.

WHAT POLICIES REGARDING SERVING MILK AND MILK PRODUCTS WILL YOU INCLUDE IN YOUR WELLNESS POLICY?

ACCESS TO DRINKING WATER

Children need to stay hydrated for good health and learning. Water is the best choice when children are thirsty between meals and snacks. Water can be served in addition to the required Child and Adult Care Food Program (CACFP) meal pattern components.

PROGRAM ASSESSMENT	Easily visible and available for self-serve	Easily visible and available on request	Visible, but only available during designated water breaks	Not visible
Drinking water is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Less than once a week	1-2 times per week	3-4 times per week	1 + times a day
Drinking water is available when children are outdoors:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At snack time, water is provided:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT POLICIES REGARDING DRINKING WATER AT YOUR PROGRAM ALSO INCLUDE:

SOME MODEL BEST PRACTICES FOR DRINKING WATER:

- Safe, fresh drinking water is available and easy to find for children to serve themselves at all times indoors and outdoors, including during meals and snacks.
- Providers offer water to children often and model drinking water throughout the day instead of drinking beverages such as soda, fruit drinks and sports drinks that are high in added sugar.

WHAT POLICIES REGARDING DRINKING WATER WILL YOU INCLUDE IN YOUR WELLNESS POLICY?

JUICE

- Whole fruit is more nutritious than fruit juice and provides dietary fiber. Even 100% fruit juice provides fewer nutrients and fiber than whole fruit.
- Limiting juice will reduce tooth decay.
- Parents commonly provide young children juice at home.
- Drinks that are called fruit juice drinks, fruit punches, or fruit nectars contain less than 100% fruit juice and have lower nutritional value.

PROGRAM ASSESSMENT	Less than once a week	1-2 times per week	3-4 times per week	1 + times a day
100% fruit juice is offered:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-100% juice (e.g., fruit punch) is served:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER POLICIES REGARDING SERVING JUICE AT YOUR PROGRAM INCLUDE:

SOME MODEL BEST PRACTICES FOR JUICE:

- No more than 4-6 ounces (oz) of pure (100%) juice is provided in a day. This amount includes juice served at home.
- Juice is not served to children. Water is encouraged for thirst.

WHAT POLICIES REGARDING SERVING JUICE WILL YOU INCLUDE IN YOUR WELLNESS POLICY?

SUGAR-SWEETENED BEVERAGES

Drinking sugar-sweetened beverages may cause tooth decay, weight gain and obesity in children. Many sweetened drinks are high in calories and low in key nutrients. Examples include:

- Soda (soft drinks)
- Sports drinks
- Energy drinks
- Flavored milks and waters
- Fruit juice drinks with added sugars (e.g., punch, juice that is less than 100% real fruit juice)
- Artificially sweetened beverages including diet soft drinks, teas, lemonade, etc.

PROGRAM ASSESSMENT	Less than once a week	1-2 times per week	3-4 times per week	1 + times a day
Sugar-sweetened beverages are served:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care providers drink sugar-sweetened beverages in front of children:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT POLICIES REGARDING SERVING JUICE AT YOUR PROGRAM ALSO INCLUDE:

SOME MODEL BEST PRACTICES FOR SUGAR-SWEETENED BEVERAGES:

- Sugar-sweetened beverages are not served to children.
- Child care providers avoid drinking sugar-sweetened beverages when caring for children.
- Only water, milk, or 100% juice is served during meetings, celebrations and other events.

WHAT POLICIES REGARDING SUGAR-SWEETENED BEVERAGES WILL YOU INCLUDE IN YOUR WELLNESS POLICY?

b. Food Brought from Home*

Child care programs can guide families in sending meals and snacks from home that meet their nutritional and safety standards.

*Some programs do not allow families to send food from home due to local health and/or licensing regulations.

PROGRAM ASSESSMENT	Rarely or never	Some of the time	Most of the time	All the time
Parents are provided with guidelines for food brought from home:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foods brought from home for sharing during special occasions require prior approval:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT POLICIES REGARDING FOOD SENT FROM HOME AT YOUR PROGRAM ALSO INCLUDE:

SOME MODEL BEST PRACTICES FOR FOOD BROUGHT FROM HOME:

- Written instructions are provided to families to guide selection of foods brought from home.
- Foods that do not meet the program’s standards for nutrition and food safety are returned home. The program will provide a substitute meal or snack.
- Families clearly label all food brought from home. The labels include the child’s full name, date, and type of food.
- Foods from home are stored at appropriate temperatures until they are eaten.
- Foods sent from home for one child are not shared with other children.
- When any child attending child care has a serious food allergy, all families are asked to avoid bringing food that will trigger the allergy to the program. For example, if a child has a peanut allergy, no child in the program brings a peanut butter sandwich for lunch.

WHAT POLICIES REGARDING FOODS BROUGHT FROM HOME WILL YOU INCLUDE IN YOUR WELLNESS POLICY?

c. Celebrations

Children can have lots of fun and maintain healthy habits when adults help them celebrate in wholesome ways—with or without food.

Some celebrations can revolve around special games and activities. Not all festivities need to include food. However, if a celebration includes food, having nutritious food options will support classroom lessons about healthy eating habits. The earlier children learn to celebrate in healthy ways, the easier it is to help them learn that healthy celebrations can be fun.

Food sent from home for celebrations should be commercially prepared and packaged healthy foods or whole fruits and vegetables cut into bite-size pieces. Some examples include fruit kebobs, whole grain crackers, and yogurt parfaits. Take all needed steps to make sure children with food allergies are safe by having food-free celebrations or offering safe alternative foods.

PROGRAM ASSESSMENT	Rarely or never	Some of the time	Most of the time	All the time
Special occasions and holidays are celebrated with foods that meet guidelines, non-food items (e.g., stickers) or activities:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents are provided with guidelines for holidays/celebrations:	<input type="checkbox"/> Yes		<input type="checkbox"/> No	

CURRENT POLICIES REGARDING CELEBRATIONS AT YOUR PROGRAM ALSO INCLUDE:

SOME MODEL BEST PRACTICES FOR CELEBRATIONS:

- Special times are celebrated with fun-filled activities that involve learning and physical activity. Activities may include scavenger hunts, arts and craft projects, or trips to local playgrounds or parks, instead of with food.
- Birthdays are recognized in a monthly celebration. Children are honored on their birthday with special privileges like serving as the teacher's helper for the day or the child chooses a special activity or song.
- Celebrations that have food include fruits, vegetables and other healthy snacks. Families are provided a list of approved healthy foods and beverages as well as suggestions for non food activities.

WHAT POLICIES REGARDING CELEBRATIONS WILL YOU INCLUDE IN YOUR WELLNESS POLICY?

d. Events and Meetings

The foods and beverages served at a program’s events (e.g., child care provider’s meetings, family activities) can give children, families and child care providers the chance to practice making healthy choices.

PROGRAM ASSESSMENT	Rarely or never	Some of the time	Most of the time	All the time
Functions, events and meetings offer healthy foods and beverages and meet the nutrition standards for child care providers, children and families:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT POLICIES REGARDING FOODS SERVED AT EVENTS AND MEETINGS AT YOUR PROGRAM ALSO INCLUDE:

A MODEL BEST PRACTICE FOR FOODS SERVED AT PROGRAM EVENTS:

- All food and beverages served at program events and meetings meet the nutrition standards of the child care program, including serving fruit, vegetables and fresh drinking water. This applies to food and beverages that are provided by the child care program, brought from home or brought in by a caterer.

WHAT POLICIES REGARDING EVENTS AND MEETINGS WILL YOU INCLUDE IN YOUR WELLNESS POLICY?

3. EATING ENVIRONMENT

Where children eat (and with whom) contributes to learning, development and socialization in important ways. Children develop healthy eating habits when adults allow them to help prepare food, set it out, and clean up after a meal. Adults need to clearly communicate their expectations to children about mealtime behavior and provide predictable routines.

a. Modeling Behavior

Young children naturally want to copy the adults who care for them. This includes paying attention to adults' eating and physical activity habits. Adults who eat healthy meals and are physically active teach key lessons about nutrition and physical activity, including the need to limit screen time.

Mealtimes provide adults with ideal opportunities to help children adopt positive attitudes toward healthy foods. By joining with children at mealtime, adults can model good behaviors by eating healthy foods, showing the right serving sizes and talking about food choices. Adults can eat unfamiliar foods and encourage children to try them too. By talking with children at the table, adults help children to become better communicators.

Having child-size furniture, utensils and dishes helps children feel comfortable and confident when serving and passing food, as well as learn about appropriate serving sizes. Help avoid overeating by encouraging children to recognize their own sense of hunger and fullness.

PROGRAM ASSESSMENT	Rarely or never	Some of the time	Most of the time	All the time
Meal time is relaxed and calm:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preschooler meals are served family style (children are encouraged to serve themselves with limited help):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care providers sit with children during meals and talk informally about trying and enjoying healthy food:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care providers eat the same meals/snacks as children, and avoid unhealthy foods (e.g., soda, sweets, fast food):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT POLICIES REGARDING THE EATING ENVIRONMENT AND CHILD CARE PROVIDERS' MODELING BEHAVIOR AT YOUR PROGRAM ALSO INCLUDE:

SOME MODEL BEST PRACTICES FOR THE EATING ENVIRONMENT AND MODELING BEHAVIOR:

- At meal time, at least one child care provider sits with children at the table and eats the same meals and snacks.
- Providers encourage children to serve themselves meals and snacks under supervision.
- Children have the opportunity to prepare the eating areas. They help set the table and clean up after the meal.

WHAT POLICIES REGARDING THE EATING ENVIRONMENT AND CHILD CARE PROVIDERS' MODELING BEHAVIOR WILL YOU INCLUDE IN YOUR WELLNESS POLICY?

b. Food Rewards and Punishments

When offered a variety of nutritious foods, children instinctively choose a balanced diet. Associating “clean your plate” policies with serving dessert or treats can have negative consequences. When adults use certain foods as rewards or withhold certain foods as a punishment, children learn to place undue importance on food.

As a result:

- Children often learn to ignore their feelings of hunger or fullness. This, in turn, may contribute to the onset of childhood obesity and eating disorders.
- Children may learn to eat for reasons that have nothing to do with hunger, such as comforting themselves, avoiding boredom or pleasing other people.
- A child may not learn to choose and enjoy healthy foods when adults use unhealthy foods as rewards.
- The use of food as a reward contradicts the nutrition principles children are learning in class.

PROGRAM ASSESSMENT	Rarely or never	Some of the time	Most of the time	All the time
Food is used as an incentive or reward:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food is withheld or used as punishment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care providers help children learn to recognize hunger/fullness cues:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care providers encourage children to finish their plate of food:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER POLICIES WITH REGARD TO USING FOODS AS REWARD OR PUNISHMENT AT YOUR PROGRAM INCLUDE:

SOME MODEL BEST PRACTICES FOR FOOD REWARDS AND PUNISHMENTS:

- Providers encourage, but will not force or bribe a child to eat.
- Children are not rushed to eat and are provided enough time to eat.
- Food or beverages are not used as a reward or a punishment.

WHAT POLICIES REGARDING USING FOODS AS REWARD OR PUNISHMENT WILL YOU INCLUDE IN YOUR WELLNESS POLICY?

NOTES

[illegible]

A. PHYSICAL ACTIVITY AND EDUCATION

A complete physical activity program can include education about the benefits of activity, as well-structured and unstructured active play. These programs also include teaching about the role of physical activity in a healthy lifestyle.

1. PHYSICAL ACTIVITY LEARNING EXPERIENCES FOR CHILDREN

Physical education teaches children how activities affect their bodies and how to take part in active play throughout the day. Teaching basic skills like throwing a ball and practicing team activities helps build confidence, communication abilities and cooperation skills. Providing developmentally appropriate opportunities during the day to practice these skills encourages children to work together to create their own games and activities.



PROGRAM ASSESSMENT

	Never	1 time per year	2 times per year	3+ times per year
We provide physical activity education for children:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Rarely or never	Some of the time	Most of the time	All the time
Children with special needs have their physical activity needs taken into account:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many opportunities during the day are offered to teach children about physical activity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. PHYSICAL ACTIVITY EDUCATION FOR CHILD CARE PROVIDERS

Well-trained and caring providers can help children participate in and enjoy physical activities. Providers need the following to conduct physical activity education:

- Instruction in physical education.
- Training in leading physical activities appropriate for the developmental stages of children.
- Materials (e.g., balls, mats and wheeled toys) that help to add physical activity to the program.
- Formal training in ways to help children with disabilities join in physical activities, including the use of adaptive strategies and classroom equipment.

PROGRAM ASSESSMENT

Never 1 time per year 2 times per year 3+ times per year

Child care providers are offered training/continuing education on physical activity for children:

☐☐☐☐

CURRENT POLICIES REGARDING PHYSICAL ACTIVITY EDUCATION FOR CHILDREN AND CHILD CARE PROVIDERS AT YOUR PROGRAM ALSO INCLUDE:

SOME MODEL BEST PRACTICES FOR PHYSICAL ACTIVITY EDUCATION FOR CHILDREN AND CHILD CARE PROVIDERS:

- Children are offered education about the health benefits of physical activity at least three or more times per year.
- Children with disabilities have appropriate opportunities for physical education and activity with other children.
- Physical activity education is offered to child care providers at least two or more times per year.

WHAT POLICIES REGARDING PROVIDING PHYSICAL ACTIVITY EDUCATION TO CHILDREN AND TO CHILD CARE PROVIDERS WILL YOU INCLUDE IN YOUR WELLNESS POLICY?

B. PHYSICAL ACTIVITY STANDARDS

Physical activity and movement are necessary for child development, learning and growth. During early childhood years, children learn fundamental gross-motor skills and need plenty of opportunities to practice these skills.

Children develop muscle and bone strength through physical activity. Frequent activities and movement help children maintain a healthy weight. Children who take part in physical activities are more attentive and better able to learn.

The preschool years are an important time for children to develop healthy physical activity habits for a lifetime. Children get the benefits of exercise through active play.

PROGRAM ASSESSMENT

All preschool children, including special needs children are provided:

Unstructured (active play) time both indoor and outdoor for at least:	<input type="checkbox"/> 45 minutes or less a day	<input type="checkbox"/> 46-90 minutes a day	<input type="checkbox"/> 91-120 minutes a day	<input type="checkbox"/> More than 120 minutes a day
Outdoor active playtime for at least:	<input type="checkbox"/> 1 time a day for 30 minutes or less	<input type="checkbox"/> 1 or more times a day for 30-45 minutes	<input type="checkbox"/> 1 or more times a day for 45-60 minutes or more	<input type="checkbox"/> 2 or more times a day for 60+ minutes
Structured (teacher-led) activities in classrooms at least:	<input type="checkbox"/> 1 time a week	<input type="checkbox"/> 2-4 times a week	<input type="checkbox"/> 1 time a day	<input type="checkbox"/> 2 or more times a day
During children's active playtime, child care providers:	<input type="checkbox"/> Supervise play only (mostly sit or stand)	<input type="checkbox"/> Sometimes encourage children to be active	<input type="checkbox"/> Sometimes encourage children to be active and join in active play	<input type="checkbox"/> Often encourage children to be active and join in active play

CURRENT POLICIES WITH REGARD TO PHYSICAL ACTIVITY AT YOUR PROGRAM ALSO INCLUDE:

SOME MODEL BEST PRACTICES FOR PHYSICAL ACTIVITY:

- At least 120 minutes of active playtime are provided each day including 60 minutes of structured (teacher-led) physical activity and 60 minutes—and up to several hours—of unstructured (active play) time. In addition to scheduled physical activity time, active play is part of story time, circle time, center time (activity stations) and moving from one activity to another.
- Children have outdoor active playtime at least two times daily, weather and air quality permitting.
- Lessons and other classroom teaching include breaks with physical activities (10-15 minutes). Providers build these short breaks into daily lesson plans.
- Providers lead and participate in active play, such as games and activities, during indoor and outdoor time set aside for physical activity.
- Providers encourage all children to participate in physical activity and **avoid elimination games**. Children with disabilities regularly join their nondisabled peers in physical activities. Structured play is designed to accommodate children's varied skill level.

WHAT POLICIES REGARDING PHYSICAL ACTIVITY WILL YOU INCLUDE IN YOUR WELLNESS POLICY?

C. PLAY ENVIRONMENT

Free play, active play and outdoor play are very important for healthy development and help children improve gross-motor, social, emotional, and cognitive skills.

Research shows that time spent outdoors is a strong predictor of children’s physical activity. Children should play outdoors daily when weather and environmental conditions do not pose a significant health or safety risk. (The National Weather Service identifies a health risk if the wind chill factor is at or below minus 15°F or the heat index is at or above 90°F). Playing outdoors helps children learn in a different environment than the classroom, promotes a healthy weight and provides some sunlight exposure that is needed for the body to produce vitamin D.

1. PLAY SPACE AND EQUIPMENT

- Having safe, appropriate indoor and outdoor space and play equipment allows all children to be active. This includes children with disabilities.
- Having enough equipment avoids competition and long waits.

PROGRAM ASSESSMENT

Activities, equipment and the child care grounds are developmentally appropriate and safe:	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time
Portable play equipment (e.g., wheeled toys, balls, hoops) for children consists of:	<input type="checkbox"/> Limited variety and must take turns	<input type="checkbox"/> Some variety, but must take turns	<input type="checkbox"/> Good variety (indoors/ outdoors), but must take turns	<input type="checkbox"/> Lots of variety (indoors/ outdoors) for use at the same time
Play areas for preschool children, including those with special needs consists of:				
Indoor gross-motor play area that has:	<input type="checkbox"/> Space only suitable for quiet play	<input type="checkbox"/> Space for limited movement (jumping and rolling)	<input type="checkbox"/> Ample space for some active play (jumping, rolling, skipping)	<input type="checkbox"/> Space for all activities, including running
Outdoor play areas that have:	<input type="checkbox"/> 1-2 different areas (e.g., sandbox, swing set), but no open space for running or wheeled toys	<input type="checkbox"/> 2-3 different areas, but limited space for running and use of wheeled toys	<input type="checkbox"/> Multiple areas, and either an open space for running or a path for wheeled toys	<input type="checkbox"/> Multiple areas, open space for running, and path for wheeled toys

CURRENT POLICIES WITH REGARD TO THE PLAY SPACE AND EQUIPMENT AT YOUR PROGRAM ALSO INCLUDE:

SOME MODEL BEST PRACTICES FOR PLAY SPACE AND EQUIPMENT:

- Indoor and outdoor play areas meet or exceed recommended safety standards for large-muscle activities. These include running, jumping, climbing, marching, dancing, hopping, kicking, and skipping.
- Providers regularly inspect equipment and play areas to make sure they are safe. Soft surfaces (sand, mats) are used for landings. No off-the-ground activities are higher than 5 feet.
- Providers always supervise children on playground equipment, during active play and other physical activities.
- When outdoors, child care providers apply sunscreen with UVB- and UVA-ray protection of SPF 15 or higher, with permission from families.
- Water is easily available for children to serve themselves.

WHAT POLICIES REGARDING PLAY SPACE AND EQUIPMENT WILL YOU INCLUDE IN YOUR WELLNESS POLICY?

2. PHYSICAL ACTIVITY AND PUNISHMENT

Withholding physical activity as a punishment works against the goal of keeping a child active. When adults punish children for misbehaving by not allowing physical activity or recess, the child's behavior may actually grow worse.

PROGRAM ASSESSMENT	Rarely or never	Some of the time	Most of the time	All of the time
Active playtime is used as an incentive or withheld as punishment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT POLICIES WITH REGARD TO PHYSICAL ACTIVITY AND PUNISHMENT AT YOUR PROGRAM ALSO INCLUDE:

A MODEL BEST PRACTICE FOR PHYSICAL ACTIVITY AND PUNISHMENT:

- Physical education, physical activity and/or active play are not withheld as punishment for a child's misbehavior. These activities are not used as rewards either.

WHAT POLICIES REGARDING PHYSICAL ACTIVITY AND PUNISHMENT WILL YOU INCLUDE IN YOUR WELLNESS POLICY?

3. SCREEN TIME*

While it is challenging to keep young children away from computers and television, too much screen time has a lot of harmful effects on children. Excess screen time is associated with language delays, obesity, attention problems and even aggression, especially if the content is violent. Most children watch television before and after attending preschool. Limiting or eliminating screen time in the child care setting can help families come closer to meeting the recommended goal of less than two hours of screen time daily. Reducing screen time gives more opportunities for physical activity and more time spent with books, classroom exploration and interactions with others.

*Screen time includes TV, videos, DVDs, computers, video games, and handheld devices (e.g., smart phones).

PROGRAM ASSESSMENT

At our program, the amount of screen time allowed for preschool children (as participant or observer) is:	<input type="checkbox"/> 2 or more hours per week	<input type="checkbox"/> 2 hours or less per week	<input type="checkbox"/> 1 hour or less per week	<input type="checkbox"/> 30 minutes or less per week	
TV/DVD viewing includes:	<input type="checkbox"/> All types of programming and videos with little coordination with the curriculum	<input type="checkbox"/> Educational and some commercial programming and videos, some of which are integrated into the curriculum	<input type="checkbox"/> Mostly educational, age-appropriate programming and videos, many of which are integrated with the curriculum	<input type="checkbox"/> Only commercial-free, age-appropriate, educational programming that is integrated with the curriculum	
Computers are available:	<input type="checkbox"/> All of the time and time allowed per child is unlimited	<input type="checkbox"/> Several times a day and each child is allowed 30-45 minutes a day	<input type="checkbox"/> Only during a set time of day and each child is allowed 15-30 minutes a day	<input type="checkbox"/> Only during a set time of day and each child is limited to 15 minutes a day	
		Rarely or never	Some of the time	Most of the time	All of the time
Children watch TV, videos or play electronic games while in our care:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TV/DVD viewing occurs during meals or snack time:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screen time is used as a reward in class:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT POLICIES WITH REGARD TO SCREEN TIME AT YOUR PROGRAM ALSO INCLUDE:

SOME MODEL BEST PRACTICES FOR SCREEN TIME:

- Screen time is limited to no more than 30 minutes once per week and shows quality, educational or physical activity programming under direct supervision.*
- Providers encourage families to limit screen time at home to no more than one to two hours daily.
- Screen time is not allowed during snack or meal time.
- Screen time is not used as a reward.

*Children under two years old are not exposed to screen time.

WHAT POLICIES REGARDING SCREEN TIME WILL YOU INCLUDE IN YOUR WELLNESS POLICY?

NOTES

[illegible]

Wellness Policies can be part of a strategy to engage families and the community in promoting a healthy environment.

A. WELLNESS ADVISORY COUNCIL

A Wellness Advisory Council can help you write your Wellness Policy, put it to work and evaluate it. Over time, the Wellness Advisory Council can recommend changes and improvements. You can invite child care providers, families, and community members such as health care professionals and educators to serve on your Wellness Advisory Council*

*The membership and function of an advisory group may vary depending on local needs and specific tasks.



PROGRAM ASSESSMENT

We have an advisory group who has input on policies for the program and includes at least a child care provider, parent/family and member from the community.

☐ Yes

☐ No

CURRENT POLICIES REGARDING AN ADVISORY GROUP OF MEMBERS AT YOUR PROGRAM ALSO INCLUDE:

SOME MODEL BEST PRACTICES FOR A WELLNESS ADVISORY COUNCIL:

- The Wellness Advisory Council helps with the planning, operation and evaluation of the program's Wellness Policy, which covers both nutrition and physical activity.
- The Wellness Advisory Council membership may include parents, governing board members, program administrators, teachers, child care providers, food service personnel, program consultants, community health experts, and others.

WHAT POLICIES REGARDING CREATING A WELLNESS ADVISORY COUNCIL WILL YOU INCLUDE IN YOUR WELLNESS POLICY?

B. ENGAGING FAMILIES

Practicing healthy behaviors where children live, learn and play helps those behaviors “stick” as children grow older. Programs that build strong, lasting relationships with families are best able to engage those families as partners that support healthy habits.

PROGRAM ASSESSMENT	Rarely or never	Some of the time	Most of the time	All the time
Families receive information about the program’s nutrition, physical activity and screen time policies when they enroll their children:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Families are provided with information about how to foster healthy eating, encourage physical activity and limit screen time at home:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular communication with families about food and physical activity choices of their children while in child care occurs:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Rarely or never	Less than one time a year	One time a year	Two or more times a year
Families are offered nutrition education (workshops or special programs):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT POLICIES WITH REGARD TO ENGAGING FAMILIES IN NUTRITION AND PHYSICAL ACTIVITY EDUCATION AT YOUR PROGRAM ALSO INCLUDE:

SOME MODEL BEST PRACTICES FOR FAMILY ENGAGEMENT:

- Providers find creative ways to get parents involved at home. They may do this through meetings or newsletters that suggest healthy activities for the family. Parents and guardians also have opportunities to take part in healthy activities at the program.
- At least one family participates in a program’s Wellness Advisory Council.
- Nutrition education is offered to parents at least twice yearly. Materials are written in a language and at a level the families can understand.
- In all communications with parents/guardians/families, the child care providers show respect for the families’ cultures and customs.
- All families are welcomed and encouraged to participate in program activities.

In all communication efforts, such as signs and newsletters, child care programs should use the languages that are spoken by the families that they serve. Messages about wellness should be culturally relevant as well. They should emphasize the importance of healthy eating and physical activity habits in terms people can easily understand.

WHAT POLICIES TO ENGAGE FAMILIES IN PROMOTING HEALTHY EATING AND PHYSICAL ACTIVITY HABITS WILL YOU INCLUDE IN YOUR WELLNESS POLICY?

C. PARTNERING WITH YOUR COMMUNITY

Community partnerships (professional organizations, businesses, faith-based groups, libraries, educational institutions, health departments, healthcare groups, and others) can contribute activities and resources that promote good habits. Community partners can help with a wide range of health initiatives such as nutrition workshops for providers and families, research opportunities, health fairs and screenings, community gardening and activity events.

PROGRAM ASSESSMENT	Rarely or never	Some of the time	Most of the time	All the time
Partnering with community organizations to promote nutrition and physical activity for children occurs:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We partner with local organizations to provide wellness programs for children, families and child care providers:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT POLICIES WITH REGARD TO WORKING WITH THE COMMUNITY AT YOUR PROGRAM ALSO INCLUDE:

SOME MODEL BEST PRACTICES FOR COMMUNITY PARTNERING:

- Local organizations, groups or businesses partner to provide healthy messages and support activities that promote healthy eating and physical activity.
- Providers, children, and their families participate in local health and wellness events including health fairs, 5K walks and runs, and community gardens.

WHAT POLICIES REGARDING WORKING WITH THE LOCAL COMMUNITY TO PROMOTE HEALTHY HABITS FOR CHILDREN AND FAMILIES WILL YOU INCLUDE IN YOUR WELLNESS POLICY?

NOTES

[illegible]

Plan ahead of time to look at how well the wellness policies are working, fine tune your wellness efforts and find ways to maintain them. A good evaluation plan does not need to be a burden for the child care providers or others involved. Evaluation is important for the following reasons:

- Routine monitoring helps the program periodically check how well policies are being managed and supported.
- It can help reinforce the policies with child care providers.
- It helps keep the policies up-to-date through making needed changes. These changes can improve how the program operates and consider new research, regulations and best practices.
- The process will include finding out how satisfied children, families, teachers, and child care providers are with the new policies.



A. MONITORING

To help make sure a new policy is being followed, programs need procedures and a schedule for monitoring the use of the policy. All child care providers should be aware of this monitoring. Monitoring should include:

- Routinely observing providers to see if daily practices meet the policy requirements.
- Regular training and guidance for child care providers on following the policies.
- Measure changes in nutrition and physical activity practices. This can include a child care provider survey, a parent survey, and observation of children's eating and activity behaviors.
- Identify areas where policies are being carried out well and areas where they are not, as well as reasons why.

PROGRAM ASSESSMENT

Policies and practices are monitored at least once a year:	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
	Rarely or never	Some of the time	Most of the time	All the time
Observation of nutrition and physical activity policies and practices to see if they are being done and working as planned occur:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT POLICIES WITH REGARD TO OBSERVING HOW NUTRITION AND PHYSICAL ACTIVITY POLICIES ARE PUT INTO PRACTICE AT YOUR PROGRAM ALSO INCLUDE:

A MODEL BEST PRACTICE FOR MONITORING POLICIES AND PRACTICES:

- A plan is developed to evaluate the use of these Wellness Policies with an assigned person in charge.

WHAT IS YOUR PLAN TO MONITOR THE USE OF YOUR WELLNESS POLICY?

B. POLICY REVIEW

Based on how well policies are put into place, opportunities for improvement will appear. In addition, new research and regulations may impact your policies concerning nutrition and physical activity.

The review process helps a child care program reprioritize program needs and develop a plan of action. It also allows the program to communicate policies and expected practices to child care providers and families.

PROGRAM ASSESSMENT

Policies and practices are monitored at least once a year:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Rarely or never	Some of the time	Most of the time	All the time
Observation of nutrition and physical activity policies and practices to see if they are being done and working as planned occur:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT PRACTICES WITH REGARD TO POLICY REVIEW AT YOUR PROGRAM ALSO INCLUDE:

A MODEL BEST PRACTICE FOR REVIEWING POLICIES:

- Regular review of Wellness Policies is done once a year to determine what, if any, changes are needed.*

*Decisions about changes to a program’s Wellness Policies should be based on local data, national and state early childhood standards, and regulations and research on effective health programs.

WHAT WILL YOUR PROGRAM PLAN TO DO REGARDING REVIEWING YOUR NEW OR REVISED WELLNESS POLICIES?

NOTES

[illegible]

APPENDICES

Child care providers are role models and change agents. They help children develop healthy habits that can prevent childhood obesity. Standards based on strong scientific evidence provide a firm foundation for creating child care wellness policies. In turn, these wellness policies help the programs teach children and their families habits for a lifetime of healthy eating and physical activity. Child care programs can inspire the use of similar policies and practices in other community settings and in the children's homes.

The following appendices are some of the guidelines and best practices that are based on current research and were used in developing this workbook. These resources can help in forming your program's Wellness Policies around nutrition, physical activity and screen time.



APPENDIX A | USDA DIETARY GUIDELINES & KEY RECOMMENDATIONS ⁵

The USDA and Department of Health and Human Services review and update the Dietary Guidelines for Americans every five years to provide evidence-based nutritional guidance to promote health, reduce the risk of chronic diseases, and reduce the prevalence of overweight and obesity through improved nutrition and physical activity. Because more than one-third of children and more than two-thirds of adults in the U.S. are overweight or obese, the 7th edition of Dietary Guidelines for Americans places stronger emphasis on reducing calorie consumption and increasing physical activity while encouraging Americans to consume more healthy foods like vegetables, fruits, whole grains, fat-free and low-fat dairy products, and seafood, and to consume less sodium, saturated and trans fats, added sugars, and refined grains.

For more information on the Dietary Guidelines, please visit:

<http://www.dietaryguidelines.gov>

<http://www.health.gov/dietaryguidelines/>

Over-arching Concepts:

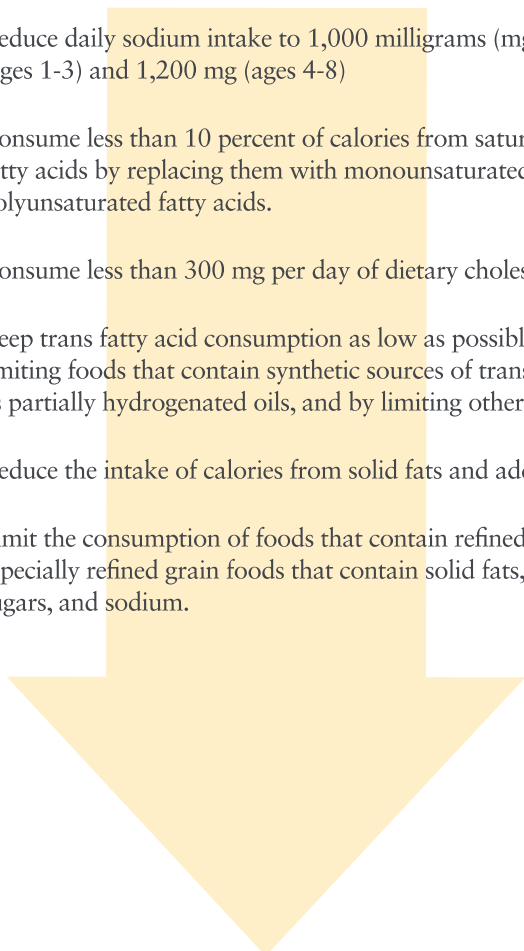
- Maintain calorie balance over time to achieve and keep a healthy weight.
- Focus on eating and drinking nutrient-rich foods and beverages.

Key Recommendations:

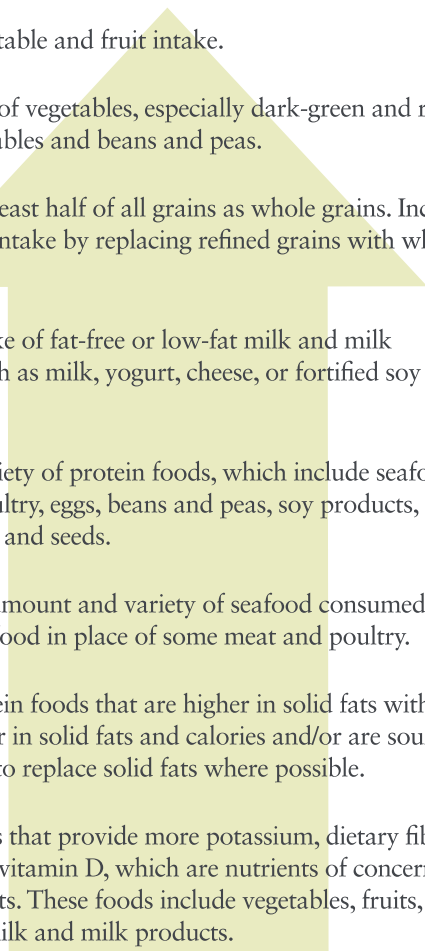
Balance Calories to Manage Weight

- Prevent and/or reduce overweight and obesity through improved eating and physical activity behaviors.
- Control total calorie intake to manage body weight. For people who are overweight or obese, this will mean getting fewer calories from foods and beverages.
- Increase physical activity and reduce time spent in inactive behaviors.
- Maintain appropriate calorie balance during each stage of life—childhood, adolescence, adulthood, pregnancy and breast-feeding, and older age.

FOODS AND FOOD COMPONENTS TO REDUCE

- 
- Reduce daily sodium intake to 1,000 milligrams (mg) (ages 1-3) and 1,200 mg (ages 4-8)
 - Consume less than 10 percent of calories from saturated fatty acids by replacing them with monounsaturated and polyunsaturated fatty acids.
 - Consume less than 300 mg per day of dietary cholesterol.
 - Keep trans fatty acid consumption as low as possible by limiting foods that contain synthetic sources of trans fats, such as partially hydrogenated oils, and by limiting other solid fats.
 - Reduce the intake of calories from solid fats and added sugars.
 - Limit the consumption of foods that contain refined grains, especially refined grain foods that contain solid fats, added sugars, and sodium.

FOODS AND NUTRIENTS TO INCREASE

- 
- Increase vegetable and fruit intake.
 - Eat a variety of vegetables, especially dark-green and red and orange vegetables and beans and peas.
 - Consume at least half of all grains as whole grains. Increase whole-grain intake by replacing refined grains with whole grains.
 - Increase intake of fat-free or low-fat milk and milk products, such as milk, yogurt, cheese, or fortified soy beverages.
 - Choose a variety of protein foods, which include seafood, lean meat and poultry, eggs, beans and peas, soy products, and unsalted nuts and seeds.
 - Increase the amount and variety of seafood consumed by choosing seafood in place of some meat and poultry.
 - Replace protein foods that are higher in solid fats with choices that are lower in solid fats and calories and/or are sources of oils. Use oils to replace solid fats where possible.
 - Choose foods that provide more potassium, dietary fiber, calcium, and vitamin D, which are nutrients of concern in American diets. These foods include vegetables, fruits, whole grains, and milk and milk products.

APPENDIX B | MODEL REGULATIONS ³

In the US, the regulation of child care settings (child care centers and family child care homes) is the individual responsibility of each state, and each state has an agency responsible for oversight and enforcement of their regulations. As a result, the 2008 study Obesity prevention in child care: a review of U.S. state regulations conducted by Sara Benjamin Neelon, PhD, with the help of a team of experts in nutrition, physical activity, early care and education, and policy/regulation identified that child care regulations vary by state.

After reviewing many standards and recommendations that were developed to help child care settings prevent obesity in young children these experts compiled ten healthy eating and physical activity model regulations for child care settings. Each state's current healthy eating and physical activity regulations were examined using these model practices and given a grade.

For more on the study or to read the report card and find your state's grade, please visit:

<http://www.biomedcentral.com/content/pdf/1471-2458-8-188.pdf>

http://cfm.mc.duke.edu/wysiwyg/downloads/State_Reports_Final.pdf.

MODEL STATE CHILD CARE REGULATIONS FOR HEALTHY EATING

1. High fat**, high sugar, and high salt foods are served less than one time per week or are not served.
2. Sugar-sweetened beverages are not served.
3. Children older than two years are served reduced fat milk (skim or 1%).
4. Clean, sanitary drinking water is available for children to serve themselves throughout the day.
5. Juice is limited to a total of 4-6 ounces or less per day for children over one year of age.
6. Nutrition education is offered to child care providers at least one time per year.
7. Child care providers do not use food as a reward or punishment.
8. Nutrition education is offered to children at least three times per year.
9. At least one child care provider sits with children at the table and eats the same meals and snacks.
10. Providers encourage, but do not force, children to eat.

***Saturated fat and trans fat*

MODEL STATE CHILD CARE REGULATIONS FOR PHYSICAL ACTIVITY

1. Children are provided with 60 minutes of physical activity per day, a combination of both teacher-led and free play.
(Note: this differs from NASPE guideline in Appendix F)
2. Television, video, and computer time are limited to one time per week or less, and not more than 30 minutes each time.
3. Child care providers do not withhold active playtime as punishment.
4. Children with special needs are provided opportunities for active play while other children are physically active.
5. Children are provided outdoor active playtime at least two times per day.
6. Physical activity education is offered to child care providers at least one time per year.
7. At least one provider joins children in active play at least one time per day.
8. Shaded area is provided during outdoor play.
9. Children are not seated for periods longer than 30 minutes except when sleeping or eating.
10. Physical activity education is offered to children at least three times per year.

APPENDIX C | CHILD AND ADULT CARE FOOD PROGRAM ⁶

The Child and Adult Care Food Program (CACFP) supports the nutrition and health of the nation's most vulnerable individuals—more than 3 million infants and children and more than 114,000 impaired or older adults, primarily from low-income households. The USDA's CACFP provides reimbursement to participating child care settings for nutritious meals and snacks served to children and are an important part of providing proper care.

These meals and snacks must meet specific USDA meal pattern requirements. For participating CACFP child care settings to qualify for reimbursement, meals and snacks must include, at a minimum, food components in amounts specified by age. The meal pattern food components are:

- Fluid milk,
- Fruits and vegetables,
- Grains and breads, and
- Meat and meat alternates.

Remember:

- Breakfast: must include at least three food components (meat/meat alternate is optional).
- Lunch/Supper: must include all four components with an additional fruit and/or vegetable.
- Snacks: must include at least two different food components.

For more information and resources, please visit:

USDA's Child and Adult Care Food Program

www.fns.usda.gov/cnd/care/

To participate or learn more about your state's Child Nutrition Program select your State agency contacts for a directory of contacts and websites.

Best Practices for Healthy Eating: A Guide to Help Children Grow Up Healthy

<http://www.nemours.org/content/dam/nemours/www/filebox/service/preventive/nhps/heguide.pdf>

The purpose of this guide is to help children in child care grow up healthy by providing the following information:

- Healthy food guidelines for beverages, fruits and vegetables, milk, meats and meat alternates, and grains and breads.
- Portion sizes that are based on the CACFP reimbursable meal guidelines.
- Rationale to explain the recommendations.
- Sample policies that can be used in a child care program and with families to support the program's work.

APPENDIX D | INSTITUTE OF MEDICINE (IOM) ⁴

The Institute of Medicine (IOM) is an independent, nonprofit organization of the National Academy of Sciences which helps inform law makers and the public about health issues. Under USDA guidance, Child and Adult Care Food Program (CACFP) meals must meet regulations designed to ensure that participants receive high-quality, nutritious foods. The current requirements, however, are based in part on information that is two decades old, and in that time scientists have gained a better understanding of how improved nutrition can lead to better health. For assistance in updating the regulations, the USDA asked the IOM to review and assess the nutritional needs of the populations served by CACFP and to provide recommendations to revise the meal requirements for CACFP.

With so many people relying on CACFP for the majority of their meals, the IOM recommends the USDA make the following changes which can make a critical difference in the diets and overall health of millions of Americans:

- Implement new meal requirements that promote eating more fruits and vegetables, and whole grain-rich foods, and foods that are lower in fat, sugar, and salt.
- Offer training and technical assistance to providers to make certain that CACFP providers understand and abide by these new requirements.
- Periodically review and update the Meal Requirements to maintain consistency with current dietary guidance.

For further details on the recommended changes, please visit:

<http://www.iom.edu/Reports/2010/Child-and-Adult-Care-Food-Program-Aligning-Dietary-Guidance-for-All.aspx>

APPENDIX E | AMERICAN ACADEMY OF PEDIATRICS, AMERICAN PUBLIC HEALTH ASSOCIATION, AND NATIONAL RESOURCE CENTER FOR HEALTH AND SAFETY IN CHILD CARE AND EARLY EDUCATION ¹

A joint collaborative project of the American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education established a new set of national standards describing evidence-based best practices in nutrition, physical activity, and screen time. The standards are for ALL types of early care and education settings—centers and family child care homes—and are part of the new comprehensive book: *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, Third Edition (CFOC, 3rd E.)*. It has practical strategies to prevent excessive weight gain in young children and explains opportunities for providers to work with families, beginning day one of enrollment.

For more information on the national standards and to access *Caring for Our Children*, please visit:

http://nrckids.org/CFOC3/PREVENTING_OBESITY/index.htm

<http://nrckids.org/CFOC3/index.html>

Some of the selected sets of national standards from the book are listed below:

NUTRITION STANDARDS

Meal/Snack Patterns

- Children should be allowed time to eat their food and not be rushed during the meal or snack service. They should not be allowed to play during these times.

Availability of Drinking Water

- Clean, sanitary drinking water should be readily available, in indoor and outdoor areas, throughout the day.
- Water should not be a substitute for milk at meals or snacks where milk is a required food component unless it is recommended by the child's primary care provider.

100% Fruit Juice

- Serve only full-strength (100%) pasteurized fruit juice or full-strength fruit juice diluted with water from a cup to children twelve months of age or older.
- Juice should have no added sweeteners.
- Juice should be offered at specific meals and snacks instead of continuously throughout the day.
- Juice consumption should be no more than a total of 4-6 ounces a day for children aged 1-6 years. This amount includes juice served at home.
- Caregivers/providers should ask parents/guardians if they provide juice at home and how much. This information is important to know if and when to serve juice.

Milk

- Children two years of age or older should be served skim (fat free) or 1% pasteurized milk.

Nutrition Education

- Awareness of healthy and safe behaviors, including good nutrition and physical activity, should be an important part of the overall program.
- Formal nutrition information and education programs should be conducted at least twice a year for parents/guardians. The educational programs may be supplemented by periodic distribution of newsletters and/or literature.

PHYSICAL ACTIVITY STANDARDS

Active Opportunities

- Children's active play should be promoted every day. Children should have ample opportunity to do vigorous activities such as running, climbing, dancing, skipping, and jumping.
- All children, birth to six years, should participate daily in:
 - a) Two to three occasions of active play outdoors, weather permitting.
 - b) Two or more structured (caregiver-led) activities or games that promote movement over the course of the day—indoor or outdoor.
 - c) Continuous opportunities to develop and practice age-appropriate motor and movement skills.
- Outdoor play: preschoolers should be allowed 60-90 total minutes of outdoor play.
- Active play should never be withheld from children who misbehave. However, children with out-of-control behavior may need a few minutes to settle down before resuming cooperative play or activities.

Provider Encouragement of Physical Activity

- Providers should promote children's active play, and participate in children's active games at times when they can safely do so. Providers should:
 - a) Lead structured activities two or more times a day.
 - b) Not sit during active play.
 - c) Limit screen time.

SCREEN TIME STANDARDS

Limiting Screen Time – Media, Computer Time

- Media (TV, video, and DVD) viewing and computer use (screen time) should not be permitted for children under two years of age.
- Total screen time for children two years and older in child care settings should be limited to no more than 30 minutes once a week, for educational and physical activity use only.
- Computer use should be limited to no more than 15-minute increments except for school-age children completing homework.
- During snack or meal time, media should not be allowed.

APPENDIX F | NATIONAL ASSOCIATION FOR SPORT AND PHYSICAL EDUCATION (NASPE) ²

According to NASPE all children from birth to age 5 should engage daily in physical activity that promotes movement skills and foundations of health-related fitness. The guidelines reflect the best thinking about the physical activity needs of young children during the first years of their life.

For more information on physical activity guidelines for infants and toddlers, please visit:

<http://www.aahperd.org/naspe/standards/nationalGuidelines/ActiveStart.cfm>

GUIDELINES FOR PRESCHOOLERS:

- Guideline 1. Preschoolers should accumulate at least 60 minutes of structured physical activity each day.
- Guideline 2. Preschoolers should engage in at least 60 minutes--and up to several hours--of unstructured physical activity each day, and should not be sedentary for more than 60 minutes at a time, except when sleeping.
- Guideline 3. Preschoolers should be encouraged to develop competence in fundamental motor skills that will serve as the building blocks for future motor skillfulness and physical activity.
- Guideline 4. Preschoolers should have access to indoor and outdoor areas that meet or exceed recommended safety standards for performing large-muscle activities.
- Guideline 5. Caregivers and parents in charge of preschoolers' health and well-being are responsible for understanding the importance of physical activity and for promoting movement skills by providing opportunities for structured and unstructured physical activity.

APPENDIX G | OTHER WEBSITES



HealthyKidsHealthyFuture.org is the resource website for Let's Move! Child Care, a nationwide call-to-action launched in June 2011 by the White House's First Lady. The site is a voluntary child care initiative to support providers in creating environments for young children that foster healthy eating, physical activity and screen time habits.

It has two main purposes for the child care community:

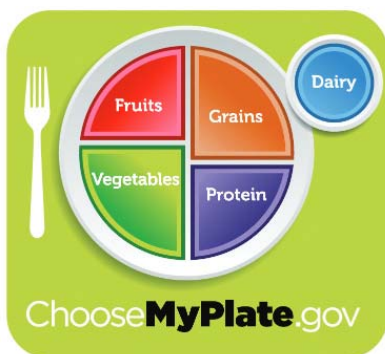
1. Providing a personalized Action Plan to help providers achieve the five goals of the initiative and
2. Functioning as an online hub for free resources to support child care providers in their efforts.

The five main goals include:

1. Get Kids Moving.
2. Reduce Screen Time.
3. Make Nutrition Fun.
4. Offer Healthier Beverages.
5. Support Infant Feeding.



KidsHealth.org is the most-visited site on the Web for information about health, behavior, and development from before birth through the teen years. For information you can trust about kids and teens that is free of “doctor speak,” KidsHealth.org is the right place. One of the things that makes this site so special is that it is really four sites in one: with sections for parents, for kids, for teens and for educators.



ChooseMyPlate.gov is based on 2010 Dietary Guidelines for Americans to help people make better food choices. It is designed to remind Americans to eat healthfully and shows the five food groups using the familiar mealtime visual, a place setting. It helps people focus on key behaviors by using select messages under each of the following:

- Balancing Calories
- Foods to Increase and Foods to Reduce

ABC CHILD CARE

Our children will learn how to make healthy choices about food and physical activity as part of their daily lives – building a foundation for a lifetime. Our child care providers model healthy eating and physical activity.

We strive to work with our parents to promote healthy habits for life.



To achieve these goals, ABC Child Care has adopted the following policies:

Nutrition & Physical Activity Education

- Routine lesson plans regularly include instruction about healthy eating.
- Nutrition education is integrated into other subjects such as sensory development, language arts, science, math, dramatic play.
- Child care providers participate in continuing education trainings at least twice a year on teaching nutrition and at least four times a year on physical education instruction.

Food & Beverage Practices and Behaviors

- Parents are encouraged to provide whole fruits and vegetables (fresh or frozen) as part of meals and snacks. Program-provided snacks include whole fruits and vegetables (fresh or frozen) as an option. Our program will provide no fruit in syrup or juice.
- Due to the possible life-threatening consequences, if a child has a food allergy confirmed by a physician, we will inform all families, avoid having the food on the premises (for children and child care providers) and discard the offending food if brought in.
- We encourage drinking water for thirst; water is available for self administration in indoor and outdoor spaces; low fat milk is provided at meals.
- We will encourage, but do not force nor bribe children to eat. Food will never be used as a reward or punishment.
- At least one child care provider will eat lunch with their classroom to model healthy choices and supervise meals.

Physical Activity & Screen Time

- Children will participate in three 30-minute unstructured active play sessions outdoors daily, two 30-minute structured activities outdoors daily, and indoor structured physical activities at least twice daily.
- Children with disabilities will have appropriate opportunities for physical education and activity and participate with non-disabled peers when possible.
- We limit screen time to no more than 15 minutes twice weekly for our Get Healthy Now Show DVD which may be repeated in case of bad weather on another day.

Other Activities

- We encourage non-food celebrations (honoring with special privileges, special craft projects, field trip, scavenger hunt, etc.). For birthday celebrations, we encourage parents to bring fruit, yogurt, and other healthy alternatives to any cake, cookies or cupcakes they may wish to bring.
- The foods and beverages served at all our meetings comply with our Healthy Choices listings.
- We send home a monthly family newsletter to share the lessons we teach on healthy eating and physical activity. Thank you for your support in promoting these messages at home.
- This Wellness Policy is reviewed by our Wellness Advisory Council each year. If you have suggestions or comments, please see Donna in our office.

Developed with the assistance of

Nemours.

REFERENCES

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