



National Early Care & Education Learning Collaboratives:

Taking Steps to Healthy Success

Learning Session 1
Participant Handbook

September 2018



Nemours is currently funded by the Centers for Disease Control and Prevention (CDC) under a six-year Cooperative Agreement (6U58DP004102-05-02) to support states in launching ECE learning collaboratives focused on obesity prevention. Funding for these materials and learning sessions was made possible by the CDC. The views expressed in written materials or publications, or by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Welcome to the Collaborative

Welcome to *Taking Steps to Healthy Success*

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

Your Name:

Program:

My Contact for Technical Assistance:

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

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

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

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

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



Helpful Contacts:

Project Coordinator: _____

Phone: _____

Email: _____

ECELC Trainer: _____

Phone: _____

Email: _____

ECELC Trainer: _____

Phone: _____

Email: _____

Acknowledgements

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

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

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

Child Care Aware® of America

National Initiative for Children's Healthcare Quality

Gretchen Swanson Center for Nutrition

American Academy of Pediatrics

National Association of Family Child Care American

Heart Association, Dr. Mary Story
(University of Minnesota)

Dr. Dianne Ward (University of North Carolina)

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

American Public Human Services Association

Association of State & Territorial Public Health Nutrition Directors

United States Breastfeeding Committee

Zero to Three

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

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

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

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

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

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

Delaware Office of Child Care Licensing: Patti Quinn

I am Moving, I am Learning: Linda Carson

Parent Services Project

Sesame Workshop

Strengthening Families

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.

Learning Session 1: Materials

The ABC's of a Healthy Me!

Overview

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

- **The powerful role of early care and education providers as agents of change.**
- **Background information on early childhood health promotion and obesity prevention** through presentations, CDC slides showing obesity trends in the United States, and shared knowledge among participants.
- **Overview of key topics:**
 - Healthy eating
 - Physical activity
 - Screen time
 - Breastfeeding
- **Increasing teamwork through leadership, collaboration and support for staff wellness.**
- **The process of making change:** Groups learn about and share ideas for facilitating the video training, encouraging open discussion among staff, conducting needs assessment and identifying strengths and areas for improvement.

Post-session (Action Period)

Program Leadership Teams involve the entire staff at their programs to:

- Engage in a video training and discussion.
- Complete *Go NAP SACC* assessments of the program environment.
- Identify specific strengths and improvement areas in their environments.
- Reach out as needed to other participating program Leadership Teams or technical assistance (TA) for support, ideas, or resources.






Agenda (with sample times)

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.

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: <i>What has contributed to childhood obesity over the past thirty years?</i> • Activity: What's that slogan? • Early Learning Standards Physical Activity Break
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 Learning Session 1 Participant Handbook
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
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



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



Early Childhood Health Promotion
and Obesity Prevention

National Early Care and Education
Learning Collaboratives (ECELC) Project

Nemours is currently funded by the Centers for Disease Control and Prevention (CDC) under a five-year Cooperative Agreement (1U58DP004102-01) to support states/localities in launching early care and education learning collaboratives focused on childhood obesity prevention. The views expressed in written materials or publications, or by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Acknowledgements

A special thank you to:

- **Centers for Disease Control and Prevention (CDC)**
 - For generous funding support and expertise
- **Nemours**
 - For their expertise, materials, support, and time spent on the project's implementation
- **Gretchen Swanson Center for Nutrition**
 - For the evaluation component of this national effort

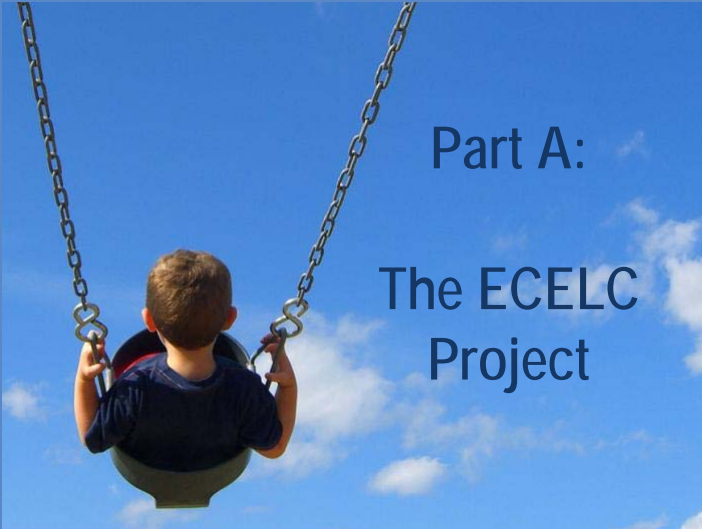


Learning Session 1 Objectives

At the end of the Learning Session, participants will:

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 practices for creating a family-friendly environment.
4. Complete at least four Go NAP SACC instruments to assess program policies and practices.

3

A photograph of a young child sitting on a swing set, viewed from behind. The child is wearing a dark blue shirt and is holding onto the metal chains of the swing. The background is a clear blue sky with a few wispy white clouds.

Part A: The ECELC Project

4

Nemours National ECELC



5

Early Care and Education Learning Collaboratives (ECELC)

- **Community of learners for childhood obesity prevention**
 - Network of shared ideas and mutual support
 - Resources for healthy practice and policy changes
 - Research on best ways to implement best practices



6

Early Care and Education Learning Collaboratives (ECELC)

- **Aligned with national best practice guidelines from:**
 - *Healthy Kids, Healthy Future*
 - Preventing Childhood Obesity in Early Care and Education Programs (2nd Edition)
 - Nutrition and Physical Activity Self-Assessment for Child Care (Go NAP SACC)
- **Focus on quality ECE, and children’s health as the foundation for life-long success**
- **Obesity prevention in the context of health promotion and wellness made possible by the *power* of ECE providers**

7

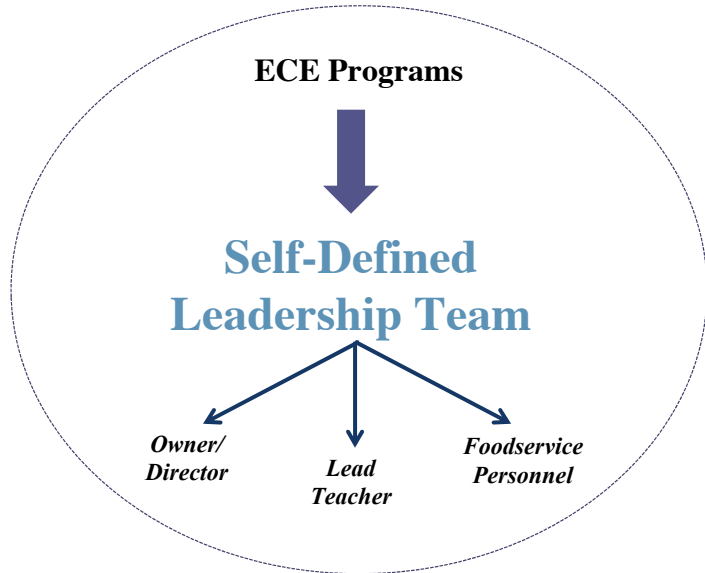
How are ECE Providers Powerful?

- Unique position to impact children and their families
- Influence on knowledge, attitudes and healthy habits
- Opportunities to create healthy environments
- Families look to providers as a resource
- We know you make a difference!



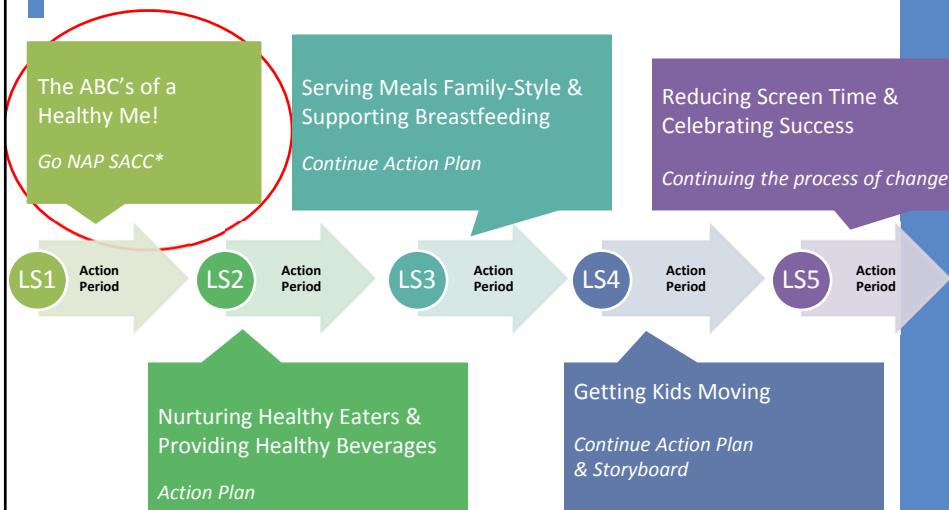
8

Leadership Team Model



9

Learning Session 1



*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

10



Complete HKHF Quiz

As a Leadership Team, complete the quiz:

Healthy Kids, Healthy Future Checklist 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"/>



Part B: Healthy Development

13

The Obesity Epidemic's Impact

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





- The upcoming video will show how adult obesity rates changed in the U.S. since 1989

14

Video Module 1

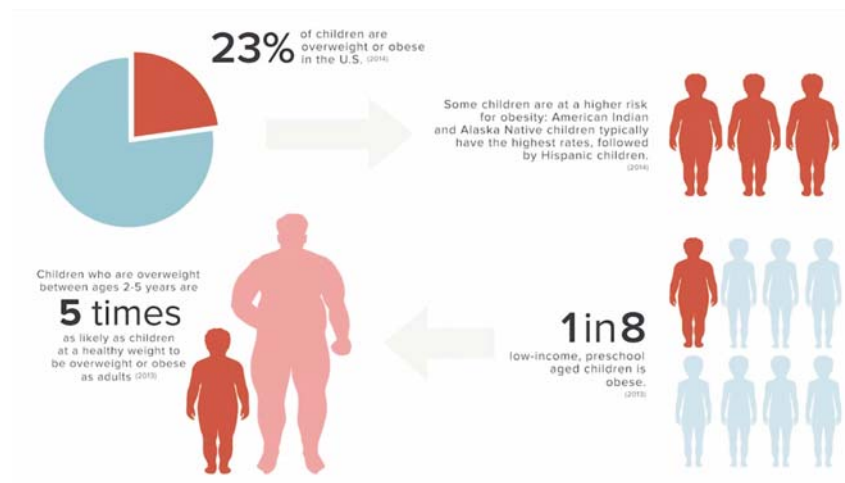
The National Early Care and Education Learning Collaboratives Project:
VIDEO TO ACCOMPANY LS1

Nemours is currently funded by the CDC under a five-year Cooperative Agreement (1U58DP004102-01) to support states in launching ECE learning collaboratives focused on obesity prevention. The views expressed in written materials or publications by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

15

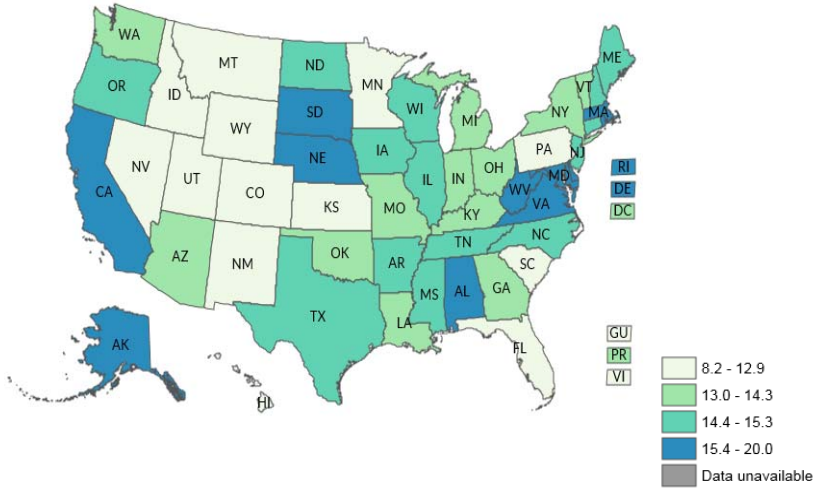
Video Module 1 Take Away Messages



16

State Childhood Overweight/Obesity Rates

- 2014: Percent of WIC children aged 2 to 4 years who have obesity



17

Long-Term Impact of Obesity

- Health problems in children formerly seen only in adults:**
 - Heart disease
 - High blood pressure (hypertension)
 - High cholesterol
 - Type 2 diabetes
 - Hip and joint problems
- Serious long-term risks:**
 - Increased risk of developing co-morbid conditions
 - Negative impact on mental health
 - Shortened life expectancy



18

Discussion:

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

19

Changes in Our Society and Environment

More Calories In

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

Less Calories Out

- Less physical activity
- Lack of walkable communities
- Automobile travel
- Perception of safety in communities
- Watching more TV and using devices
- More labor assisting devices in the workplace

20





Our Food Environment:
Sugar, Salt, and Fat

21

Activity:

What's that slogan?

22

What's that slogan?

I'm lovin' it.

23



What's that slogan?

Think outside the bun.

24



What's that slogan?

Have it your way!

25



What's that slogan?

Finger-lickin' good.

26





27

What is Healthy Development?

- **Healthy development is the capability of children, with appropriate support, to:**
 - Develop and realize their potential
 - Satisfy their needs
 - Interact successfully with their physical and social environments
- **Multidimensional and cross-domain**
- **Influenced by responsive relationships, safe and engaging environments to explore, good nutrition**
- **Foundation for success in learning and life**



28

Foundations of Healthy Development



29

What are Early Learning Standards (ELS)?

- State specific standards or guidelines that assist in developing appropriate learning and highlight several domains of child development
- Foundations for school readiness
- Provider and parent resource to identify common developmental domains



30

Commonly Used Developmental Domains in Early Learning Standards

- **Health and Physical Development**
 - Body awareness and control, large and small muscle development
- **Social and Emotional Development**
 - Self concept, identity, social competence and emotional expression
- **Approaches to Learning**
 - Play, learning styles, risk-taking, engagement and reflection
- **Language and Communication Development**
 - Listening comprehension, verbal and nonverbal communication, early reading and written expressions
- **Cognitive Development**
 - Exploration, inquiry, concepts, critical thinking and shared language

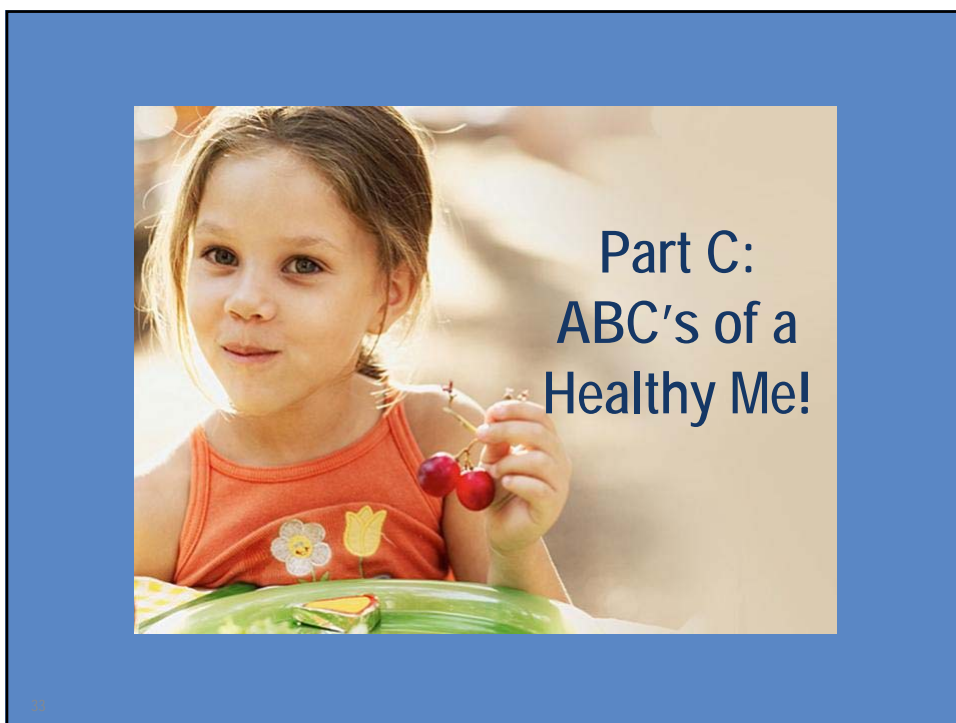


31

Early Learning Standards Physical Activity Break



32



ABC's of a Healthy Me Handout

ABC's of a Healthy Me

Active play

- Every day, inside and out

Breastfeeding

- Support and access to a private space

Cut down on screen time

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

Drink milk and water

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

Eat healthy foods

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

CDC Funding for this publication was made possible by the Centers for Disease Control (CDC). Nemours is currently funded by the CDC under a five-year Cooperative Agreement (1U59CE000202) to support states in launching ECE learning collaboratives focused on obesity prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department of Health and Human Services, Centers for Disease Control and Prevention, or the U.S. Government. Nemours

35

ABC's of a Healthy Me

Testing Your Knowledge



36

Active Play, Every Day

- 1. In terms of indoor and outdoor play, all are correct except:**
 - a) Active play *outdoors* 2-3 times per day
 - b) Opportunities to practice age-appropriate motor and movement skills
 - c) Structured play is the only type of acceptable play
 - d) Engage in moderate to vigorous physical activity (MVPA)
- 2. Preschoolers should enjoy at least _____ minutes of active play per day.**
- 3. Toddlers should enjoy at least ___ - ___ minutes of active play per day.**
- 4. Infants should enjoy “tummy time” every day for ___ - ___ minute periods, with longer periods as enjoyed.**

37

Benefits of Active Play

- Supports exploration, development and learning
- Helps maintain a healthy weight and avoid excessive weight gain
- Builds and maintains healthy bones and muscles
- Increases strength, coordination and fitness
- Lowers risk of chronic disease
- Improves self-esteem
- Lowers stress



38

Breastfeeding Support

1. American Academy of Pediatrics recommends:

- Exclusive breastfeeding for the first ___ months of life
- Continued breastfeeding for ___ year(s) or longer

2. ECE programs provide important support by providing:

- a) A private, quiet, comfortable place to breastfeed or pump
- b) Encouragement
- c) Information on breastfeeding
- d) All of the above



39

Benefits of Breastfeeding

- **Breast milk is the best source of nutrition for infants**
- **Provides developmental benefits**
- **Encourages maternal-infant bonding**
- **Improves child and maternal health**
 - Child:
 - Reduces risk for a variety of infections
 - Reduces risk for developing several chronic conditions later in life
 - Mother:
 - Faster rate of returning to pre-pregnancy weight
 - Decreased risk of breast and ovarian cancer



40

Cut Down on Screen Time

1. **Screen time includes all of the following, except:**
 - a) TV, DVDs, videos
 - b) Computer time
 - c) Smart phone, tablets
 - d) Music and movement
2. **No screen time for children under age ___ years**
3. **Limit or eliminate screen time for children ages 2 years and older**
 - No more than ___ minutes per week in ECE setting
 - No more than ___ hours per day from all sources



41

Benefits of Cutting Down on Screen Time

- Increases time for physical activity
- Decreases exposure to food and beverage advertisements
- Decreases snacking and consumption of high caloric foods



42

Drink Water or Milk



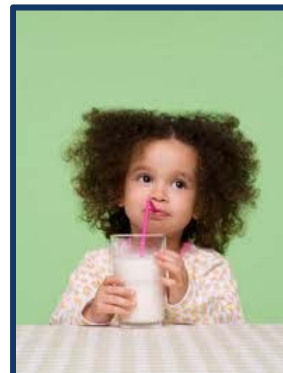
1. Which beverage should be visible and accessible for self-serve, inside and outside?
2. Choose milk for meals
 - _____ milk for ages 12-24 months
 - _____ or _____ milk for ages 2 years and older
3. Limit or eliminate fruit juice
 - ___ - ___ ounces per day (between home and ECE setting)
 - If offered, serve only _____ juice



43

Benefits of Drinking Water and Milk

- Do not contribute to childhood obesity
- Do not contain added sugars
- Do not contribute to dental cavities
- Milk provides calcium, protein, and vitamin A & D (if fortified)



44

Eat Healthy Foods

1. Serve _____ and/or _____ at every meal and snack
2. Serve fried/pre-fried foods only ___ time per month or _____
3. Make _____ of grains whole grains
4. Choose low-fat dairy (____ or _____)
5. Choose _____ meats and protein
6. Providing meals “_____” is considered best practice



45

Benefits of Eating Healthy Foods

- Fruits and vegetables provide vitamins and minerals that are essential for a child's growth
- Low-fat dairy contains calcium and protein to help build strong bones and muscles
- Whole grains, fruits, and vegetables contain fiber to help:
 - Increase fullness
 - Maintain a healthy weight
 - Decrease risk for developing chronic conditions
- Eating healthy foods at a young age helps children develop life-long healthy habits



46

Partnering with Families to Support Healthy Habits

- Teach parents to learn and follow the ABCs of a Healthy Me!
 - Spruce up your parent bulletin boards to include flyers on healthy habits
 - Ask parents to share how they prepare healthy foods at home
 - Send home weekly or monthly newsletters that include healthy recipes
 - Send home information regarding screen time
- Invite parents to participate in meal time on site

ABC's of a Healthy Me

47



You are the Key to Helping Kids Grow Up Healthy!

The healthy habits you model and teach will last a lifetime!



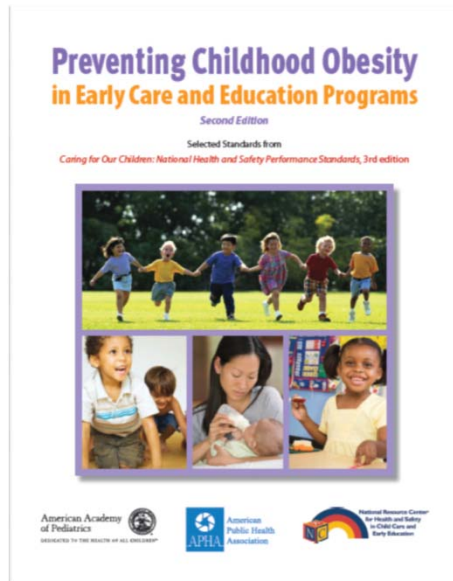
Have fun being active with your children!



Remember: We are here to help you and the program's families on your journey!

48

Preventing Childhood Obesity



49

ABC's of a
Healthy Me!
Idea
Exchange

50



Video Making Health Easier: Healthy Changes Start in Preschool



53

Learning Session 1



*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

54

Facilitating Change in Your Program: LS1 Action Period



- Facilitated by the program Leadership Team
 - Training for program staff
 - Mini-version of the Learning Session that the Leadership Team attended
- Opportunity to identify program strengths and areas for improvement
 - Program will complete action tasks related to making healthy change
- Trainers provide technical assistance (TA)

55

Go NAP SACC



- *Go NAP SACC* is a tool used to:
 - Assess programs' strengths and improvement needs in the areas of:
 - Child nutrition
 - Infant feeding & breastfeeding
 - Infant & child physical activity
 - Outdoor play & learning
 - Screen time
 - Identify improvement areas programs would like to focus on throughout the Collaborative
 - Develop an Action Plan (LS2) around the findings



56

LS1 Action Period



- **The Leadership Team will:**
 - Set up a time to train program staff
 - Guide program staff through completing *Video Module 1* Group Discussion Worksheet
 - Show *Video Module 1*
 - Collaborate with the program director to complete at least four *Go NAP SACC* instruments
 - Facilitate a discussion on five strengths and five improvement areas
 - Bring all Action Period materials back to LS2

57

Technical Assistance Groups

Question & Answer

58

Part E: Staff Wellness



What is Wellness?

- Conscious, self-directed and evolving process
- Multi-dimensional and holistic
- Positive and affirming
- Requires awareness and directed, thoughtful attention



Benefits of Staff Wellness Efforts

- Helps staff identify opportunities to improve their health
- Enhances productivity
- Reduces absences, illness and health care costs
- Shifts focus from treatment to prevention
- Increases loyalty & retention
- Creates role models for children and one another



61

Worksite Wellness

- **ECE programs can improve staff wellness by:**
 - Participating in community walks and/or runs
 - Promoting a stairwell climbing or ‘steps’ competition
 - Offering flexible lunch periods for individual or “buddy” walks
 - Purchasing fitness DVDs that employees can sign out
 - Encouraging staff to share healthy recipes
 - Providing information about packing healthy lunches
 - Posting information and posters about healthy eating in the break room or staff bulletin board
 - Find and print free materials from www.myplate.gov
 - Having water readily available

62

Stress Reduction



- **What is job stress?**
 - Harmful physical and emotional responses
 - Short-term and long-term
 - Short term: headaches, sleep problems, upset stomach, short temper, job dissatisfaction, low morale, etc.
 - Long-term: cardiovascular disease, musculoskeletal disorders, mental health problems (depression & burnout), workplace injury, etc.
 - Not the same as being challenged

63

Low-Cost Worksite Wellness Tips

Work@work

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 employers 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 intranet 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, hiking, 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 exerciser 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.

moda
HEALTH

64

Discussion:

What other activities can you do to improve your own health?

65

Stress Reduction

- **Characteristics of low-stress organizations:**
 - An organizational culture that values the individual worker
 - Recognition of employees for good work performance
 - Opportunities for career development
 - Management actions that align with organizational values
- **Stress management techniques**
- **Organizational support + stress management = healthy workplace**



66

You are a Role Model!

- Children learn through interactions
- Young children want to do what you do
- Working with families gives you a unique opportunity




67

Role Modeling Handout

10 tips
Nutrition
Education Series


be a healthy
role model for children

10 tips for setting good examples



You are the most important influence on your child. You can do many things to help your 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 mealtimes 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 new 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 "Janet's Salad" or "Jackie's Harvest 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**
Skip 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. Combat 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 rewards are not eaten, kids do not need "treats"—such as candy or cookies—as replacement foods.
- 6 focus on each other at the table**
Talk about fun and happy things at mealtimes. 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.



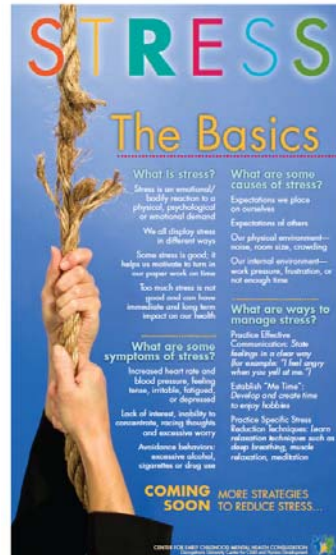
United States
Department of Agriculture
Center for Nutrition
Policy and Promotion

Go to www.ChooseMyPlate.gov for more information.

65 TipSheet No. 12
June 2011
USDA is an equal opportunity
provider and recipient.

68

Stress Management Tips



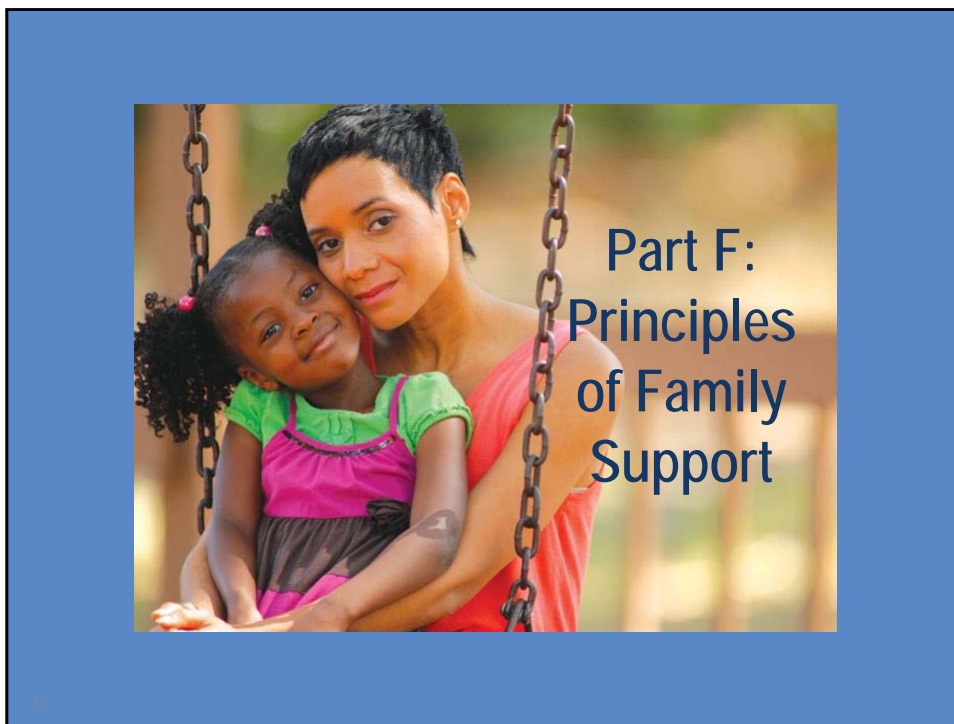
69

Free Phone Applications

- **My Fitness Pal**
 - Tracks food intake and physical activity
 - Suggests recommended daily calories for body size
- **BodBot**
 - Creates personalized workouts based on exercise equipment that is available
- **Cozi**
 - Sharing place for families to add and organize grocery shopping lists
- **Fooducate**
 - Scans food item's bar code and compares it to similar food items to help users make informed, healthier choices



70



What is Family Support?

- **An approach to strengthening and empowering families and communities so they are able to foster the development of:**
 - Children
 - Youth
 - Adult family members
- **A shift in the way services are provided to focus on the whole family, not just the child enrolled in care**



Elements of Family Engagement

- **In order to effectively engage families, providers should practice:**
 - Family support principles
 - A philosophy and approach of collaboration with families to increase participation in the program and to build trust
 - Parent involvement practices
 - Program design features and activities that enhance the program staff / family relationships so the center becomes a place where families feel comfortable leaving their children

- **Integration of these elements can enhance the learning environment to support child development**

75



Family Engagement Practices

- **Integrate culture and community** - incorporate role models of all cultural, ethnic and economical backgrounds
- **Provide a welcoming environment** - post welcoming signage and have staff greet families near the entrance
- **Strive for program-family partnerships** - include families in decisions related to both their child's education and the program as a whole
- **Make a commitment to outreach** - model educational activities families can do to support learning
- **Provide family resources and referrals** - provide resources and/or referrals to families in preventative health and family services
- **Set and reinforce program standards** - set clear program standards and ongoing professional development opportunities

76



Bringing Families Together: Building Community Video



79

Creating a Family-Friendly Environment

- **Awareness and integration of the different cultures represented in the community can also facilitate a family-friendly environment**
 - Place posters of various cultures and family types so children feel comfortable in the program
 - Encourage parent participation throughout the program:
 - Have parents bring in cultural items from home to keep at the program (food boxes, clothing, etc.)
 - Share recipes used in the class as a cooking activity
 - Host a multicultural day



80

Creating a Family-Friendly Environment Activity

Creating a Family-Friendly Climate

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

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

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

81



Part G: Additional Support

82

National State and Local Leaders Support

- Supplemental Nutritional Assistance Program Education (SNAP-Ed)
- Expanded Food and Nutrition Education Program (EFNEP)
- Women, Infants and Children (WIC)
- Child and Adult Care Food Program (CACFP)
- Quality Rating and Improvement System (QRIS)
- Child Care Aware of America
- Child Care Licensing Regulations
- Early Intervention Programs
- YMCA

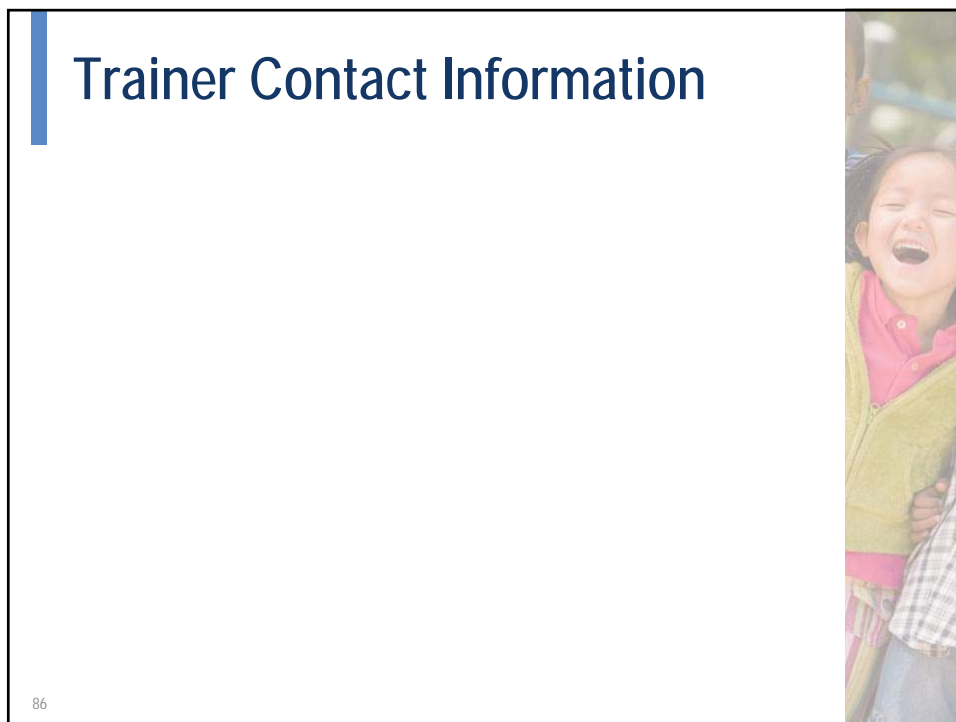
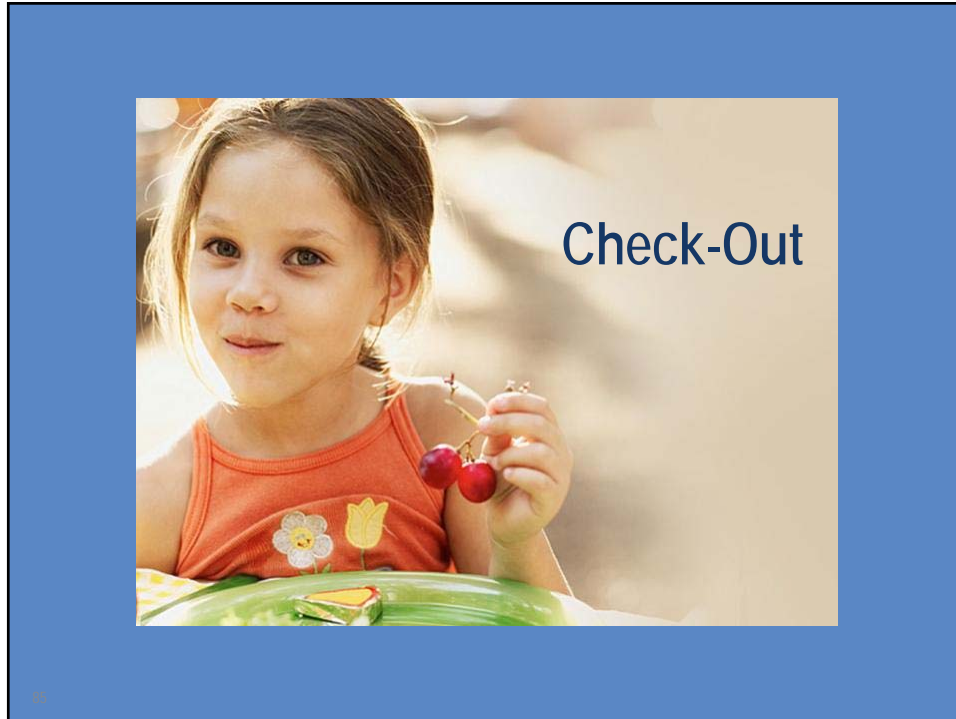
83

Healthy Kids, Healthy Future Website



www.healthykidshealthyfuture.org

84



ABC's of a Healthy Me

A Active play

- Every day, inside and out

B Breastfeeding

- Support and access to a private space

C Cut down on screen time

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

D Drink milk and water

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

E Eat healthy foods

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



Funding for this publication was made possible by the Centers for Disease Control (CDC). Nemours is currently funded by the CDC under a five-year Cooperative Agreement (1U58DP004102) to support states in launching ECE learning collaboratives focused on obesity prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department of Health and Human Services, Centers for Disease Control and Prevention, or the U.S. Government.



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.

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.

Programs

- Set up a time for training your program staff with support from *Video Module 1* and the *Leadership Team Guide* in the LS1 Action Period section of this handbook;
- Use *Go NAP SACC* to learn about and assess your program; and
- Come together as a whole program to 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;
 - One copy of each *Go NAP SACC* instrument completed by the program director and/or Leadership Team, with input from program staff if desired; and
 - Summary of chart paper discussion with five strengths and five improvement areas for program as a whole.



Learning Session 1: Leadership Team Guide

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

Leadership Team Guide

NAME: _____

PROGRAM: _____

Learning Session 1 Action Period:

Complete before Learning Session 2 (LS2):

- Guide program staff through the *Video Module 1* training to complete the *Video Module 1 Discussion Worksheet*.
- Complete the *Nutrition and Physical Activity Self Assessment for Child Care (Go NAP SACC)* instruments.
- Facilitate a discussion with program staff to create a list on large chart paper of the five strengths and five improvement areas of your program.
- Complete the *Five Strengths and Improvement Areas Worksheet*.
- Bring the following items back to Learning Session 2:
 - *Video Module 1 Group Discussion Worksheet*;
 - One completed copy of each *Go NAP SACC* instrument; and
 - Summary of *Five Strengths and Improvement Areas Worksheet* and chart paper.
- Make copies of your Action Period tasks. The original copies will be collected and might not be returned at each Learning Session.

Video Module 1

Training Objectives:

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

Supplies:

- Access to the internet to view *Video Module 1*;
- *Video Module 1 Discussion Worksheet*;
- Pens or pencils for writing; and
- Rewards for participation (optional).

Environment:

Tips for facilitators to create a supportive and fun environment for learning with your staff:

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

Facilitating Discussion:

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

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

Task 1: *Video Module 1* Discussion Worksheet

Introduction:

1. Ask everyone to think of one thing they love to do for themselves to be healthy. Share with the group.
2. Introduce *Taking Steps to Healthy Success (TSHS)* curriculum, an Early Care and Education Learning Collaboratives Project (ECELC):
 - Everyone is an important part of the team and all program staff’s feedback and participation are critical to its success. Encourage participants to share what is working and what needs to be improved.
 - *TSHS* is a year long process to make healthy changes. The Leadership Team will attend five in-person Learning Sessions and then come back to share what was learned from the sessions, facilitate video trainings and work together to make changes.
 - Ask program staff if they have any questions.
3. Locate *Video Module 1* on the Healthy Kids, Healthy Future website:
 - Go to: www.healthykidshealthyfuture.org/about-ecelc/resources/
 - Scroll down to “Standard Center-Based Curriculum;”
 - Click the “ECE Program Participants (LS1)” drop down box;
 - Scroll down to “Videos”; and
 - Click “Video Module 1 (revised)” to play.
4. 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.
 - One person from the Leadership Team should record staff thoughts and feedback on the worksheet.

TURN ON THE DVD AND WATCH OBJECTIVE 1 AND OBJECTIVE 2 (PAUSE THE VIDEO AT TIME 11:59)

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

1. Watch the first part of *Video Module 1*.
2. At the first pause, ask staff to share their thoughts regarding Question 1 on the *Video Module 1 Discussion Worksheet*:

QUESTION 1:

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

3. A member from the Leadership Team should record staff thoughts and feedback on the worksheet.

UNPAUSE THE DVD AND WATCH OBJECTIVE 3 (PAUSE AT TIME 18:29)

Physical Activity and Learning

1. At the second pause, ask staff to reflect on Question 2 on the *Video Module 1 Discussion Worksheet*:

QUESTION 2:

Why is physical activity and limited or no screen time important for the children in your classroom?

2. A member from the Leadership Team should record staff thoughts and feedback on the worksheet.

UNPAUSE THE DVD AND WATCH OBJECTIVE 4 TO THE END

Nutrition and Learning

1. At the third pause, ask staff to discuss Question 3 on the *Video Module 1 Discussion Worksheet*:

QUESTION 3:

Why is good nutrition, including support for breastfeeding, important to your children in the classroom?

2. A member from the Leadership Team should record staff thoughts and feedback on the worksheet.

Remember to bring the *Video Module 1 Discussion Worksheet* to LS2.

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

Video Module 1 Discussion Worksheet

PROGRAM NAME: _____

ENROLLMENT ID: _____

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

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

Physical Activity and Learning

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

a)

b)

c)

Nutrition and Learning

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

a)

b)

c)

Task 2: *Go NAP SACC*

After facilitating *Video Module 1* and completing the Discussion Worksheet, *Go NAP SACC* instruments need to be completed.

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

1. *Breastfeeding & Infant Feeding*;
2. *Child Nutrition*;
3. *Infant & Child Physical Activity*; and
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 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.

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

Task 3: Program Strengths and Improvements

After completing *Go NAP SACC*, bring everyone back together to share program strengths and improvement areas identified during the assessment. Using the *Five Strengths and Improvement Areas Worksheet* on the following page, record:

- **Five Strengths** of your program.
- **Five Improvement Areas** of your program.
- **Copy these on large chart paper and bring it to Learning Session 2.**

The Leadership Team should bring the chart paper back to Learning Session 2.

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

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

It's best for programs to start with goals that will be easier to meet and will have the support of teachers, staff and families. After programs have successfully made some changes, they can move on to more challenging goals.

End of Training

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

- *Video Module 1 Discussion Worksheet* in a sealed envelope, labeled with your program name and contact info;
- *Go NAP SACC* instruments for your program, completed by the program director and/or Leadership Team, with input from staff if desired; and
- Summary of program strengths and improvement areas on large chart paper.

Five Strengths and Improvement Areas Worksheet

PROGRAM NAME: _____

ENROLLMENT ID: _____

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

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

ECE Program Strengths:

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

ECE Program Improvement Areas:

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

*Copy the strengths and improvement areas listed above on a piece of large chart paper.
Bring the large chart paper to display at Learning Session 2.



Go NAP SACC

Self-Assessment Instrument

Date: _____

Program Name: _____

Enrollment ID#: _____



Breastfeeding & Infant Feeding

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

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

Before you begin:

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

As you assess:

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

Understanding your results:

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



Breastfeeding Environment

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

- Rarely or never Sometimes Often Always

* This is a space other than a bathroom.

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

See list and mark response below.

- Privacy
- An electrical outlet
- Comfortable seating
- Sink with running water in the room or nearby

- None 1 feature 2-3 features All 4 features

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

- Rarely or never Sometimes Often Always

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

See list and mark response below.

- The entrance or other public spaces
- Infant classrooms
- Toddler and/or preschool classrooms
- The space set aside for breastfeeding

- None 1 area 2 areas 3-4 areas

Breastfeeding Support Practices

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

See list and mark response below.

- Talking with families about the benefits of breastfeeding
- Telling families about the ways our child care program supports breastfeeding
- Telling families about community organizations that provide breastfeeding support
- Giving families educational materials
- Showing positive attitudes about breastfeeding

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

Breastfeeding Education & Professional Development

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

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

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



7. Professional development on breastfeeding includes the following topics:

See list and mark response below.

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

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

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

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

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

Breastfeeding Policy

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

See list and mark response below.

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

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

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

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

Infant Foods

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

- Rarely or never Sometimes Often Always
-

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

- Always Often Sometimes Rarely or never
-

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

- Always Often Sometimes Rarely or never

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



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

Infant Feeding Practices

13. Teachers feed infants:

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

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

14. Teachers end infant feedings based on:

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

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

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

- Rarely or never
- Sometimes
- Often
- Always

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

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

- Rarely or never
- Sometimes
- Often
- Always

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

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

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

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

See list and mark response below.

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

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

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



Infant Feeding Education & Professional Development

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

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

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

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

See list and mark response below.

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

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

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

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

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

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

See list and mark response below.

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

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



Infant Feeding Policy

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

See list and mark response below.

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

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

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



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

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



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



Go NAP SACC

Self-Assessment Instrument

Date: _____

Program Name: _____

Enrollment ID#: _____



Child Nutrition

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

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

Before you begin:

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

As you assess:

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

Understanding your results:

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



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

Foods Provided

1. Our program offers fruit:*

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

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

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

- Rarely or never Sometimes Often Every time fruit is offered

3. Our program offers vegetables:*

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

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

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

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

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

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

- Every time vegetables are served Often Sometimes Rarely or never

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

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

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

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

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

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

8. Our program offers high-fat meats:*

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

Beverages Provided

14. Drinking water is available:

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

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

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

16. Our program offers sugary drinks:*

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

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



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

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

* This does not include children with milk allergies.

18. Our program offers flavored milk:

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

Feeding Environment

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

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

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

- Always Often Sometimes Never

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

- Rarely or never Sometimes Often Always

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

- Rarely or never Sometimes Often Every meal or snack time

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

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

- Always Often Sometimes Rarely or never

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

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

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

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

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

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



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

26. Soda and other vending machines are located:

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

Feeding Practices

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

- Rarely Sometimes Often At least 1 time per play period

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

- Rarely or never Sometimes Often Always

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

- Rarely or never Sometimes Often Always

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

- Rarely or never Sometimes Often Always

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

- Every meal or snack time Often Sometimes Rarely or never

32. Teachers use an authoritative feeding style:*

- Rarely or never Sometimes Often Every meal or snack time

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

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

- Every day Often Sometimes Rarely or never

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

- Rarely or never Sometimes Often Always

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

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

- Rarely or never Sometimes Often Always

Menus & Variety

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

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



37. Weekly menus include a variety of healthy foods:

- Rarely or never Sometimes Often Always

Education & Professional Development

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

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

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

39. Teachers talk with children informally about healthy eating:

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

40. Teachers and staff receive professional development on nutrition:

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

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

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

See list and mark response below.

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

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

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

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

42. Families are offered education* on child nutrition:

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

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



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

See list and mark response below.

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

None

1-2 topics

3-4 topics

5-6 topics

Policy

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

See list and mark response below.

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

No written policy or
policy does not include
these topics

1-4 topics

5-8 topics

9-10 topics

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



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

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



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



Go NAP SACC

Self-Assessment Instrument

Date: _____

Program Name: _____

Enrollment ID#: _____



Infant & Child Physical Activity

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

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

Before you begin:

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

As you assess:

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

Understanding your results:

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



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

Time Provided

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

Indoor Play Environment

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

See list and mark response below.

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

None 1 feature 2 features 3-4 features

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

See list and mark response below.

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

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

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

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

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

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

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

Rarely or never Sometimes Often Always

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

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

Teacher Practices

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

Always Often Sometimes Never



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

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

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

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

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

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

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

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

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

Education & Professional Development

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

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

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

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

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

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

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

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

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

See list and mark response below.

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

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



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

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

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

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

See list and mark response below.

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

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

Policy

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

See list and mark response below.

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

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

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



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

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



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



Go NAP SACC

Self-Assessment Instrument

Date: _____

Program Name: _____

Enrollment ID#: _____



Outdoor Play & Learning

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

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

Before you begin:

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

As you assess:

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

Understanding your results:

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



Outdoor Playtime

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

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

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

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

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

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

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

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

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

4. Infants* are taken outdoors:*

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

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

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

Outdoor Play Environment

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

See list and mark response below.

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

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



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

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

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

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

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

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

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

8. The outdoor play space for preschool children includes:

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

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

9. Describe your program's garden:*

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

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

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

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

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

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

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

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

See list and mark response below.

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

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



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

See list and mark response below.

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

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

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

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

- Rarely or never Sometimes Often Always

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

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

Education & Professional Development

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

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

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

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

See list and mark response below.

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

- None 1 topic 2-3 topics All 4 topics

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

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

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



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

See list and mark response below.

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

None 1 topic 2 topics All 3 topics

Policy

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

See list and mark response below.

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

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

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



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

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



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



Go NAP SACC

Self-Assessment Instrument

Date: _____

Program Name: _____

Enrollment ID#: _____



Screen Time

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

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

Before you begin:

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

As you assess:

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

Understanding your results:

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



Availability

1. Televisions are located:

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

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

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

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

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

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

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

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

- Rarely or never Sometimes Often Always

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

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

- Rarely or never Sometimes Often Always

Practices

6. Screen time is used as a reward:

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

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

- Rarely or never Sometimes Often Always

Education & Professional Development

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

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

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



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

See list and mark response below.

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

None 1-2 topics 3-4 topics 5 topics

10. Families are offered education* on screen time:

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

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

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

See list and mark response below.

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

None 1 topic 2-3 topics 4 topics

Policy

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

See list and mark response below.

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

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

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



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

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



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



Nemours National Office of Policy & Prevention
1201 15th Street NW, Ste. 210
Washington, DC 20005
202.457.1440 • 202.649.4418
www.healthykidshealthyfuture.org