



National Early Care & Education Learning Collaboratives:

Taking Steps to Healthy Success

Learning Session 1
Implementation Guide
September 2018



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Welcome to the National Early Care and Education Learning Collaborative

Nemours and its dedicated state partners welcome you to the National Early Care and Education Learning Collaboratives (ECELC) Project!

Thanks to the commitment and generous funding from the Centers for Disease Control and Prevention (CDC), we are able to work together to adapt the *Taking Steps to Healthy Success* (TSHS) Curriculum within a Learning Collaborative Model to implement healthy change in the Early Care and Education (ECE) programs in your state.

Nemours, in collaboration with the Gretchen Swanson Center for Nutrition (GSCN), is working to support the implementation and evaluation of the National ECELC Project. In addition to the CDC and GSCN, we want to thank our state partners for overseeing and insuring smooth implementation of the National ECELC Project on the ground level.

This *Implementation Guide* is designed to support you as you plan, prepare and deliver five Learning Sessions for Leadership Teams from ECE programs participating in your Collaborative(s). The Learning Sessions provide a structured approach to training Leadership Teams to facilitate change in their programs. There is room for customizing presentations and activities based on your state/locality ECE initiatives, interests, and/or areas of concern specific to your community.

Over 12 months, Leadership Teams participating in each Collaborative will attend five in-person Learning Sessions. After each Learning Session, Leadership Teams will facilitate “Action Period” sessions with their program staff to share information from the Learning Sessions, support discovery learning, introduce new resources and involve staff in an important task focused on health change: program assessment, action planning, implementation of the action plan, documentation of the process, and sharing their stories. Technical assistance (TA) visits after each session provides information, guidance, and support to help programs successfully implement change.

This *Implementation Guide* provides an overview of the implementation process and answers frequently asked questions related to both content and quality improvement. We hope it is a useful tool as you lead ECE programs on a journey of discovery to improve the health and wellness of children, families and program staff.

We encourage you to take some time to look through this resource. Please reach out to us at any time for support, ideas or just someone to listen to successes or challenges. To contact us, please email eclc@nemours.org.

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 Healthy Kids, Healthy Future.
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.
Healthy Kids, Healthy Future (HKHF)	Formerly known as <i>Let’s Move!</i> Child Care (LMCC), Healthy Kids, Healthy Future gives early care and education providers the tools to help children get a healthy start.
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 Healthy Kids, Healthy Future 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.

Part 1 - Overview

Section 1.1 - Introduction to the Early Care and Education Learning Collaborative

What is a Learning Collaborative?

A Learning Collaborative brings together diverse Leadership Teams from different early care and education (ECE) programs to accomplish a common goal: making their programs healthier. Participants attend a series of Learning Sessions and work together over a period of time to test, share and implement improvement strategies. The National Early Care and Education Learning Collaborative (ECELC) is an intervention designed to promote positive changes in healthy eating, healthy beverages, physical activity, screen time, and breastfeeding support policies, practices and environments in ECE settings. The Learning Collaborative uses the following resources to guide the process of healthy change:

- *Preventing Childhood Obesity in Early Care and Education Programs (2nd Edition)*;
- Selected standards from *Caring for Our Children (3rd Edition)*; and
- The goals of Healthy Kids, Healthy Future.

A Learning Collaborative uses an empowerment model designed to support the growth of leadership, collaboration and confidence of ECE providers¹ as they learn, change, grow and become champions for children’s health, development and learning.

Why is this model powerful?

The Learning Collaborative model brings together ECE teams to make program-level, sustainable improvements that address childhood obesity. The Collaborative Model is powerful because it:

- Brings together a community of learners;
- Creates a network of shared ideas and mutual support;
- Provides access to high-quality resources for quality improvement;
- Offers opportunities to build important skills: implementation of best practices, nurturing a collaborative and productive program team leadership training; and
- Supports long-term sustainability by engaging ECE programs and families as partners in support of children’s health, development and well-being.

General framework and ECELC roles

Each Learning Collaborative is made up of approximately 20-25 ECE programs. Each program self-defines a Leadership Team of three people to attend five active, in-person, one-day Learning Sessions. The Learning Sessions, which State Project Coordinators (PCs) organize and Trainers facilitate, are approximately eight weeks apart over the course of 12 months.² The major tasks of PCs include bringing together partners to coordinate state-wide efforts, serving as the technical expert for the project, recruiting and retaining ECE programs and supporting Trainers. PCs will organize a “Train the Trainer” session for Trainers in order to review scripts and materials for each Learning Session, Action Period process, expectations for site visits after each Learning Session and answer any questions Trainers may have. The team of Trainers for each Collaborative will facilitate Learning Sessions, and provide on-going technical assistance (TA) to participating ECE programs during the Action Period after Learning Sessions. The Action Period includes training ECE program staff to share key content from the Learning Session, involving them in using new classroom resources and completing specific action tasks related to making healthy change before the next Learning Session.



¹ Providers include teachers, teacher aides, caregivers, and family child care providers.

² See Part 3 - Planning and Timelines for your Collaborative for more information on this.

Section 1.2 – National ECELC Goals and Framework

What are the initial goals?

The goals of the National ECELC are to improve ECE program environments through the implementation of policies and practices that impact the health and status of children by:

- Implementing best practices for healthy nutrition into program practice and policy;
- Increasing access to daily physical activity, both structured and unstructured and in indoor and outdoor settings;
- Eliminating or placing limits on screen time;
- Supporting breastfeeding;
- Empowering program Leadership Teams to engage staff in ongoing assessment, action planning and quality improvement; and
- Engaging families as partners in supporting children’s optimal development and acquisition of healthy habits.

Four components of the collaborative framework

1. *Leadership teams meet in five structured, active, in-person Learning Sessions*

Five Learning Sessions over the course of 12 months provide education about the relationship of healthy nutrition, physical activity, reduced screen time, and breastfeeding support to children’s health; the unique and powerful role of providers; the process of change; and the potential of partnerships with families to sustain change. In addition to increasing knowledge, participation in the Learning Sessions offers opportunities for skill building, small group work, and collaboration with an expanded network of colleagues to share ideas and concerns.

2. *After each session, Leadership Teams facilitate the Action Period*

During the Action Period, Leadership Teams facilitate program staff training with support from a Leadership Team Guide, Staff Worksheets, and relevant materials or resources. The purpose of the Action Period is to enable the Leadership Team to share information learned, assess and evaluate their current program practices, and engage staff in an action planning process leading to healthy change(s). There are three main components to the Action Period: Assessment, an Action Plan, and a Storyboard.

1. **Assessment:** Two assessment tools, the Healthy Kids, Healthy Future Quiz and *Go NAP SACC* (Nutrition and Physical Activity Self-Assessment for Child Care), are used pre- and post-test as educational, planning, and evaluation tools for programs.
2. **Action Plans:** As part of the Action Period, ECE programs develop an action plan; to make healthy changes, targeting improvements suggested by their growing knowledge, experience, and staff discussion in response to the self-assessment results.
3. **Storyboard:** To document the process of change, Leadership Teams create and present a storyboard that correspond to programs’ Action Plan. The storyboard is used to share their experiences, both challenges and successes, with colleagues, families, staff, and the children under their care. Often, the storyboard generates ideas of healthy change for other ECE programs.

3. *Technical Assistance (TA)*

TA is provided to participating ECE programs after Learning Sessions to provide information, resources, and support in moving towards healthy change. Ideally, the TA offered to programs is provided by the same Trainers that facilitate the in-person Learning Sessions. TA is documented and tracked for evaluation purposes.

4. Evaluation

In collaboration with the Gretchen Swanson Center for Nutrition (GSCN), the National ECELC Project is being evaluated through a number of activities and instruments over the course of the project. A number of different measures are utilized to gather information and data, including, but not limited to the following:

- **Healthy Kids, Healthy Future Quiz (Pre and Post):** A quiz allowing programs to see which Healthy Kids, Healthy Future best practices (in the areas of food, beverages, physical activity, screen time, and infant feeding) have been implemented at the beginning and end of their participation in the Learning Collaborative.
- **Nutrition and Physical Activity Self-Assessment for Child Care (Go NAP SACC - Pre and Post):** A self-assessment (evaluating breastfeeding and infant feeding, child nutrition, infant and child physical activity, outdoor play and learning, and screen time) that allows programs to rate their strengths, as well as areas for improvement, and to use this information to plan for healthy change. Similar to the Healthy Kids, Healthy Future Quiz, this instrument is utilized in the beginning and end of a program's participation in the Learning Collaborative.

Section 1.3 - Flexibility vs. Fidelity

Flexibility

Taking Steps to Healthy Success (TSHS) is a flexible curriculum that can showcase state initiatives, align with important policy initiatives or support the development of a comprehensive early childhood system. We hope you will find opportunities to make this TSHS training more relevant to your ECE providers by using it to increase interest and understanding of state messages and initiatives. Please share ideas you would like to explore with your PC.

Several PowerPoint (PPT) presentations refer to national or state data. We encourage you to adapt the Learning Sessions to incorporate data that is relevant to your programs by including specific policies, statistics, health initiatives and messages that are important to the locality where the training is being conducted.

There is also a lot of flexibility when planning movement and transition activities. The activities in each session can be drawn from materials that ECE programs will receive or from the *Nutrition and Movement Activity Book*, a collection of healthy nutrition and exercise activities.

As you become more familiar with the content of the Learning Sessions, you may want to add ideas, emphasize some points more than others, or even change the way the materials are presented. For example, one state team discussed setting up staff wellness information and resources that were presented as a PPT presentation as an interactive carousel activity that participants could rotate through, exploring and discussing options, barriers and solutions with colleagues.

We hope you will take this content and make it engaging for your providers! Please share your experiences as a trainer with your PC through regular communication channels so everyone can learn from each other as we find new ways to support ECE programs in their work helping children grow up healthy.

Fidelity

Although there is flexibility in the presentation style of the information, the key content and minimal time frame for each Learning Session should remain intact. You could certainly extend the training day in order to support additional activities, but we ask that you provide at least the six suggested hours of actual training for each Learning Session. If you want to make substantial changes to PPT presentations, please email ecelc@nemours.org.

Section 1.4 – Terms and Symbols Used in the Module Sections



ACTION

These sections indicate important points to be presented, but how it is presented can be modified. Based on your experience as a Trainer, please feel free to use the language, ideas and experiences you feel will best convey the information to your audience.



SET-UP

This section provides guidance on how to set-up the room where you will conduct the Learning Session. The set-up can be adapted based on the actual venue for your Learning Sessions, but these sections outline important considerations. Additional information is also provided on videos or PPTs to set-up in preparation for your Learning Session.



PRESENT

Highlights the PPT, video or other resources that will be presented in the particular section of the Learning Session.



PLAY

Indicates the video or media file that should be played. Videos are provided as hyperlinks if internet is available.



TIPS

Useful tips or reminders for Trainers leading the session, activity or discussion.



EVALUATION

Indicates where an evaluation tool is used throughout the day.



NETWORKING

Reminder to provide participants the opportunity to network and share ideas with each other throughout different sections of the Learning Session.

Part 2: Collaborative Teaching and Learning

Section 2.1 – Tips for Fostering Collaborative Learning

Build authentic relationships with participants

At each Learning Session, greet participants warmly and help them feel welcome by creating an atmosphere in which they feel valued and comfortable. Set up interesting displays, interactive activities and opportunities for discovery learning. Take the time to get to know each Leadership Team and their program and facilitate program networking by introducing participants to one another.

Know your role

The Trainer can have a variety of roles during the Collaborative. Sometimes the Trainer will be the teacher, but other times the Trainer will be the facilitator as the teams teach one another about their successes, challenges or lessons learned. In addition to facilitating the Learning Sessions, Trainers will provide TA to the programs in the Learning Collaborative, helping Leadership Teams understand and prepare for the Action Period, keeping them focused on action planning and implementation, thinking through challenges together, sharing helpful resources and validating their work.

Create an interactive learning environment

During the Learning Sessions, you will facilitate a wide range of experiences in addition to presentations: large and small group work, call and response, large group physical activity, report outs, breakout groups, video, and storyboard presentations by participants. Dividing large groups into smaller sub-groups allows for more individualized attention and relationship building. Many programs find that having a small, regular group to meet with provides a safe placeto share experiences and ask questions. These experiences will encourage greater retention of subject matter, improve attitudes toward learning, and enhance interpersonal relations among group members and a wider network of support among colleagues.

Use your skills and experience

Providing examples from previous work with ECE programs will help build rapport and trust with Collaborative participants. As an expert, you will also be able to provide guidance for Leadership Teams as they continue to grow and learn in the Collaborative.

Make it easy for teams to share

Develop simple ways for programs to share with each other – both at the Learning Sessions and during the Action Period. Inviting programs to share their successes in the opening segment of each Learning Session gets the day off to a great start. The use of KWL (Know, Want to know, Learn) Charts is an effective tool that can be used during Learning Sessions by Trainers or during the Action Periods by Leadership Teams to assess:

- What do participants **KNOW**?
- What do participants **WANT** to know?
- What did participants **LEARN** that is important to them?

As programs move into the action planning and implementation phase of the Collaborative, it can be helpful to provide a time for programs to ask questions and provide possible solutions for each other. Scheduling calls, check-ins, virtual updates or emails will allow teams to connect with each other, ask questions and provide updates that can be shared with the Collaborative.

Section 2.2 - Facilitating Adult Learning

An important element of effective facilitation with adult learners is understanding how adults learn—by incorporating discovery learning and collaborative approaches into the process of learning rather than a didactic approach. We know that adult learners are most engaged when the learning experience is active and the contributions between the facilitators and participants are balanced.

Adult approaches to learning

Malcolm Knowles, a leader in the field of adult education, developed a framework describing how adults learn differently than children. He defined six principles of adult learning³:

1. Adults are internally motivated and self-directed;
2. Adults bring life experiences and knowledge to learning experiences;
3. Adults are goal oriented;
4. Adults are relevancy oriented;
5. Adults are practical; and
6. Adult learners like to be respected.

Learning environment

It is essential to create an environment that connects adult learning styles to the TSHS Curriculum content. The Learning Sessions are designed to facilitate a wide range of experiences to encourage discovery learning and construct a supportive network. Provide frequent opportunities for participants to explore and use the resources they will take back to their programs. If participants seem disengaged, review the six principles of adult learning to determine which area could be improved.

Important considerations related to the environment and principles of adult learning are as follows:

- The learning environment is characterized by physical comfort, mutual respect, trust and helpfulness, freedom of expression, and acceptance of differences.
- Provide physical conditions that are comfortable (seating, temperature, ventilation, lighting, decoration) and conducive to interaction (circle, small groups at round tables, interactive displays, opportunities for active play).
- Accept the learners as persons of worth and respect their feelings and ideas. They are curious about what the learners will bring to the sessions. Involve the participants in establishing a learning environment that makes them feel comfortable, engaged and productive.
- Build relationships among the learners by encouraging cooperative activities and conversations. Guide participants to explore differences and commonalities as they learn more about implementing best practices in their programs.

Strategies to support learning

Learning Sessions have been designed to facilitate and encourage all types of learners. Each session incorporates structure, creativity, reflection, small and large group work, movement/activity and practical exercises. Although varying pace and activity is important for engaging a variety of adult learners, the discussions and activities in each session support understanding and deeper knowledge, rather than merely being included to address a different learning style.

Be organized! Show enthusiasm!

The words, actions, and gestures of the Trainer all impact group dynamics. Participants are sensitive to a Trainer's lack of interest or energy and may disengage. Conversely, enthusiasm and passion for a subject can lift a group, even one that is tired or lacking in motivation. A Trainer needs to be able to read the mood and temperament of a group and decide how to best keep participants engaged.

Consider the following responsibilities of effective Trainers:

- Be the guide, not the leader;
- Cultivate an atmosphere of respect;
- Recognize that ECE providers are accustomed to a playful, active atmosphere;
- Create a collaborative environment that values everyone's contributions;
- Speak clearly and with enthusiasm;
- Build activities into your presentations;
- Build group curiosity and confidence;
- Guide and manage group interaction;
- Understand and respect cultural differences;
- Practice active listening, paraphrasing, observing, clarifying and collaborating;
- Use open-ended questions to stimulate conversation;
- Interpret verbal and non-verbal behavior cues;
- Be aware of group dynamics and adjust the agenda or activity to maintain engagement;
- Focus on achieving outcomes during Learning Sessions and when providing TA;
- Incorporate feedback when possible; and
- Have fun, bring a sense of humor and enjoy the new relationships you will establish and facilitate!

Section 2.3 – Train-the-Trainer Approach

Training and resources for the *Taking Steps to Healthy Success (TSHS)* curriculum and collaborative approach will be provided in a number of ways:

1. State/Locality Project Coordinators will be trained by the National ECELC Team on the Learning Session content and process (action planning and storyboards), the ECE program Action Tasks, evaluation methods/collection, and collaborative logistics prior to the launch of the Learning Collaboratives.
2. The National ECELC Team will prepare five (5) pre-recorded webinars pre-viewing the content and process for each respective Learning Session, to be used by the Project Coordinators to train their Trainers. This approach will provide Trainer fidelity and consistency to the Learning Session content, as well as flexibility to each state/locality regarding any content and/or facilitation method customization.
3. Project Coordinators will host a training prior to each Learning Session to train their Trainers on the Learning Session content, decided on a uniform approach for each respective Learning Session across the Collaboratives, and ensure that accurate information regarding health information, data interpretation, and state/ locality-level early care and education practices and policies are correct.
4. The *TSHS* Implementation Guide and Learning Session content and materials will be made available prior to each Learning Session in two different formats: 1. Hardcopy (printed), and 2. On the Healthy Kids, Healthy Future website www.healthykidshealthyfuture.org.

In addition, the following activities are encouraged to ensure all Trainers feel comfortable with the content, provide accurate information, and conduct highly engaging and effective group training that is grounded in adult learning principles⁴:

1. Trainers should be paired in teams which take into account their strengths and experiences. For example, a trainer with a lot of experience working in ECE programs should be paired with a partner more familiar with nutrition and child health.
2. Trainers should review the curriculum and Implementation Guide with questions directed towards their Project Coordinator and/or National ECELC Project team.
3. Access online information and resources on children's health, physical activity and breastfeeding to ensure a grasp of the information. Check out the Healthy Kids, Healthy Future website (www.healthykidshealthyfuture.org) for information on best practices and related resources.
4. Observations of Trainers by the Project Coordinator to provide feedback and suggestions regarding activities flow of the material, information presented and audience engagement. The Project Coordinator should also meet with each Trainer team individually to review their plan and provide feedback, coaching and guidance.
5. Trainers can observe each other's Learning Sessions to provide feedback and suggestions to each other regarding activities, flow of the material and audience engagement.
6. Trainers should regularly contact (on-site visits, observations, phone calls) their assigned ECE programs in order to make the curriculum relevant and practical.
7. Adults are internally motivated and self-directed. They bring life experiences and knowledge to learning experiences. Adults are goal and relevancy oriented. Adults are practical and like to be respected.

Part 3: Planning and Timelines for Your Collaboratives

Section 3.1 – The Nuts and Bolts of the Learning Collaboratives Model

The National ECELC Project provides funding for two Trainers per Collaborative. Additional support may be secured from local agencies or organizations with shared goals (child care health consultants, quality rating and improvement system technical assistants, ECE professional development trainers, YMCA, universities, Cooperative Extension educators, etc). Past Collaboratives have successfully engaged partners to present specific content in the Learning Sessions; volunteers have also been utilized to help with set up and perform administrative tasks.

Each state/locality will run Collaboratives under the supervision and guidance of the PC. A Learning Collaborative will consist of 20-25 programs represented by self-defined Leadership Teams of up to three people. Each in-person Learning Session would ideally have a maximum of 75 participants.



*A parent can participate in the Leadership Team at the invitation of the Program Owner/Director.

Below is an overview of the Learning Collaborative Model, which consists of five in-person Learning Sessions and five Action Periods. Suggested scheduling for the Learning Sessions is as follows:

- LS1 to LS2 Approximately 8 weeks
- LS2 to LS3 Approximately 8 weeks
- LS3 to LS4 Approximately 8 weeks
- LS4 to LS5 Approximately 8 weeks



*Go NAP SACC is a Nutrition and Physical Activity Self Assessment for Child Care for ECE settings comparing their current practices with a set of best practices.

Section 3.2 – The Role of Trainers in Supporting Healthy Change

TA provided after Learning Sessions is key to helping ECE programs implement healthy change. Although participants may be inspired, informed and equipped to make changes by their discoveries and connections in the Learning Sessions, effective TA can help transform ideas into reality for their programs.

Trainers have a unique opportunity to get to know program Leadership Teams and staff over the course of the Learning Collaborative. TA can take place in many different ways through: observation and debriefing, brainstorming, discussions, modeling, direct instruction, coaching, or mentoring. Effective Trainers select the appropriate approach to meet the needs of each individual program while simultaneously focusing on the needs of each program, Trainers provide encouragement, support and a collaborative approach to action planning.

In a Learning Collaborative, Trainers lead small breakout discussion groups at each session to offer a safe space to share experiences, ask questions, connect with colleagues, and think together about next steps.

In addition to facilitating Learning Sessions, Trainers will provide TA to their ECE programs promptly after each Learning Session to ensure that the Leadership Team:

- Understands the Action Period tasks;
- Is prepared to facilitate the training for program staff;
- Sets a date for the program staff training; and
- Have the information, support and resources they need.

A checklist for site visits after each Learning Session appears in Part 4: Content Implementation in the Action Period sections of this Implementation Guide. A TA form will help you track and manage the goals and implementation process of the programs that you and others support through TA. Please use the TA form to document every site visit or communication you have with your assigned programs. A sample TA form is shown on the following page.

After Learning Sessions

Each Action Period includes the facilitation of an abridged version of the previous Learning Session by the Leadership Team, as well as specific tasks to complete.

The Action Period staff training, with support from a *Leadership Team Guide*, takes approximately 1-2 hours. The *Leadership Team Guide* can be found in the Action Period section of each Learning Session Participant Handbook, along with accompanying staff worksheets, assessments, action plans and storyboard guidelines.

Trainers provide TA after Learning Sessions to support programs' training and action tasks. They answer questions and connect them to resources, including other programs, when appropriate.

Tips for successful TA site visits:

- Begin with respect;
- Connect with the real interests, concerns and values of participants;
- Build relationships over time;
- Co-construct your visits by deciding together on the time, agenda, goals, preferred ways to communicate, etc.;
- Focus on changes that are within the program's reach; and
- Choose appropriate strategies and varying degrees of assistance to help programs reach their goals.

- 17.) Date of expected follow-up: / /
- 18.) Mode of delivery for follow-up: On-site Phone Email Other (please specify):
- 19.) Is the TA provided to the ECE Program's Action Plan? Yes No Don't Know
- 20.) Please describe the number of staff members experiencing: _____

28-Apr-14

Technical Assistance Form

For Office Use Only: _____ - _____ - _____

To submit form, send to TA@centerfornutrition.org or contact Marcella at mmiller@centerfornutrition.org for further assistance.

- 1.) State: _____ 2.) Trainer Name: _____
- 3.) Did any other Trainer assist in this instance of TA provision? Yes No
- 4.) If yes, please provide the Trainer name(s) here: _____
- 5.) How many ECE Program sites was TA provided to during this instance? _____
- 6.) ECE Program Site Name(s): _____
- 7.) Enrollment ID(s): _____
- 8.) ECE Program Site Street Address(s) (e.g., 805 Main St.) _____
- 9.) Date of TA: / /
- 10.) Timing of TA: Pre-Learning Session After LS1 After LS 2 After LS 3 After LS 4 After LS 5
- 11.) Time on TA (Excluding Travel): Hours Minutes 12.) Total Travel Time: Hours Minutes
- 13.) Mode of Delivery: On-site Phone Email Other (please specify):

14.) Please indicate **HOW** you provided Technical Assistance (check all that apply):

- Self Assessments Family Engagement Feedback
- Action Plans/Goal Setting Observation Other (please list): _____
- Staff Training On-site Discussion Shared Resource (e.g., menu-planning template) (please list): _____
- Staff Engagement Modeling Shared Community Resource/Activity (e.g., WIC, Fun Run): _____

15.) Please indicate the **AREAS** that you provided Technical Assistance in (check all that apply):

<p>Breastfeeding & Infant Feeding</p> <p><input type="checkbox"/> Breastfeeding Environment</p> <p><input type="checkbox"/> Breastfeeding Support Practices</p> <p><input type="checkbox"/> Breastfeeding Education & Professional Development</p> <p><input type="checkbox"/> Breastfeeding Policy</p> <p><input type="checkbox"/> Infant Foods</p> <p><input type="checkbox"/> Infant Feeding Practices</p> <p><input type="checkbox"/> Infant Feeding Education & Professional Development</p> <p><input type="checkbox"/> Infant Feeding Policy</p> <p><input type="checkbox"/> Family Engagement</p> <p><input type="checkbox"/> Staff Engagement</p>	<p>Child Nutrition</p> <p><input type="checkbox"/> Food Provided</p> <p><input type="checkbox"/> Beverages Provided</p> <p><input type="checkbox"/> Feeding Environment</p> <p><input type="checkbox"/> Feeding Practice</p> <p><input type="checkbox"/> Menus & Variety</p> <p><input type="checkbox"/> Education & Professional Development</p> <p><input type="checkbox"/> Policy</p> <p><input type="checkbox"/> Family Engagement</p> <p><input type="checkbox"/> Staff Engagement</p>
<p>Infant & Child Physical Activity</p> <p><input type="checkbox"/> Time Provided</p> <p><input type="checkbox"/> Indoor Play Environment</p> <p><input type="checkbox"/> Teacher Practices</p> <p><input type="checkbox"/> Education & Professional Development</p> <p><input type="checkbox"/> Policy</p> <p><input type="checkbox"/> Family Engagement</p> <p><input type="checkbox"/> Staff Engagement</p>	<p>Screen Time</p> <p><input type="checkbox"/> Availability</p> <p><input type="checkbox"/> Practices</p> <p><input type="checkbox"/> Education & Professional Development</p> <p><input type="checkbox"/> Policy</p> <p><input type="checkbox"/> Family Engagement</p> <p><input type="checkbox"/> Staff Engagement</p>

16.) Please describe the TA you provided in each **AREA** you have checked above: (use the back of this sheet if you need more space)

What did you help with?	What went well?	What didn't go well?	What additional help do they need with this?
Example: <i>I observed teacher practices related to physical activity on the playground. I modeled ideas for active play.</i>	<i>The children seemed to really have fun when the staff became more active with them.</i>	<i>2 of the staff refused to engage in active play.</i>	<i>I need to speak with the 2 staff members who refused to engage in activity with the children and engage them more.</i>

Section 3.3 – Helping Leadership Teams Facilitate the Action Period

- Trainings could be scheduled in the evening or on a Saturday when the program will be closed. It may be helpful to schedule trainings during the week of a holiday;
- If ratios permit, staff could be scheduled off for 2-3 hours during the week of the training. Staff often appreciate having a longer lunch hour or being able to leave early one day;
- Regular staff meetings could be shortened or extended to accommodate ECELC training with program staff;
- Fun events could be prepared immediately before the training: a healthy meal at the center, a game or activity the staff especially enjoy, or a raffle. These activities encourage staff to arrive on time as well as create a fun atmosphere;
- Incentives encourage active participation in the training by creating coupons for staff to leave one hour early, come in one hour late or extend their lunch hour with required advance notice; and
- Training Sessions can be planned as part of professional development.

Section 3.4 – Helping Leadership Teams Develop S.M.A.R.T Goals

- Each Leadership Team member should develop SMART goals to complete their Action Plan. Understanding how to write SMART goals will allow providers to develop a plan of change. Programs can use goal-setting as a way to make healthy changes and incorporate it into their daily planning.
- SMART goals are:
 - Specific** – goals should state exactly what the providers would like to achieve. The goal should be specific enough to allow those involved in the process to understand it. Have providers think about the “who,” “what,” “when,” “where,” and “how” of their desired goal.
 - Measurable** – goals should contain a way to determine if the goals have been reached. How will the program be assessed to recognize changes that have been made? How will programs identify the progress they are making? Goals can be measured by dates, number of tasks, and/or visual changes.
 - Attainable** – goals should be reasonable that providers are able to achieve within a given time frame. Setting goals that are attainable increases motivation, and providers become confident that this is something that they can do. Encourage programs to think about goals based on what they currently have (i.e. resources, staffing etc.).
 - Realistic** – goals should be something that can actually be met. Work with participants to set goals that they can handle. If a goal is too easy then the participants are not being challenged. Encourage programs to make changes that demonstrate their knowledge and ability to complete the task.
 - Time-bound** – goals should have a deadline. Deadlines allow programs to identify their progress and hold themselves accountable to reach the deadline. In the Action Plan, participants are encouraged to enter a date of completion and designate somebody who is responsible for the action step.
- Introducing SMART goals through personal goal-setting is a good way for participants to understand how to develop these goals. Introduce it in a manner that may not be overwhelming or technical. A good way to introduce SMART goals is to have participants use a New Year’s resolution as their goal. This resolution can then be broken down to allow participants to see what SMART goals look like.
- When using personal goal-setting to introduce SMART goals, ensure that participants understand the connection between the personal SMART goals they developed and a SMART goal that can enhance their program practices.

Section 3.5- Helping ECE Program Staff Complete the Action Period Tasks

- Program classrooms may have a scheduled planning time when they do not have direct responsibility for children. Program staff can use this as an opportunity to brainstorm, plan, prepare materials, and document the process of change. This can be facilitated by regular “floaters,” program coordinators, administrative team members, or by creative use of nap time coverage (if your state permits different ratios during nap time).
- Encourage regular staff meetings when all program staff can meet, talk and plan as a group.
- Time to meet face-to-face is important, but developing additional communication channels that support continued planning, implementation and documentation after meetings is also key.

Section 3.6 – Learning Session Logistics

Room set-up

Learning Sessions consist of large group presentations, table discussions, technical assistance groups and physical activities to create a variety of learning experiences for participants. The ideal space for a Learning Session includes the following elements:

- A large main training room with space for round participant tables, food tables, beverages, and large group physical activities;
- A separate space near the entrance to the main training room for check-in and networking;
- Podium and projection screen; and
- Lighting that allows for dimming during screen presentations.

Technology considerations

Most Learning Sessions require technology:

- Laptop, speakers and LCD projector for the meeting spaces;
- CD player;
- Wireless microphones (one for the presenter and one or two for participants to share their ideas and thoughts with the group);
- Wi-Fi access (for accessing web-based video links); and
- Panel tables with microphones (if you choose to have a panel discussion for Learning Session(LS1) or any other sessions).

PowerPoint notes and slide show

When preparing for a Learning Session and giving a presentation, you can view the PPT with the presenter notes. *The following directions are for PC users only, not Mac users.* When you are ready to present:

- Open the PPT;
- At the top of the toolbar, click “Slide Show”;
- Click “Set Up Slide Show”;
- On the bottom right hand side, click “Show Presenter View”;
- Click “OK”;
- Click “Slide Show”;
- Click “From Beginning” to start your presentation.

To print your PPT slides with the notes section:

- Open the PPT;
- At the top left hand side of the toolbar click the Microsoft Office Logo Button;
- Scroll down and click “Print”;
- On the lower left hand side find the drop down box “Print What”;
- Click “Notes Pages”; and
- Click “OK” to print.

Supplemental activities and resources

Within this guide, supplemental activities and resources are mentioned throughout the Learning Session *Content Implementation* section. Additional activities used throughout the Learning Sessions may include:

- **Raffle (optional):** Used as an incentive to encourage participants to contribute their own thoughts and experiences throughout each Learning Session.
- **Know – Want to Know – Learned (KWL) Chart (optional):** Create a KWL chart to help you communicate back and forth with participants—acknowledging what they are learning, weaving in new topics of interest, and answering questions. To create your chart, make 3 equal columns with the following headings:
 - What do we already KNOW?
 - What do we WANT to know?
 - What did we LEARN that is important to us?
- **Nutrition and Movement Activity Book:** A collection of nutrition and exercise activities to be done during the *Physical Activity Break* in each Learning Session. Choose one of the activities for each break.
- **Show and Tell (optional):** Project Coordinators and/or Trainers can bring their favorite resources to each Learning Session to share with participants.

Planning Checklists

The planning checklists are a general guide for the different tasks needed to successfully launch Collaboratives. Feel free to add tasks, combine tasks, or change the timeline to fit your needs. Use the checklists to help you plan your training and ensure you're ready for each Learning Session:

Two to three months prior to the initial Learning Session

- Determine dates for all five Learning Sessions;
- Identify and reserve an appropriate training venue;
- Identify publicity and social marketing opportunities;
- Determine how clock hours and/or CEUs can be provided for Leadership Team members and program staff. Submit application for approval, if required;
- Reach out to key partners who may want to present content at particular Learning Sessions;
- Begin recruiting ECE programs: discuss benefits, time commitment, incentives, etc.;
- Advertise the Learning Collaboratives to your target audience;
- Create a program interest list; and
- Distribute enrollment information.

Up to one month prior to the initial Learning Session

- Familiarize yourself with Learning Session content and materials;
- Order/obtain supplies and materials for use in the Learning Sessions;
- Create and laminate signs that provide direction and guidance to the presenters and participants at the Learning Session (e.g. "check-in," "time is up" warning, "reserved" table tent...etc.);
- Create a logistics box: tape, scissors, markers, pens, folders, clipboards, index cards, first aid, post-its, signs, blank nametags, etc.;
- Select and meet with the lunch caterer. Place order for healthy food and beverages;
- Meet with training venue regarding technology requirements;
- Obtain raffle prize materials and raffle tickets (optional); and
- Secure commitments from trainers, interns, presenters, panelists (if using)...etc.

Two weeks before each Learning Session

- Send a reminder email to participants with Learning Session venue, date, time, directions...etc.;
- Create a pre-filled participant sign-in sheet (name and enrollment ID);
- Prepare name tags; and
- Send confirmation email to presenters with details regarding the venue / their segment.

One week before each Learning Session

- Confirm with the venue the date, time, space, food (where applicable) and audiovisual needs;
- Confirm final numbers with caterer;
- Save all electronic presentations on USB drives;
- Gather materials for the Learning Session; and
- Practice presentations.

After each Learning Session

- Allow for reflection and suggestions on how to improve the next Learning Session;
- Send thank you notes to speakers and panel participants;
- Send electronic thank you to participants with future dates, conference calls, TA visits, etc.; and
- Replenish logistics box as necessary.

Part 4: Content Implementation

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

Overview

LS1 provides a rationale for why change is necessary. It shows how early childhood nutrition, physical activity, screen time and breastfeeding practices support optimal health and address the alarming childhood obesity rates. 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 work towards healthy change. Key content includes information on the:

- Healthy development of children;
- Role of ECE providers as agents of change;
- Obesity epidemic;
- Health problems associated with childhood obesity;
- Changes in our society and environment;
- ABC's of a Healthy Me! objectives;
- Engagement of families; and
- Importance of staff wellness and role modeling.

Post-session (Action Period)

Program Leadership Teams utilize the *Leadership Team Guide* to engage their program staff to:

- Complete *Video Module 1* with corresponding discussion and staff worksheet;
- Utilize the *Nutrition and Physical Activity Self Assessments for Child Care (Go NAP SACC)* instruments; and
- Identify specific strengths and improvement areas in their program.

Objectives

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

1. Identify at least two examples of changes in our society or environment that have contributed to childhood obesity over the years;
2. Identify at least two benefits of implementing best practices for nutrition, physical activity, screen time, and breastfeeding support;
3. Name at least two best practices for creating a family-friendly environment; and
4. Complete at least four *Go NAP SACC* instruments of their program's policies and practices.

Sample Agenda

The Agenda Template can be found on the Healthy Kids, Healthy Future website: www.healthykidshealthyfuture.org. Feel free to use this as you customize the timing and activities for each Learning Session.

Learning Session 1: The ABC's of a Healthy Me!	
Time	Topic
8:30 – 9:00 am	Check-In
9:00 – 9:45 am	Welcome and Introductions PPT Part A: The ECELC Project <ul style="list-style-type: none"> • Video: <i>Nemours National ECELC</i> • Evaluation: Healthy Kids, Healthy Future Quiz
9:45 – 11:00 am	PPT Part B: Healthy Development <ul style="list-style-type: none"> • Video: <i>Video Module 1</i> • Discussion: What has contributed to childhood obesity over the past thirty years? • Activity: <i>What's that slogan?</i> • Early Learning Standards Physical Activity Break: refer to your state's Early Learning Standards and the <i>Where Does It Go?</i> activity on page 28 in the <i>Nutrition and Movement Activity Book</i>
11:00 am – 12:00 pm	PPT Part C: ABC's of a Healthy Me! <ul style="list-style-type: none"> • Discussion/Activity: ABC's of a Healthy Me! Idea Exchange
12:00 – 12:45 pm	Networking Lunch
12:45 – 1:45 pm	PPT Part D: Facilitating Change in Your Program <ul style="list-style-type: none"> • Video: <i>Making Health Easier: Healthy Changes Start in Preschool</i> • Technical Assistance Groups: refer to the <i>Afternoon Group Discussion Notes</i>
1:45 – 2:00 pm	PPT Part E: Staff Wellness <ul style="list-style-type: none"> • Discussion: <i>What other activities can you do to improve your own health?</i> • Physical Activity Break: refer to the <i>Nutrition and Movement Activity Book</i>
2:00 – 2:30 pm	PPT Part F: Principles of Family Support <ul style="list-style-type: none"> • Video: <i>Bringing Families Together: Building Community</i> • Activity: Creating a Family-Friendly Environment
2:30 – 2:45 pm	PPT Part G: Additional Support
2:45 – 3:00 pm	Check-Out

LS1: Materials List	
Check-In	<ul style="list-style-type: none"> • Check-in signs (for example A-I, J-R, S-Z) • Pre-filled participant sign-in sheets (name and enrollment ID) • Pens • Nametags • LS1 Participant Handbooks (one per program)
Welcome and Introductions PPT Part A: The ECELC Project	<ul style="list-style-type: none"> • PPT Part A: The ECELC Project <ul style="list-style-type: none"> – Video: <i>Nemours National ECELC</i> in PPT – Healthy Kids, Healthy Future Quiz (one per program)
PPT Part B: Healthy Development	<ul style="list-style-type: none"> • PPT Part B: Healthy Development <ul style="list-style-type: none"> – Video Module 1 in PPT • Early Learning Standards Physical Activity Break: <i>Where Does it Go?</i> activity on page 28 in the <i>Nutrition and Movement Activity Book</i> <ul style="list-style-type: none"> – Materials needed for the <i>Where Does it Go?</i> activity: <ul style="list-style-type: none"> • Your state’s Early Learning Standards/Guidelines • Plastic fruits and vegetables • Baskets or containers
PPT Part C: ABC’s of a Healthy Me!	<ul style="list-style-type: none"> • PPT Part C: ABC’s of a Healthy Me! • ABC’s of a Healthy Me! Idea Exchange <ul style="list-style-type: none"> – Large chart paper – Index cards or sticky notes – Tape • Physical Activity Break: <i>Nutrition and Movement Activity Book</i> <ul style="list-style-type: none"> – Materials needed for chosen activity
PPT Part D: Facilitating Change in Your Program	<ul style="list-style-type: none"> • PPT Part D: Facilitating Change in Your Program <ul style="list-style-type: none"> – Video: <i>Making Health Easier: Healthy Changes Start in Preschool</i> in PPT – Learning Session 1 Participant Handbook: Participants refer to the <i>Leadership Team Guide</i> – Learning Session 1 Implementation Guide: Trainers refer to the <i>Afternoon Group Discussion Notes</i>
PPT Part E: Staff Wellness	<ul style="list-style-type: none"> • PPT Part E: Staff Wellness • Physical Activity Break: <i>Nutrition and Movement Activity Book</i> <ul style="list-style-type: none"> – Materials needed for chosen activity
PPT Part F: Principles of Family Support	<ul style="list-style-type: none"> • PPT Part F: Principles of Family Support • Video: <i>Bringing Families Together: Building Community</i> in the PPT • Activity: <i>Creating a Family-Friendly Environment</i> <ul style="list-style-type: none"> – Learning Session 1 Participant Handbook: Participants refer to the <i>Creating a Family-Friendly Environment</i> activity
PPT Part G: Additional Support	<ul style="list-style-type: none"> • PPT Part G: Additional Support
Check-Out	<ul style="list-style-type: none"> • Check-Out

Check-In (30 min.)



SET UP:

Set up the night before if possible. If not, plan on setting up early the day of the training. Refer to the Materials List on page 25 for a complete list of what to set out or store for later. Set out sign-in sheets, nametags, and pens on tables near the main room entrance. In addition:

- Gather materials for physical activity breaks (see *Nutrition and Movement Activity Book* for ideas);
- Set up and test all technology: laptop, LCD projector, CD/DVD player (laptop may have this capability), and wireless microphone;
- Set up Show and Tell area (optional) to showcase important resources;
- Set up KWL Chart on large chart paper (optional); and
- Display raffle prizes (optional).



CHECK-IN:

It is recommended to begin check-in at least 30 minutes prior to Learning Session 1(LS1). As participants sign-in, provide them with a LS1 Participant Handbook.



TIPS:

- Facilitate introductions and networking among participants; and
- Five minutes before start time, begin asking participants to find their seats.

PPT Part A – The ECELC Project (45 min.)



SET UP:

- Prepare PPT: The ECELC Project.



ACTION:

- Welcome participants;
- Introduce yourself with brief background information;
- Provide an overview of benefits (e.g. clock hours/CEUs, stipends, on site TA, etc.);
- Mention housekeeping items:
 - Bathroom location
 - Silencing cell phones
- Point out that each Learning Session will have its own Participant Handbook; and
- Provide an overview of the LS1 Participant Handbook and the agenda.



NETWORKING:

- Note: The ECELC Project provides a unique opportunity for professionals within early care and education settings to collaborate and learn from one another.
 - At this time encourage participants to introduce themselves to other programs.



TIPS:

- Assure participants that sessions will be fun, active and interactive;
- Point out that participant knowledge and experiences are valued and that there will be many opportunities to learn from each other; and
- It may be beneficial to go in to more detail about expectations and establish “ground rules” for the Learning Sessions.



PRESENT:

Introduction Slides and PPT Part A: The ECELC Project.

Video: *Nemours National ECELC* (5 min.)



PLAY:

Nemours National ECELC in PPT Part A: The ECELC Project.

Note: The PPT contains a prompt to play the *Nemours National ECELC* video. Click on the picture (hyperlink) to start the video.

Healthy Kids, Healthy Future Quiz



EVALUATION:

- Distribute one Healthy Kids, Healthy Future quiz to each program;
- Explain that the Leadership Team should work together to complete the forms;
- Allow programs to take the next 15 minutes to complete the Healthy Kids, Healthy Future quiz.

Healthy Kids, Healthy Future Quiz

The Healthy Kids, Healthy Future best practices are listed on the left. Please check the box under the statement that best describes your current situation.

Date Completed: _____

Best Practices	Yes, fully meeting this best practice	Making progress on meeting this best practice	Ready to get started on meeting this best practice	Unable to work on meeting this best practice right now
Answer if you serve TODDLERS or PRESCHOOLERS				
Drinking water is visible and available inside and outside for self-serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100% fruit juice is limited to no more than 4-6 oz. per day per child and parents are encouraged to support this limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sugary drinks, including fruit drinks, sports drinks, sweet tea, and soda, are never offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children 2 years and older are served only 1% or skim/non-fat milk (unless otherwise directed by the child's health provider)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit (not juice) and/or a vegetable is served to toddlers and preschoolers at every meal (French fries, tater tots, and hash browns don't count as vegetables)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French fries, tater tots, hash browns, potato chips, or other fried or pre-fried potatoes are offered to toddlers and preschoolers no more than once a month (Baked fries are okay)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken nuggets, fish sticks, and other fried or pre-fried forms of frozen and breaded meats or fish are offered to toddlers and preschoolers no more than once a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Best Practices	Yes, fully meeting this best practice	Making progress on meeting this best practice	Ready to get started on meeting this best practice	Unable to work on meeting this best practice right now
Answer if you serve PRESCHOOLERS				
All meals to preschoolers are served family style so that children are encouraged to serve themselves with limited help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preschoolers, including children with special needs, are provided with 120 minutes or more of active play time every day, both indoor and outdoor (for half-day programs, 60 minutes or more is provided for active play every day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We strive to limit total screen time (e.g., TV and DVD viewing, computer use) to no more than 30 minutes for preschoolers at child care per week or never, and we work with parents/ caregivers to ensure that children have no more than 1-2 hours per day (for half-day programs, we strive to limit total screen time to no more than 15 minutes per week or never)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents of preschoolers are provided screen time reduction and/or media literacy education such as special programs, newsletters, or information sheets, 2 or more times per year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Answer if you serve TODDLERS				
Toddlers, including children with special needs, are provided with 60-90 minutes or more of active play time every day, both indoor and outdoor (for half-day programs, 30 minutes or more is provided for active play every day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Answer if you serve INFANTS or TODDLERS				
Screen time for toddlers and infants is limited to no more than 3-4 times per year or is never allowed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Answer if you serve INFANTS				
Breastfeeding mothers are provided access to a private room for breastfeeding or pumping, other than a bathroom, with appropriate seating and privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short supervised periods of tummy time are provided for all infants, including those with special needs several times each day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PPT Part B – Healthy Development (1 hour 15 min.)



PRESENT:

- PPT Part B: Healthy Development.



PLAY:

- *Video Module 1*
- **Note:** The PPT contains a prompt to play *Video Module 1*. Click on the picture (hyperlink) to start *Video Module 1*.



ACTION:

- Explain that the content on the video is a summary of the key content presented at today's Learning Session, including:
 - Ways ECE providers are key agents of change in early childhood environments;
 - Information regarding healthy child development;
 - CDC obesity statistics; and
 - Consequences of childhood obesity.
- Facilitate discussion.



PRESENT:

- The remaining slides of PPT Part B: Healthy Development

What's That Slogan? Activity



ACTION:

- Discuss how media can influence children;
- Read the common slogans listed on each PPT slide and have participants guess the name of the restaurant; and
- Facilitate a discussion around what the participants thought of the activity.
 - How many times do you hear that slogan on a daily/weekly basis?
 - How many of the children that you work with know the slogans?
 - Can you think of a healthy eating slogan you can use with the children in your program?

Early Learning Standards Physical Activity Break



SET UP:

- Set up the *Where Does It Go?* activity on page 28 in the *Nutrition and Movement Activity Book*.
- Gather materials needed for the activity:
 - Plastic fruits/vegetables
 - Baskets/containers
- Have your state’s Early Learning Standards and the Early Learning Standards Physical Activity Worksheet (optional) available for use during and at the end of the activity to facilitate a discussion.



ACTION:

- Make sure everyone has enough space, and conduct the *Where Does It Go?* activity from page 28 in the *Nutrition and Movement Activity Book*.
- After the activity, facilitate a discussion using the Early Learning Standards Physical Activity Worksheet (optional) around the common Early Learning Standards domains addressed in the activity, and encourage the participants to use your state’s Early Learning Standards as a guide.
- Common domains addressed in this activity include:

Health and Physical Development:

- Small muscle development – children assemble and sort the various vegetables and fruits into the different bins using fine motor skills. Playing with different size objects and different textures also increases sensory exploration.

Approaches to Learning:

- Play – children have the opportunity to participate in small groups to explore the various fruits/vegetables.
- Learning Styles – children problem-solve when categorizing the different objects. Having children sort the objects by various methods increases their awareness of the characteristics of each fruit/vegetable.

Language and Communication:

- Listening comprehension – children listen and follow one and two-step directions. Younger children may need directions to be repeated more than once to understand what to do;
- Verbal communication – children increase their language through small group play and discussion.

Note: There are many additional domains and standards addressed in this activity. Feel free to customize the answers to align with your state’s Early Learning Standards.

Early Learning Standards Physical Activity Worksheet



ACTIVITY:

AGES:

MATERIALS:

PROCEDURE:

EXTEND:

**IDENTIFY EARLY
LEARNING STANDARDS:**

FAMILY CONNECTION:



PPT Part C – ABC’s of a Healthy Me! (1 hour)



PRESENT:

- PPT Part C: ABC’s of a Healthy Me!
 - The PPT contains an ABC’s of a Healthy Me! program staff and parent handout.
 - The ABC’s of a Healthy Me! handout can also be found on the following page of this guide, in the LS1 Participant Handbook, and on the Healthy Kids, Healthy Future website. (www.healthykidshealthyfuture.org).

ABC’s of a Healthy Me! Idea Exchange



SET UP:

- Five separate pieces of chart paper, attached to the wall around the main room, titled with a different “ABC’s of a Healthy Me” best practice:
 - Active play, every day
 - Breastfeeding support
 - Cut down on screen time
 - Drink milk and water
 - Eat healthy foods
- Index cards or sticky notes at the participant tables; enough for at least 5 cards/notes per participant;
- If using index cards, have a minimum of 1 roll of masking tape per table; and
- Writing utensils.



ACTION:

- Using each letter as a guide, review the associated best practices and ask the participants to reflect on what they are currently doing in their program in that particular area; it may be helpful to provide examples (e.g. For “B,” *breastfeeding support*, having a quiet and private place for mothers to breastfeed their infant, For “C,” *cut down on screen time*, not allowing movies and TV in the program; etc.);
- Distribute five cards/notes to each participant and have them write one letter per card (e.g. “A,” “B,” “C,” “D,” and “E” or write out the entire best practice listed above);
- On the corresponding cards, instruct participants to think about and write down ways they are already meeting some of those best practices. Multiple practices can be written on each card/note;
- After participants have had some time to individually reflect on their programs’ practices; instruct the participants to adhere their cards/notes to the associated chart paper hung around the room;
- Next, creatively divide the participants into five separate groups and assign each group to one of the “ABC’s” and encourage participants to introduce themselves to each other;
- Have the groups complete a “gallery walk” to each of the “ABC’s,” allowing enough time for the group to review current program practices at each letter;
- After the groups reach the end of the gallery walk and have reviewed all five best practices, ask for a volunteer from each group to report out on the general themes of that letter;
- Upon returning to their tables, have the participants engage in a discussion around the practices they would like to incorporate into their own programs;

- Point out that a lot of information has been shared regarding the promotion of health in young children;
 - Recognize that some participants may already be doing a lot to help children in their programs to grow up healthy.
- Take pictures of the chart paper and consider emailing out to participants after the session; and
- Thank everyone for sharing promising practices. Encourage participants to think about whether some of them might work in their programs.

Networking Lunch (45 min.)

Part D – Facilitating Change in Your Program (1 hour)



PRESENT:

- PPT Part D: Facilitating Change in Your Program. Use the notes view of the PPT to guide your discussion.
- Discuss the Action Period and explain:
 - Participants’ role in modeling the change in their own program;
 - The Action Period is designed to help their program stay informed and involved in the process of healthy change;
 - Participants will facilitate a mini-version of today’s Learning Session with their staff;
 - Program staff will work together to identify strengths and improvement areas in their program; and
 - Reference *Video Module 1* to give participants an idea of the tool they will use to facilitate the Action Period.

Video: *Making Health Easier: Healthy Changes Start in Preschool*



ACTION:

- Explain that the *Making Health Easier: Healthy Changes Start in Preschool* video serves as an example of how to support healthy change.
 - The video is about a preschool teacher in Los Angeles Universal Preschool (LAUP) who changed her program to help her kids grow up healthy.
- Encourage participants to share the video with their program staff during the Action Period.



PLAY:

The PPT contains a prompt to play the *Making Health Easier: Healthy Changes Start in Preschool* video. Click on the picture (hyperlink) to start the video.

Technical Assistance Group



ACTION:

- Use the *Afternoon Group Discussion Notes* located in this guide to facilitate discussion; and
- Instruct participants to follow along with the discussion using the Action Period checklist and *Leadership Team Guide* in the LS1 Participant Handbook.



ACTION:

- Welcome participants;
- Explain that you will be their Trainer to help their programs become healthier by:
 - Working in groups during each Learning Session;
 - Assisting programs with making changes after Learning Sessions;
 - Conducting site visits to each program after Learning Sessions;
 - Assisting programs with identifying and creating change in their facilities; and
 - Answering any questions throughout the process.
- Using the *Afternoon Group Discussion Notes* on the following page, discuss:
 - How ECE providers can be powerful agents of change;
 - Why ECE programs can support healthy change;
 - How to complete the Action Period for LS1;
 - What materials participants should bring back to LS2; and
 - Any questions participants may have.

Learning Session 1: Afternoon Group Discussion Notes

Facilitating Change In Your Program

Ask participants to turn to the *Leadership Team Guide* in the back of the Participant Handbook and follow along.

1. How and why are ECE providers powerful agents of change?
2. Why are ECE programs in a good position to support healthy change?
3. Discuss the “Action Period:” what you need to complete before the next Learning Session. All of the materials that you will need are in your Participant Handbook. We will have some time for questions and sharing ideas at the end. Together, let’s look at the action tasks step-by-step:

- a. **Task 1: Video Module 1** training, facilitated by the program Leadership Team, following the step-by-step instructions in the *Leadership Team Guide*.

The video and materials on the topics covered today can be found on the Healthy Kids, Healthy Future website (www.healthykidshealthyfuture.org). This is an opportunity to share what you have learned with your staff and get them involved and working together to make your program healthier!

Video Module 1 Discussion Worksheet is in the Participant Handbook following the *Leadership Team Guide*. Designate one person from the Leadership Team to record answers on the *Video Module 1 Discussion Worksheet*.

- While watching *Video Module 1*, be prepared to pause the video and answer the questions as a group.

- b. **Task 2: Nutrition and Physical Activity Self-Assessment for Child Care (Go NAP SACC):** Following the instructions in the *Leadership Team Guide*, the program director and or the Leadership Team will complete the *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 program director and or the Leadership Team will complete the instruments. Program staff can provide input if desired, 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.

- c. **Task 3: Summary of five strengths and five improvement areas of the program.** The Leadership Team will list these items first on the *Five Strengths and Five Improvement Areas* worksheet found in the *Leadership Team Guide* in the Participant Handbook. These items should then be copied on large chart paper and brought to Learning Session 2. It should be based on the program's findings from the *Go NAP SACC* instruments.

The program should hold on to the *Five Strengths and Five Improvement Areas* worksheet as this will help guide the Action Plan introduced in Learning Session 2.

4. Here is a list of what to bring back to Learning Session 2:

- a. *Video Module 1* Discussion Worksheet in a sealed envelope, labeled with your ECE program name, enrollment ID number, and contact information;
- b. *Go NAP SACC* instruments completed by the program director and or Leadership Team, with input from program staff if desired; and
- c. Large chart paper created by the Leadership Team outlining 5 strengths and 5 improvement areas of the program.

Note: Participants should make copies of the Action Period tasks if they would like to keep a copy at the program. The Action Period tasks are collected at each Learning Session and might not be returned.

5. What questions do you still have?

PPT Part E – Staff Wellness (15 min.)



SET UP:

- PPT Part E: Staff Wellness.



PRESENT:

- PPT Part E: Staff Wellness.
- Use the *101 Low-cost ideas for worksite wellness* worksheet found on the following page of this guide and in the LS1 Participant Handbook to guide your discussion. Have participants discuss what strategies they may be able to adopt to improve their own habits related to healthy eating and physical activity.



TIPS:

Some Trainers choose to present the material for Staff Wellness without using the PPT in order to increase engagement and discovery. You could experiment with different ways to make this material meaningful for your programs by:

- Setting up resource stations on each of the key topics for participants to explore; and/or
- Supporting table work and report-out to the larger group.

Physical Activity Break



SET UP:

- Set up the physical activity of your choosing from the *Nutrition and Movement Activity Book*; and
- Gather materials needed for the activity.



ACTION:

- Make sure everyone has enough space, and conduct the physical activity you chose from the *Nutrition and Movement Activity Book*.

101 Low-cost ideas for worksite wellness

The following ideas for worksite wellness can be implemented with limited resources. Many of these ideas have been found to help employees of all physical abilities maintain their health.

PHYSICAL ACTIVITY

1. Encourage employees to walk to a specific location and log individual miles for incentive prizes.
2. Participate in community walks (i.e., March of Dimes or walks for heart disease or cancer). Ask your company to sponsor employee participants or to match employee contributions.
3. Map out indoor and outdoor walking trails accessible to employees of all abilities. Measure the distance in halls and around the building to help employees set walking goals.
4. Encourage managers to hold walking meetings when gathering with a small number of employees.
5. Offer flexible lunch periods and breaks to encourage individual, group or “buddy” walks.
6. Offer incentives for distance parking and for employees who walk or bicycle to work.
7. Promote a stairwell (“Stair Well”) climbing competition. Convert stairwells to walking areas by improving the lighting and adding of colorful posters.
8. Suggest that employees stretch for one minute before work each day. Announce a one-minute stretch on the intercom system.
9. Encourage physical activity breaks during long meetings and conferences.
10. Identify places within the worksite or around the building for physical activities.
11. Start a running, biking, walking or line dancing club.
12. Encourage employer-sponsored youth athletic teams, along with employee volunteer coaches.
13. Have a goal of the week or month (i.e., “I will exercise every day for a week”). Keep a chart of weekly or monthly exercise goals in the office.
14. Negotiate corporate discounts for health club memberships.
15. Place physical fitness bulletin boards in strategic areas.
16. Advertise an exercise equipment swap.
17. Purchase fitness CDs and DVDs that employees may borrow.
18. Invite consultants from retail shoe stores or shoe manufacturers to be on-site for a day.
19. Promote a bike helmet fitting day.
20. Provide bicycle racks or a fenced-in area for bicyclists in a well-lit section of the property.

NUTRITION

21. Ask your vending machine company to add healthy foods.
22. Use vending machine commissions to help fund wellness programs.

23. Work with your vending machine company and cafeteria to post calories and nutrient contents and amounts on vending machines, lunchroom tables, etc.
24. Place incentive stickers on low-fat items in vending machines and on healthy choice selections in the cafeteria.
25. Develop a cookbook of employees' low-fat recipes, exchange recipes and feature healthy employee recipes periodically on the cafeteria menu.
26. Hold recipe contests.
27. Celebrate "Free Fruit Day" and give away apples.
28. Have a homegrown fruit and vegetable exchange.
29. Request that cafeteria vendors serve low-fat, low-cholesterol, nutritious foods.
30. Encourage "Fruit and Vegetable Day" in the cafeteria.
31. Identify one heart-healthy snack idea daily in the cafeteria.
32. Request that cafeteria foods be made from 1 percent milk instead of whole.
33. Hold low-fat cooking demonstrations.
34. Suggest that employees keep a list of healthy, low-fat snacks in their cars to use when shopping. Encourage employees to bring yogurt, fruits and fat-free condiments to work.
35. Plan company functions with heart-healthy eating choices in mind.
36. Conduct a support group for weight management. Sponsor company weight reduction programs.
37. Offer information on packing healthy brown bag lunches.
38. Hold an employee luncheon — bring a healthy lunch to pass and share the recipe.
39. Encourage employees to bring crock pots of heart-healthy soup and share with others.
40. Promote an "Eat Your Greens" campaign on St. Patrick's Day.
41. Share mocktail (non-alcoholic beverage) recipes.
42. Offer a kitchen area accessible to all employees.
43. Offer reasonable prices for healthy snacks (i.e., fresh fruit or yogurt), meals and salad bars.
44. Place myplate.gov charts in break room and cafeteria areas.
45. Have office water coolers readily available.
46. Have employees keep track of their grocery list for two weeks and offer prizes for those who consistently buy healthy food options.
47. Offer nutrition-related movies, books and brochures that can be borrowed and exchanged among employees.

STRESS MANAGEMENT

(Exercise and good nutrition are great stress-busters.)

48. Offer chair massages at health fairs.
49. Take stress relief breaks (i.e., meditation, walking or just closing the office door). Encourage employees to take time for themselves.
50. Suggest that employees volunteer to take a pet from a shelter for a walk.

51. Encourage laughter to reduce stress at the worksite.
52. Provide employees with relaxation music.
53. E-mail computer break tips.
54. Address emotional and spiritual concerns with self-help books that can be borrowed or exchanged.
55. Get involved with community volunteer activities.
56. Encourage employees to mentor a child.
57. Encourage staff to take meal breaks.
58. Send out daily quotes with encouraging messages and have employees share their favorites to use in the following days.
59. Encourage self-confidence and positive outlooks.
60. Promote a “Call-a-Friend” campaign. Provide social support.
61. Hold a secret pal drawing. During the month, each employee is encouraged to do nice things for his or her secret pal (i.e., e-mail messages a secret message left on a chair or special gifts, such as fat-free candy or homegrown flowers).

TOBACCO

62. Promote smoke-free buildings and meeting rooms.
63. Provide health information focused on monthly or seasonal events (i.e., the Great American Smokeout).
64. Provide on-site smoking cessation programs.
65. Reimburse employees for enrolling in smoking cessation programs.
66. Provide a tobacco savings calculator tool and have employees see what they could do with money they spend on tobacco each year.
67. Give small gift cards to those who agree to not smoke and avoid alcohol.

PROGRAM SUPPORT

68. Provide incentives, such as T-shirts, caps or aprons. Arrange paid time off.
69. Hold contests: “Wellness Project of the Month” or “Set Your Goal” competition, employee/management and interdepartmental challenges, health trivia game with prizes, and other fun worksite competitions.
70. Set up displays in the reception area or lobby. Display health posters in employees’ lunch or meeting rooms.
71. Send health related e-cards (found on free sites like the CDC website). Topics include tobacco cessation, heart health, cold and flu, and other health related topics.
72. When hosting team competitions, have the winning teams’ supervisor or manager prepare a healthy meals or snack for employees.
73. Host a lunch and learn on disaster preparedness plan for the company in emergency situations like earthquakes and security measures.

74. Provide bulletin boards for health information exchange and for people to record milestones they have achieved in health (i.e., New Year's resolution, miles walked or pounds lost).
75. Announce and publicize a monthly health theme or National Health Observance
76. Conduct recognition activities for employees making efforts at healthier lifestyles (i.e., bulletin board listings, healthy incentives or discounts to health clubs). Send employees personally-signed letters from the CEO congratulating their healthy behaviors. Promote success stories or employees of the month. Recognize the coordinator of wellness activities.
77. Kick off "lunch and learn" programs. Use videos and guest speakers on various health topics at lunchtime. Urge employees to bring a healthy brown bag lunch.
78. Include children of employees in a drawing contest with health as the theme.
79. Provide child care so that parents can participate in wellness activities.
80. Have a company health practitioner set a time (weekly or monthly) to check blood pressure, body fat and weight.
81. Provide flu shots at the worksite or make schedules of community clinics available.
82. Provide one-on-one counseling for high-risk employees and people with disabilities by establishing wellness mentoring programs.
83. Develop a brainstorming team for ideas and to help with wellness activities.
84. Conduct a survey to assess what topics employees want to pursue.
85. At meetings:
 - Start with a stretch and take a relaxation break in the middle.
 - Conduct a wellness activity.
 - Recognize an employee birthday or other special event.
 - Vary meeting formats. Include prizes for good ideas.
 - Allow staff members to occasionally lead a meeting.
86. Provide information on back care (i.e., the correct way to lift, stretch and exercise for strength).
87. Partner with other local organizations to sponsor an event. Share expenses and resources. Network with other businesses for discounts at health clubs.
88. Obtain company discounts.
89. Rotate departmental responsibility and ask interns to assist with wellness projects and events.
90. Gain senior management support by showing a good example.
91. Create a wellness newsletter. Highlight healthy lifestyle success stories.
92. Conduct employee health fairs with wellness giveaways (i.e., gift certificates to a farmers market or fruit stand).
93. Provide health information (such as fact sheets) for employees to take home. Distribute safety information before long holiday weekends.

94. Conduct a retirement seminar focusing on wellness for retirement.
95. Conduct a “Wash Your Hands” campaign.
96. Include health information with paychecks (payroll stuffers).
97. Publish weekly health tips via internal e-mail.
98. Attend classes on positive management styles.
99. Change and clean filters on air conditioners more frequently.
100. Track illness in a department and alert employees by providing precaution and prevention tips.
101. Offer a casual day the last Friday of each month for employees who donated or volunteered to a local charity during the month.

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.

STRESS

The Basics

What is stress?

Stress is an emotional and physical reaction to a physical, psychological, or emotional demand.

We all show stress in different ways.

Some stress is good; it motivates us to turn in our paperwork on time.

Too much stress is not good and can have short-term and long-term effects on our health.

What are some symptoms of stress?

Increased heart rate and blood pressure, feeling tense, irritable, fatigued, or depressed.

Lack of interest, inability to concentrate, racing thoughts, and too much worry.

Avoidance behaviors: excessive alcohol, cigarette smoking, and drug use.

What are some causes of stress?

Expectations we place on ourselves.

Expectations of others.

Our physical environment: noise, room size, crowding.

Our internal environment: work pressure, frustration, not enough time.

What are ways to manage stress?

Practice effective communication: *State feelings in a clear way (for example, "I feel angry when you yell at me.")*.

Establish "me time": *Make time to enjoy hobbies.*

Practice specific stress reduction techniques: *Learn relaxation techniques such as deep breathing, muscle relaxation, and meditation.*

COMING SOON MORE STRATEGIES TO REDUCE STRESS...



PPT Part F – Principles of Family Support (30 min.)



PRESENT:

- PPT Part F: Principles of Family Support.



ACTION:

- Inform participants that the *Bringing Families Together: Building Community* video they will watch is from Sheltering Arms Educare in Atlanta, Georgia. The video highlights the ECE providers experience with families and how they've been able to gain family support in their program; and
- Encourage participants to share the video with their program staff during the Action Period.



PLAY:

The PPT contains a prompt to play the *Bringing Families Together: Building Community* video. Click on the picture (hyperlink) to start the video.

Creating a Family-Friendly Environment Activity



ACTION:

- Have participants turn to the *Creating a Family-Friendly Environment* activity in their Participant Handbook;
- Ask participants to take about 10 minutes to individually review the best practices on the worksheet, noting the ones they already do and the ones they would like to do;
- Once the participants have completed the worksheet, ask them to take the next 10-15 minutes to discuss their thoughts with the participants at their table; and
- After the allotted time, ask for volunteers to share with the large group.

PPT Part G – Additional Support (15 min.)



PRESENT:

- PPT Part G: Additional Support



TIPS:

- Update the slides to include your state and local agencies that work with early childhood providers.



ACTION:

- Review the Healthy Kids, Healthy Future website with the participants and explain to them that they can find all the videos and materials for the Learning Sessions on the website.
- Explain that participants will view *Video Module 1* with their program staff during the LS1 Action Period. To access the video and other materials from the Learning Session, programs will have to:
 - Go to the Healthy Kids, Healthy Future website (www.healthykidshealthyfuture.org);
 - Click on the Trainers bubble;
 - On the left-hand side next to the picture, click the “ECELC Collaborative Learning” button;
 - Click “ECELC Resources”; and
 - Find “Standard Center-Based Curriculum” and click “ECE Program Participants (LS1)” to find materials from the Learning Session.

Check-Out (15 min.)



SET UP:

- Set up any take-away materials assembly line style on the check-in tables;
- Provide a container for participants to drop off nametags;
- Provide a space or box to collect completed Feedback Forms; and
- Assign one person to highlight (or otherwise record) program name on a list after Feedback Forms, if desired, after nametags are collected and take-away items are picked up.



ACTION:

- Remind everyone about next steps. When they get back to their programs, they need to:
 - Set up a time for training their program staff with support from the *Video Module 1*, *Video Module 1 Discussion Worksheet*, and the *Leadership Team Guide* in the LS1 Action Period section;
 - Use the *Go NAP SACC* instruments to learn about and assess their program;
 - Come together as a program to think about and identify 5 strengths and 5 improvement areas; and
 - Bring back to LS2:
 - *Video Module 1 Discussion Worksheet* in an envelope with your program name, enrollment ID number, and contact information clearly written;
 - Summary of flip chart discussion with five strengths and five improvement areas for the program as a whole; and
 - One copy of each completed *Go NAP SACC* instrument.



ACTION:

- Thank participants for being a part of the Learning Collaborative; and
- Request that participants drop their nametag in the container on the check-in table before leaving.



ACTION:

- Remind participants that the next Learning Session will be held on date: _____; and
- Set aside 15 minutes to sit down with your co-trainer(s) and volunteers to discuss and record first thoughts about what went well and what could be improved for future sessions. You may also want to schedule a longer meeting at a later date.

LS1 Action Period:

Leadership Teams Should:

- Set up a time for training your program staff with support from the *Video Module 1, Video Module 1 Discussion Worksheet*, and the *Five Strengths and Improvement Areas Worksheet* in the *Leadership Team Guide*;
- Use *Go NAP SACC* instruments to learn about and assess your program; and
- Think about and identify five strengths and five improvement areas.
- Bring back to Learning Session 2:
 - *Video Module 1 Discussion Worksheet* in an envelope with your program name, enrollment ID number, and contact information clearly written;
 - *Five Strengths and Improvement Areas Worksheet*;
 - One copy of each completed *Go NAP SACC* instrument; and
 - Summary of chart paper discussion with five strengths and five improvement areas for program as a whole.

Technical Assistance

- Call programs to set up a convenient time to visit. Try to set up the visit for as soon after the Learning Session as you can, so that you can support them as they prepare to facilitate the Action Period training and ensure they set a date;
- When you set up the site visit, ask if you could get a tour and meet the staff. Let the program know how long you think the visit will take and that it would work best if the whole Leadership Team could be present;
- REMEMBER: Document your Technical Assistance visits on the TA Form; and
- Ask if there is anything that they especially want to focus on or have questions about.

During the visit:

- Tour the program and meet the staff. Learn more about the people and the program. Tell them how excited you are to be working with them on this initiative;
- Ask what they thought about the Learning Session;
- Discuss logistics of the Action Period training that they will facilitate with staff. Offer your assistance for this training. Ask about their plan for the training session and work together to ensure that they have what they need in order to be successful;
- Walk through the *Leadership Team Guide* in the LS1 Participant Handbook and help the program director and/or Leadership Team understand how to use it;
- Walk through the *Go NAP SACC* instruments in the *Leadership Team Guide* of the LS1 Participant Handbook and help the program director and/or Leadership Team understand how to use it;
- Review items they need to bring back to LS2;
- Remind participants to make a copy of the *Go NAP SACC* instruments to keep for their records since they will be turned in at Learning Session 1; and
- Ask if there is anything else they would like to talk about. Encourage them to reach out to you at any time. Be sure they have your contact information.

REFERENCES FOR: *Taking Steps to Healthy Success: An Early Care and Education Learning Collaborative to Promote Healthy Practices and Prevent Obesity*

1. Institute of Medicine National Research Council of the National Academies. *Children's Health, the Nation's Wealth: Assessing and Improving Child Health*. 2004. Retrieved September 20, 2010 from http://www.nap.edu/catalog.php?record_id=10886
2. Shonkoff, J. and Phillips, D. Editors; Committee on Integrating the Science of Early Childhood Development; National Research Council and Institute of Medicine. *From Neurons to Neighborhoods: The Science of Early Childhood Development*. National Academies Press: 2000: 1-612. Retrieved September 30, 2010 from <http://www.nap.edu/openbook.php?isbn=0309069882>
3. Fine, A. and Hicks, M. Health matters: The role of health and the health sector in place-based initiatives for young children. Prepared for the W.K. Kellogg Foundation. 2008. Retrieved October 8, 2010 from <http://ww2.wkkf.org/default.aspx?tabid=134&CID=-1&CatID=1&NID=212&LanguageID=0>
4. Center on the Developing Child at Harvard University. *The Foundations of Lifelong Health Are Built in Early Childhood*. 2010. Retrieved September 20, 2010 from <http://developingchild.harvard.edu/initiatives/council/>
5. Peterson, E. Early Childhood Development: Building Blocks for Life, A Briefing Paper. *Greater Twin Cities United Way Research and Planning*. 2010. Retrieved October 7, 2010 http://www.unitedwaytwincities.org/newsandevents/documents/eli_BriefingPaperFinal.pdf
6. Woodward-Lopez, G., Ikeda, J., Crawford, P., et al. The Research Section of *Improving Children's Academic Performance, Health, and Quality of Life: A Top Policy Commitment in Response to Children's Obesity and Health Crisis in California*. CEWAER (California Elected Women's Association for Education and Research) and University of California, Center for Weight and Health, Berkeley, CA. 2000. Retrieved September 20, 2010 from http://cwh.berkeley.edu/sites/greeneventsguide.org.cwh/files/primary_pdfs/CewaerPaper_Research.pdf
7. High, P. and the Committee on Early Childhood, Adoption, and Dependent Care and Council on School Health. School Readiness. *Pediatrics*. 2008; 121; 1008-1015.
8. Ritchie, L., Ho, J., & Allister, C. 2009. *Intervening in Early Childhood to Prevent Obesity: Best Practices for Home and Child Care Settings*. Center for Weight and Health: University of California, Berkley. Retrieved October 7 from http://cwh.berkeley.edu/sites/default/files/primary_pdfs/Early_Childhood_Intervention_Review_12.09_0.pdf
9. Reynolds, A., Temple, J., Robertson, D., and Mann, E. Long-term effects of an early childhood intervention on educational achievement and juvenile arrest: A 15-year follow-up of low-income children in public schools. *Journal of the American Medical Association*. 2001; 285 (18), 2339-2346. Retrieved October 13, 2010 from <http://jama.ama-assn.org/cgi/reprint/285/18/2339>
10. Weight-control Information Network. 2010. *Overweight and Obesity Statistics*. U.S. Department of Health and Human Services & National Institutes of Health. Retrieved September 20, 2010 from <http://www.win.niddk.nih.gov/statistics/index.htm>
11. Van Vrancken-Tompkins CL, Sothern MS. Preventing obesity in children from birth to five years. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; 2006:1-7. Retrieved October 7, 2010 from: <http://www.enfant-encyclopedie.com/pages/PDF/VanVrancken-Tompkins-SothernANGxp.pdf>
12. Ogden, C., Carroll, M., and Flegal, K. High Body Mass Index for Age among U.S. Children and Adolescents, 2003-2006. *Journal of the American Medical Association*. 2008. 299; 2401-2005. Retrieved October, 13, 2010 from <http://jama.ama-assn.org/cgi/reprint/299/20/2401>
13. Trust for America's Health and Robert Wood Johnson Foundation. *F as in Fat: How Obesity Policies Are Failing in America*. 2009. Retrieved October 13, 2010 from <http://healthyamericans.org/reports/obesity2009/Obesity2009Report.pdf>
14. Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. 1985-2009. Retrieved October 7, 2010 from <http://www.cdc.gov/brfss/>
15. Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance Survey, 2011. Retrieved on December 28, 2012 from <http://www.cdc.gov/obesity/data/adult.html>
16. Ogden CL, Carroll MD, Kit BK, Flegal KM. *Prevalence of Obesity and Trends in Body Mass Index Among US Children and Adolescents, 1999-2010*. *JAMA*. 2012;307(5):483-490. doi:10.1001/jama.2012.40. Retrieved on March 15, 2013 from <http://jama.jamanetwork.com/article.aspx?articleid=1104932>

REFERENCES FOR: *Taking Steps to Healthy Success: An Early Care and Education Learning Collaborative to Promote Healthy Practices and Prevent Obesity (continued)*

17. Nader PR, O'Brien M, Houts R, Bradley, R., Belsky, J., Crosnoe, R, Friedman, S., Mei, Z., and Susman, E. Identifying Risk for Obesity in Early Childhood. *Pediatrics*. 2006;118; 594–601. Retrieved on October 13, 2010 from <http://pediatrics.aappublications.org/cgi/reprint/118/3/e594>
18. Freedman, D.S., Khan, L.K., Dietz, W.H., Srinivasan, S.R., Berenson, G.S. Relationship of childhood overweight to coronary heart disease risk factors in adulthood: The Bogalusa Heart Study. *Pediatrics*. 2001; 108:712–718. Retrieved October 13, 2010 from <http://pediatrics.aappublications.org/cgi/reprint/108/3/712>
19. American Academy of Pediatrics. Policy statement: Prevention of pediatric overweight and obesity. *Pediatrics*. 2003; 112: 424-430. Retrieved October 13, 2010 from <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;112/2/424>
20. Nemours Health & Prevention Services (2009). *Best Practices for Healthy Eating: A Guide to Help Children Grow Up Healthy*. Retrieved June 23, 2010 from <http://www.nemours.org/content/dam/nemours/www/filebox/service/preventive/nhps/heguide.pdf>
21. Fox, M., Pac, S., Devaney, B., and Jankowski, L. Feeding Infants and Toddlers Study: What foods are infants and toddlers eating? *Journal of the American Dietetic Association*. 2004; 104 (1); 22-30. Retrieved October 13 from [http://www.adajournal.org/article/S0002-8223\(03\)01494-9/abstract](http://www.adajournal.org/article/S0002-8223(03)01494-9/abstract)
22. Chamberlain, L., Wang, Y., and Robinson, T. Does Children's Screen Time Predict Requests for Advertised Products? *Archives of Pediatrics and Adolescent Medicine*. 2006; 160; 363-368. Retrieved October 13, 2010 from <http://archpedi.ama-assn.org/cgi/reprint/160/4/363.pdf>
23. Nemours Health & Prevention Services (2009). *Best Practices for Physical Activity: A Guide to Help Children Grow Up Healthy*. Retrieved June 23, 2010 from <http://www.nemours.org/content/dam/nemours/www/filebox/service/preventive/nhps/paguidelines.pdf>
24. Zimmerman, F., Christakis, D., and Meltzoff, A. Television and DVD/video viewing in children younger than 2 years. *Archives of Pediatrics and Adolescent Medicine*. 2007; 161; 473-479. Retrieved October 13, 2010 from <http://archpedi.ama-assn.org/cgi/reprint/161/5/473.pdf>
25. Zimmerman, F. and Christakis, D. Children's television viewing and cognitive outcomes: a longitudinal analysis of national data. *Archives of Pediatrics and Adolescent Medicine*. 2005; 159: 619-625. Retrieved October 13, 2010 from <http://archpedi.ama-assn.org/cgi/reprint/159/7/619?maxtoshow=&hits=10&RESULTFORMAT=&fulltext=University+of+Washington+and+Seattle+Children%92s+Hospital+Research+Institute+&searchid=1&FIRSTINDEX=0&resourcetype=HWCIT>
26. Zimmerman, F., Christakis, D., and Meltzoff, A. Associations between media viewing and language development in children under 2 years of age. *Journal of Pediatrics*. 2007; 151: 364-8. Retrieved October 13, 2010 from http://ilabs.washington.edu/meltzoff/pdf/07Zimmerman_Meltzoff_MediaLanguage_JP07.pdf
27. American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. 2012. *Preventing Childhood Obesity in Early Care and Education: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition*. http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf
28. Heinzer, M. Obesity in infancy: Questions, More Questions, and Few Answers. *Newborn and Infant Nursing Reviews*. 2005; 5 (4); 194-202. Retrieved on October 13, 2010 from http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B758X-4HMM41X-9&_user=513899&_coverDate=12%2F31%2F2005&_rdoc=1&_fmt=high&_orig=search&_origin=search&_sort=d&_docanchor=&view=c&_searchStrId=1496859627&_rerunOrigin=google&_acct=C000025401&_version=1&_urlVersion=0&_userid=513899&md5=17388635f6786f254cf1ef073587aa26&searchtype=a
29. Majnemer, J. and Barr, R. Influence of supine sleep positioning on early motor milestone acquisition. *Developmental Medicine and Child Neurology*. 2005; 47; 370-376. Retrieved October 13, 2010 from <http://onlinelibrary.wiley.com/doi/10.1111/j.1469-8749.2005.tb01156.x/pdf>
30. American Academy of Pediatrics. Ask the Pediatrician: Solving the Riddles of Childhood: Back to Sleep, Tummy to Play. *Healthy Children*. 2008; Fall; 6. Retrieved on October 11, 2010 from <http://www.aap.org/healthychildren/08fall/AskPediatrician.pdf>
31. Fees B., Trost, S., Bopp, M., Dzawaltowski, D. Physical Activity in Family Childcare Homes: Providers' Perceptions of Practices and Barriers. *Journal of Nutrition Education and Behavior*. 2009; 41(4):268-273

REFERENCES FOR: *Taking Steps to Healthy Success: An Early Care and Education Learning Collaborative to Promote Healthy Practices and Prevent Obesity (continued)*

32. Pate, R., Pfeiffer, K., Trost, S., Ziegler, P. and Dowda, M. Physical Activity Among Children Attending Preschools. *Journal of Pediatrics*. 2004; 114: 1258-1263. Retrieved on October 12, 2010 from <http://pediatrics.aappublications.org/cgi/reprint/114/5/1258>
33. Ward DS, Benjamin SE, Ammerman AS, Ball SC, Neelon BH, Bangdiwala SI. Nutrition and physical activity in child care: results from an environmental intervention. *American Journal of Preventive Medicine*. 2008; 35(4):352-356. Retrieved on October 6, 2010 from [http://www.ajpm-online.net/article/S0749-3797\(08\)00599-0/abstract](http://www.ajpm-online.net/article/S0749-3797(08)00599-0/abstract)
34. McWilliams, C., Ball, S., Benjamin, S., Hales, D., Vaughn, A. and Ward, D. Best-Practice Guidelines for Physical Activity at Child Care. *Journal of Pediatrics*, December 1, 2009; 124(6): 1650 - 1659. Retrieved October 6, 2010 from <http://pediatrics.aappublications.org/cgi/reprint/124/6/1650.pdf>
35. Centers for Disease Control and Prevention (CDC). The Association between School-based Physical Activity, including Physical Education, and Academic Performance. 2010. Atlanta: U.S. Department of Health and Human Services. Retrieved on October 13, 2010 from http://www.cdc.gov/healthyyouth/health_and_academics/pdf/pa-pe_paper.pdf
36. Malik V., Schulze M., Hu, F. Intake of sugar-sweetened beverages and weight gain: a systemic review. *American Journal of Clinical Nutrition*. 2006; 84; 274-288. Retrieved October 13, 2010 from <http://www.ajcn.org/cgi/reprint/84/2/274>
37. Rampersaud G, Bailey L, and Kauwell G. National survey beverage consumption data for children and adolescents indicate the need to encourage a shift toward more nutritive beverages. *Journal of the American Dietetic Association*. 2003; 103 (1); 97-109.
38. Reedy, J. and Krebs-Smith, S. Dietary Sources of Energy, Solid Fats, and Added Sugars among Children and Adolescents in the United States. 2010; 110 (10); 1477-1484. Retrieved on October 13, 2010 from [http://www.adajournal.org/article/S0002-8223\(10\)01189-2/abstract](http://www.adajournal.org/article/S0002-8223(10)01189-2/abstract)
39. American Academy of Pediatrics. Policy Statement: Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of All Children: Section on Breastfeeding: Breastfeeding and the Use of Human Milk. *Journal of Pediatrics*. 2005; 115 (2); 496-506. Retrieved on October 12, 2010 from <http://aappolicy.aappublications.org/cgi/reprint/pediatrics;115/2/496.pdf>
40. United States Department of Agriculture, Economic Research Service. Food Consumption & Demand – Food-Away-From Home. 2013. Retrieved on December 10, 2013 from <http://www.ers.usda.gov/topics/food-choices-health/food-consumption-demand/food-away-from-home.aspx#nutrition>.
41. Public Broadcasting Service. The Whole Child – ABCs of Childcare – Cognitive. Retrieved on December 10, 2013 from <http://www.pbs.org/wholechild/abc/cognitive.html>.
42. United States Department of Health and Human Services. Office on Women’s Health. Overweight, Obesity, and Weight Loss. 2009; 1-8. Retrieved on December 20, 2013 from <http://womenshealth.gov/publications/our-publications/fact-sheet/overweight-weight-loss.pdf>.
43. Centers for Disease Control and Prevention. National Institute for Occupational Safety and Health. *Stress...at Work*. 1999; 1-26. Retrieved on January 10, 2014 from <http://www.cdc.gov/niosh/docs/99-101>.
44. U.S. Department of Health & Human Services. (n.d.). *Administration for Children & Families*. Retrieved March 2015, from Office of Head Start: https://urldefense.proofpoint.com/v2/url?u=http-3A__hsicc.cmail19.com_t_j-2DI-2Ddhlyhd-2Dndrojzk-2Dq_&=AwMFaQ&c=7xsdzXc1VkZyGw_71SwgiP92fiZryvVSehvDkp0td30&r=LK60LidCk7Gb9z0yOgrvIHSXLud7hDqEsduuNIlb0Do&m=igVsPYdXLzScY4CH_N5c95-zDzJo9vQuDMGQ7zfh-Bc&s=Txv



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