



# National Early Care & Education Learning Collaboratives:

## Taking Steps to Healthy Success

Learning Session 3, Family Child Care Edition

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**

**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

<b>Action Period</b>	The period after each in-person Learning Session to share information, support discovery learning and engage staff (when applicable), in a particular task: program assessment, action planning, implementation of the action plan, and/or documentation of the process.
<b>Center</b>	Refers to a physical place where a program is offered.
<b>Early Care and Education (ECE)</b>	A field, sector or industry that includes nurturing care and learning experiences for children from birth to age 5.
<b>Early Care and Education Program</b>	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.
<b>Early Care and Education Program Leadership Team</b>	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.
<b>Early Childhood</b>	A developmental period of time, typically birth to age 6.
<b>Facilitator</b>	Designated person or people from the Leadership Team to lead the Action Period component with their ECE program staff.
<b>Family Child Care (FCC)</b>	An intervention or service that is provided in a caregiver's home that typically serves children birth to school-age.
<b>Family Child Care Home</b>	Refers to a physical place where a FCC program is offered.
<b>Family Child Care Provider (FCC Provider)</b>	A caregiver that provides childcare services in their home.
<b><i>Nutrition and Physical Activity Self-Assessment for Child Care (Go NAP SACC)</i></b>	A self-assessment instrument for early care and education programs comparing their current practices with a set of best practices.
<b><i>Nutrition and Physical Activity Self-Assessment for Family Child Care (Go NAP SACC)</i></b>	A self-assessment instrument for family child care homes comparing their current practices with a set of best practices.
<b>Learning Collaborative</b>	A learning community made up of approximately 20-25 ECE programs or FCC homes to increase their knowledge, create networks of support, and equip programs to work together to make healthy policy and practice changes aligned with Healthy Kids, Healthy Future.
<b>Learning Session</b>	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.
<b>Healthy Kids, Healthy Future (HKHF)</b>	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.
<b>National Early Care and Education Learning Collaboratives Project (ECELC)</b>	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.
<b>Program</b>	An intervention or service that has a design, staff, curriculum or approach, and a funding source.
<b>Resources</b>	The tools, materials, and resources aligning with Healthy Kids, Healthy Future Child Care and the Preventing Childhood Obesity, 3rd Edition standards that are available to participating ECE programs and FCC providers as they implement the ECELC.
<b>State Implementing Partner</b>	An agency/organization subcontracted with Nemours to handle the administration of the ECELC in a particular state.

## Definitions

<b>State Project Coordinator (Project Coordinator/PC)</b>	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 and providers.
<b>Taking Steps to Healthy Success (Curriculum)</b>	ECELC curriculum, structured around 5 in-person learning sessions for Leadership Teams or FCC Providers and on-site Action Period sessions to engage all program staff, designed to guide Leadership Teams and their programs through the process of making healthy changes aligned with best practices.
<b>Teacher</b>	An individual responsible for the primary education of a group of children.
<b>Technical Assistance (TA)</b>	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.
<b>Trainer(s)</b>	Individuals responsible for implementing 5 on-site Learning Collaborative sessions and providing ongoing technical assistance to participating ECE programs.



## Learning Session 3: Materials

# Learning Session 3: Serving Meals Family-Style and Supporting Breastfeeding

## Overview

Learning Session 3 provides a rationale for the role Family Child Care (FCC) providers play in making healthy changes. It explains family-style dining and breastfeeding best practices in the family child care home. During this session, providers are expected to increase their knowledge, awareness and motivation to work towards healthy change.

Key content includes:

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



## Post-session (Action Period)

The family child care provider will utilize the *Provider Guide* to:

- Implement steps identified in the “Provider” and “Environment” columns of the *Action Plan Worksheet*; and
- Continue to document goals and healthy changes made throughout Learning Session 2 through Learning Session 4.


# Sample Agenda

## Objectives

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



1. Describe best practices for family-style dining and breastfeeding support and identify change opportunities;
2. Continue the Action Plan and develop action steps for the provider and environment; and
3. Continue to document and communicate the process of healthy changes on their storyboard.

Learning Session 3: Serving Meals Family-Style and Supporting Breastfeeding	
Time	Topic
8:30 – 9:00 am	Check-In
9:00 – 9:45 am	Welcome Back <b>Learning Session 2 Action Period</b> <ul style="list-style-type: none"> <li>• <b>Activity:</b> Bar Graph Sharing</li> </ul>
9:45 – 10:30 am	<b>PPT Part A:</b> Family-Style Dining <ul style="list-style-type: none"> <li>• <b>Video:</b> <i>Family-Style Dining with 2 Year Olds</i></li> <li>• <b>Discussion:</b> <i>Are You Ready for Family-Style Dining?</i></li> <li>• <b>Video:</b> <i>Putting It All Together</i></li> </ul>
10:30 – 10:45 am	<i>Physical Activity Break</i>
10:45 – 11:30 am	<b>PPT Part B:</b> Breastfeeding Support <ul style="list-style-type: none"> <li>• <b>Activity:</b> Is Your FCC Program Breastfeeding Friendly?</li> <li>• <b>Video:</b> <i>Is your Baby Hungry or Full? Responsive Feeding Explained</i></li> <li>• <b>Video:</b> <i>How to Support Breastfeeding Mothers</i></li> </ul>
11:30 – 11:45 am	<i>Physical Activity Break</i>
11:45 am – 12:30 pm	<b>PPT Part C:</b> Facilitating Change in Your Program <ul style="list-style-type: none"> <li>• <b>Technical Assistance Groups:</b> Refer to the <i>Sample Action Plan Worksheet</i></li> </ul>
12:30 – 12:45 pm	<b>PPT Part D:</b> Extending Your Learning: The Provider, Families and Policies
12:45 – 1:00 pm	Check-Out



## Learning Session 3: Serving Meals Family-Style & Supporting Breastfeeding

Early Childhood Health Promotion  
and Obesity Prevention

National Early Care and Education  
Learning Collaboratives (ECEL)  
Project

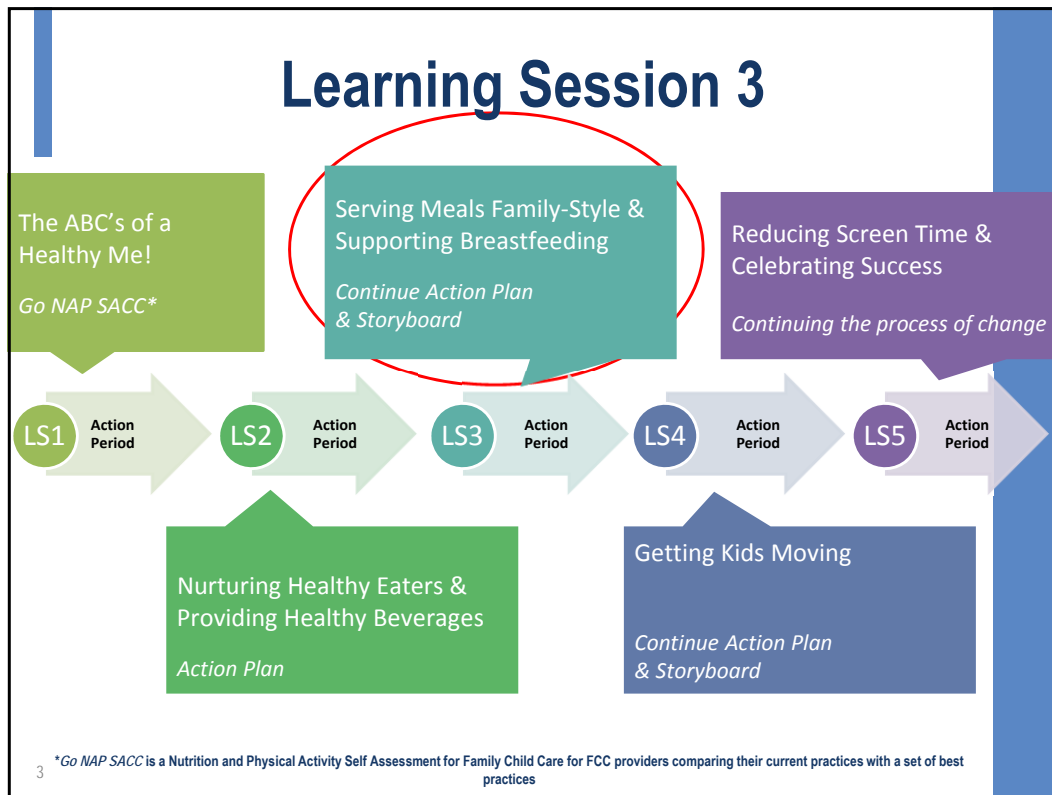
Nemours is currently funded by the Centers for Disease Control and Prevention (CDC) under a five-year Cooperative Agreement (1U58DP004102-01) to support states/localities in launching early care and education learning collaboratives focused on childhood obesity prevention. The views expressed in written 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 3 Objectives

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

1. Describe best practices for family-style dining and breastfeeding support and identify change opportunities within their program;
2. Continue the Action Plan and develop action steps for the provider and environment; and
3. Continue to document and communicate the process of healthy changes on their storyboard.



## LS2 Action Period



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## Part A: Family-Style Dining



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## Family-Style Dining



Family-Style Dining with 2 Year Olds

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## What is Family-Style Dining?

- A meal service approach that helps providers support children to have developmentally appropriate mealtime experiences and helps to prevent childhood obesity
- Involves children and adults sitting together to enjoy foods and beverages in a manner that supports children's independence
- Foods and beverages are placed on the table where the children and adults sit together to share the meal
- Children are encouraged to serve themselves independently with adult help when needed.

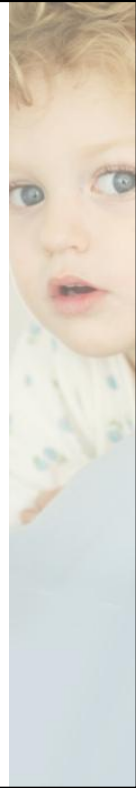


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## Why is Family-Style Dining Important?

- Enriches a child's learning environment
- Gives children the opportunity to take an active role in their feeding
- Creates a unique opportunity for us to model healthy food choices and table manners

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## Characteristics of Family-Style Dining

- Children help set the table
- Child-size tables, utensils, and serving dishes are utilized
- Food is passed in small containers
- Beverages are served in small pitchers
- Children serve themselves
- Providers sit at the table with children and role model by eating the same foods
- Children engage in conversation

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## Family-Style Dining Supports Child Development

- Small, large, oral motor development
  - Passing out plates, tipping a pitcher of milk, and lifting a serving spoon of food use a variety of motor skills
  - Learning to use serving utensils, such as tongs, allows children to develop fine motor skills
  - Children need to balance to stay in their chairs, which strengthens core muscles
  - Oral motor skills are developed when children learn to drink from a glass

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## Family-Style Dining Supports Child Development

- Social Development
  - Provides teaching opportunities for sharing, turn taking, and table manners
  - Children learn empathy and how to recognize and respond to others' needs
  - As children talk with their peers and adults at meals, they practice social etiquette behaviors, such as saying “please” and “thank you”, and learn the art of conversation and how important these are for a pleasant mealtime experience
  - Adult role modeling of both manners and conversation skills is fundamental to family-style dining

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## Family-Style Dining Supports Child Development

- Language Development
  - Mealtime conversations develops children’s language and can create a language-rich environment
  - Using words and sentences describing the flavor, texture, color, or temperature of a food enriches children’s vocabulary
  - Talk about topics that interest the children in your program!

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## Family-Style Dining Supports Child Development

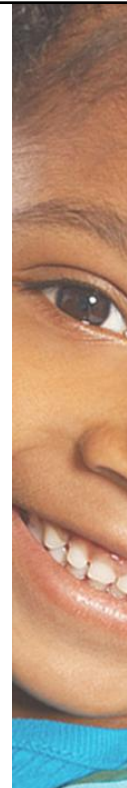
- Emotional Development
  - Can boost a child’s self confidence through trying new things and mastering new skills
  - Getting food from the serving bowl to their plate is a reason to celebrate
    - “I did it!” are important words for children to say
  - Waiting their turn for food to be passed around helps children practice self-regulation
  - Children learn independence when they help to set the table, serve themselves, and clear the table

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## Getting Children Ready for Family-Style Dining

- To be successful with family-style meal service, it's important that children:
  - Learn and develop mealtime skills
  - Practice self-feeding



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## Child Size Equipment

- **Developmentally appropriate equipment allows children to:**
  - Develop and enhance fine motor skills to grasp, hold, and manipulate small objects and tools
  - Improve hand-eye coordination skills



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## Getting Yourself Ready for Family-Style Dining

- It's important that you are prepared to:
  - Encourage self-feeding practices
  - Arrange seating to support skills
  - Assess children's mealtime skills
  - Integrate Meal Service Practice into other activities



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## Integrating Meal Service into Daily Activities

- Daily transitions and routines
- Dramatic play
- Small motor experiences
- Sand and water play
- Literacy and music/movement activities



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## Create a Mealtime Environment that Promotes Learning and Exploration

### Phrases that Hinder

- “You have to eat that”
- “Do not leave the table until everything is finished”
- “Carli, look at Maria. She ate all of her bananas and you did not.”
- “You may not have seconds, we don’t have enough to give them to everyone.”
- “I’m going to tell your mom you weren’t a good eater today at school.”

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### Phrases that Help

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



## Getting Your Home Ready for Family-Style Dining

- Procure appropriate furniture and equipment
- Implement gradually

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Are you ready for family-style dining?


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## Putting It All Together



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# Mealtime Routine Sample Handout



**Mealtime Routine Sample**

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

**Family Style Mealtime Checklist**

**Mealtime Routine**

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

**Appropriate size bowls and serving utensils**

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

**Mealtime expectations to review with children**

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

**Passing food practices for children**

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

**Family Style Practice Activities**

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

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


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

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

**Cleanup practice (dramatic play or a small group activity)**

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

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



# Physical Activity Break



## Part B: Breastfeeding Support



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## Call to Action

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

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

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

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## Why is breastfeeding important?

- **Mother's milk is best for babies.**
- Mother's milk provides her baby exactly what is needed to grow and thrive
- Breastmilk changes over time to keep up with a baby's changing nutrition and disease protection needs
- To date, over 30 components to breast milk have been identified, protecting babies from infections and illness.
- Breastfed babies benefit from “borrowing” their mother's immune system at exactly the time when they are most susceptible to illnesses due to the immaturity of their own immune system

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## Breastfed Babies are Healthier

- It's no surprise then that breastfed babies are healthier
  - Less likely to grow up to be obese or suffer from conditions like diabetes and asthma
  - Get sick less often with things like diarrhea and ear infections. When they do get sick, it is usually not severe.
  - Breastfeeding helps protect babies against Sudden Infant Death Syndrome (SIDS).
- The physical contact involved in breastfeeding is also important to newborns. It can help them feel more secure, warm and comforted.

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## Why Do Moms Need Your Support?

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



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## Breastfeeding Benefits Women

- **Health Benefits**
  - Type 2 diabetes
  - Breast and ovarian cancer
  - Postpartum depression
- **Increased weight loss**
- **Attachment**
- **Convenience**
- **Savings**



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## Breast Milk Can Save You Money

- **Breast milk is part of the CACFP meal pattern**
  - It is reimbursable for infants if fed by the mother or care provider
  - It's free! No equipment to purchase
    - Cost effective for families as well
  - For children over 12 months, breast milk may be substituted for cow's milk
    - Doctor's note may be required
- **Human milk is food**
  - You do not need to store human milk in a separate refrigerator
  - You do not need to wear gloves to give a bottle of human milk or formula
  - Contact with human milk is not hazardous exposure



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## Breastfeeding Report Card

	National	Healthy People 2020 Targets
Ever breastfed	81.1%	81.9%
Exclusively BF at 3 months	44.4%	46.2%
Exclusively BF at 6 months	22.3%	25.5%
Breastfeeding at 6 months	51.8%	60.6%
Breastfeeding at 1 year	30.7%	34.1%

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## Breastfeeding Recommendations

- **The American Academy of Pediatrics recommends:**
  - Exclusive breastfeeding for about 6 months, followed by continued breastfeeding as complementary foods are introduced
  - Continuation of breastfeeding for at least 1 year
  - Continuation of breastfeeding beyond 1 year for as long as mutually desired by mother and infant
- Exclusive breastfeeding means an infant is given no other substances for food (e.g. no infant formula or water)



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### Is Your FCC Program Breastfeeding Friendly?

1. My child care home is a place where breastfeeding families are welcome. Yes \_\_\_ No \_\_\_
  - I encourage mothers to visit and breastfeed during the day.
  - When meeting with new families, I include information about how I support breastfeeding.
  - There is a sign/poster visible to mothers so they know breastfed babies are welcome.
2. My child care home helps mothers to continue breastfeeding their babies when they return to work or school. Yes \_\_\_ No \_\_\_
  - I have a comfortable place available for mothers to nurse their infants before or after work.
  - I ensure that nursing mothers employed by me have reasonable breaks each day to express milk and reasonable efforts are made to provide a room or other location (not a bathroom) to express milk in privacy.
3. My child care home has accurate written materials on breastfeeding topics available for all parents. Yes \_\_\_ No \_\_\_
  - I offer written materials that are easy to understand and are not produced by formula companies.
  - I understand the breastfeeding materials offered to families.
  - I provide Moms with information about community resources such as support groups, WIC Breastfeeding Coordinators and Lactation Consultants.
4. My child care home feeds infants on demand and coordinates feeding times with the mother's normal feeding schedule. Yes \_\_\_ No \_\_\_
  - I develop an infant feeding plan with each family as infants enroll. The plan is updated as infants move through the stages of development.
  - I do not give breastfed babies food/drink, other than their mother's breast milk, unless indicated in the feeding plan.
  - I feed infants based on their hunger and fullness cues.
  - Refrigerator and freezer space is available for pumped breast milk which is labeled with the infant's full name and the date it was pumped.
  - I encourage mothers to provide a small backup supply of frozen breast milk in case the infant needs to eat more often or the pickup time is delayed.
5. My child care home is prepared to support breastfeeding moms. Yes \_\_\_ No \_\_\_
  - I am trained about the benefits of breastfeeding, how to prepare, feed and store human milk and I have breastfeeding resources available for my families.
  - Training for my assistant(s) is given soon after they are hired.

Adapted from the 9 Year Day Care Home Breastfeeding Friendly Self-Assessment, developed by the New York State Department of Health, Child and Adult Care Food Program

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## Hunger Cues

- **Doctors recommend that all babies be fed when they are hungry, rather than on a schedule**
- **Hunger Cues**
  - Moving head side to side
  - Opening mouth and sticking out tongue
  - Puckering lips to suck
  - Rooting reflex
- **Watch the baby, not the clock**
- **It is normal for young babies to eat only 2-3 ounces of milk in one sitting**
- **We want babies to learn that when they are hungry, they eat, and then they are full**
  - Scheduled feeding disrupts this learning

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## Is Your Baby Hungry or Full? Responsive Feeding Explained



The American Academy of Pediatrics (AAP) has resources to explain and promote responsive feeding including a video, infographic, and tip pages.

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## General Infant Feeding

- **Breastfed babies do not need solid food before 6 months**
  - Early solids replace breast milk, which should still be main source of food
  - Introduce solids when developmentally appropriate
- **Introduce solids at signs of readiness**
  - Sits with good head control
  - Opens mouth when food comes his/her way
  - Can move food from spoon to back of throat
- **Don't feed cereal in a bottle**
  - It's bad for teeth and will not help a baby sleep longer
- **Hold infants while feeding them**
  - Puts you in good position to see an infant signaling they are full

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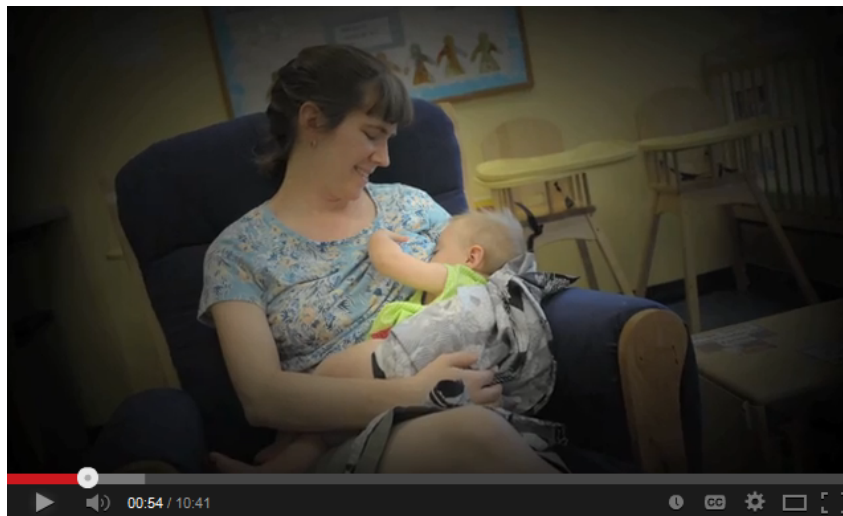
## Cultural Views of Breastfeeding

- Many different cultures look at breastfeeding as a natural choice for feeding
- Many countries have banned the practice of giving free or subsidized formula to new mothers
- Accepting and understanding cultural differences increases cultural sensitivity to those parents who decide to breastfeed
- Some cultures discourage breastfeeding because it 'spoils' babies and/or discourages babies from sleeping through the night

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## How to Support Breastfeeding Mothers



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## Physical Activity Break



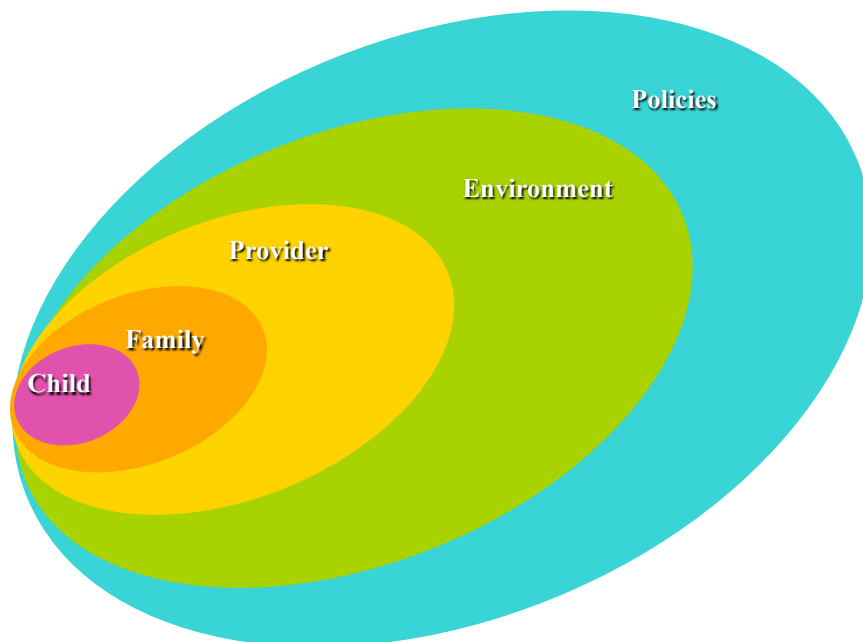
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## Part C: Facilitating Change in Your Program

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## The Social Ecological Model



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### Action Plan Worksheet



Start Date: August

Provider Name:

Goal: Introduce and Implement Family-Style Dining by October

Child	Family	Provider	Environment	Policies
<p>Practice family-style dining techniques and skills during center and free times (Ongoing beginning August)</p> <p>Encourage through activities and books that promote healthy nutrition and family-style dining in the home to continue practicing techniques in preparation for family-style dining (Ongoing beginning September)</p> <p>Encourage through play in developing conversations and language skills, social/emotional skills, and fine/gross motor skills (Ongoing beginning September)</p> <p>Practice set-up/clearing the tables and serve food and beverages at meal times (Ongoing beginning September)</p> <p>Implement family-style dining fully with children (Ongoing beginning October)</p>	<p>Host a family meeting to introduce the benefits of family-style dining (September)</p> <p>Include family-style dining information and benefits in the programs monthly newsletter (Ongoing)</p> <p>Encourage parents to practice family-style dining at home with children (Ongoing beginning September)</p>	<p>Learn about family-style dining and review resources to prepare for family-style dining (Ongoing beginning August)</p>	<p>Add pictures to the bulletin board of children in various stages of pretend play and real play practicing family-style dining techniques (Ongoing beginning August)</p> <p>Post information and tips on family-style dining on the bulletin board (Ongoing beginning August)</p> <p>Purchase family-style dining materials, books, and resources for the home (September)</p> <p>Fully implement family-style dining in the home (Ongoing beginning October)</p>	<p>Research policies on family-style dining (August)</p> <p>Prepare for parent meeting to introduce family-style dining into the program (August)</p> <p>Develop written policy on family-style dining to be included in program policies and family handbook (October)</p>

### Action Plan Worksheet



Start Date: August

Provider Name:

Goal: Introduce and Implement Family-Style Dining by October

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### Action Plan Worksheet



Start Date: November

Provider Name:

Goal: Improve the breastfeeding environment in my program by developing infant feeding plans and creating a private breastfeeding space.

Child	Family	Provider	Environment	Policies
Feed infants based on infant feeding plan and using responsive feeding cues (Ongoing beginning November)	<p>Work with families to create individual feeding plans for each infant (Ongoing, beginning November)</p> <p>Invite families to attend training on breastfeeding support (Ongoing beginning mid-November)</p> <p>Identify and gather brochures for community breastfeeding support ie: La Leche League (November)</p> <p>Maintain on-going communication with families regarding infant feeding needs and cues (Ongoing beginning November)</p>	<p>Collect sample infant feeding plans and choose a template to use with families (November)</p> <p>Learn about best practices in breastfeeding support and attend training (Ongoing beginning early November)</p> <p>Set up the bulletin board for parent information regarding breastfeeding (Ongoing beginning November)</p> <p>Display posters and books regarding breastfeeding support (Ongoing beginning November)</p> <p>Set up private breastfeeding space with new equipment (early December)</p>	<p>Identify a private, clean, comfortable place for mother's to breastfeed or express their milk (October)</p> <p>Purchase all equipment needed: refrigerator for storage of breastmilk, bottles/bags, labels, comfortable chair, etc. (end of November)</p> <p>Purchase posters, books, handouts for both children and families regarding breastfeeding support (November)</p> <p>Display on parent bulletin board breastfeeding support information (Ongoing beginning November)</p> <p>Create the nursing room with all items purchased for breastfeeding mothers to use while at the home (early December)</p>	<p>Research sample breastfeeding support practices in preparation for trainings to families (October)</p> <p>Offer breastfeeding support sessions twice a year for families (Ongoing beginning November)</p> <p>Apply to the State for becoming a breastfeeding friendly facility (January)</p> <p>Implement program policy on breastfeeding support and include in parent handbook (January)</p>

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### Action Plan Worksheet



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## Sample Policy: Family-Style Dining

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

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

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## Sample Policy: Breastfeeding Support

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

- Providing a clean, welcoming place for mothers to breastfeed or express their milk
- Offering breastfeeding promotional materials that are culturally appropriate
- Providing a refrigerator for the storage of expressed milk

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### FAMILY CHILD CARE BREASTFEEDING POLICIES AND PRACTICES

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

#### Supportive Environment

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

#### Initial Contact

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

#### Feeding and Handling Milk

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

#### Staff Training

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

Adapted from the Family Child Care Home Model Breastfeeding Policy tool developed by the Colorado Department of Public Health and Environment. Disclaimer: All articles, samples, and resources offered by the Colorado Department of Public Health and Environment are for informational purposes only and should not be construed as professional advice. Sample policies and procedures may need to be adapted to best suite your organization's unique circumstances.

## LS3 Action Period



<sup>50</sup>Go NAP SACC is a Nutrition and Physical Activity Self Assessment for Family Child Care for FCC providers comparing their current practices with a set of best practices

## Technical Assistance Groups

**Action Plan**

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## Facilitating Change in Your Program: LS3 Action Period



- **Opportunity to:**
  - Implement action steps for the provider and environment identified for the 1-2 areas providers would like to improve upon
  - Continue a storyboard demonstrating what area(s) the provider improved
- **Trainers provide technical assistance (TA)**

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## Continuing Your Storyboard



### Providers will finalize their story of change by:

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

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### Part D: Extending your Learning: Provider, Families and Policies

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## Family-Style Dining at Home

- **Encourage families to practice family-style dining at home**
- **You can promote family-style dining by:**
  - Offering special days that parents can participate in eating family-style (Mother's/Father's Day Breakfast, Back to School Night, etc.)
  - Sending home easy/quick recipes that allow less time for cooking and more time for eating together at the table
  - Taking photos of children eating family-style at your home and send home a conversation starter for 'table talk'



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## Support mothers in breastfeeding as they return to work

- 80% of mothers desire to breastfeed, but 60% are unable to meet their breastfeeding goals
- Returning to work is the primary reason mothers end breastfeeding early
- Important steps to supporting nursing mothers:
  - Talk with the mother to begin to understand her ideas and goals for breastfeeding.
  - Reassure breastfeeding moms that they are doing the best thing for their baby.
  - Encourage them to breastfeed as long as possible.



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## Advocating for Breastfeeding

- **Breastfeeding is more than a lifestyle choice, it's a public health issue**
- **Benefits for employers**
  - Moms miss fewer days of work because child isn't sick as often.
- **Benefits for society**
  - Decreased abuse and neglect rates for Mothers who breastfeed.
  - If 90% of mothers breastfed for 6 months:
    - 1,000 infant deaths could be prevented
    - U.S. could save \$13 billion



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## Resources for Providers and Parents


- La Leche League
- National Resource Center for Health and Safety in Child Care and Early Education
- International Board Certified Lactation Consultants
- Baby-Friendly Hospital Initiative
- Women, Infants, and Children (WIC)
- CDC's *Breastfeeding and Early Care and Education: Increasing Support for Breastfeeding Families*



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

**Breastfeeding and Early Care and Education**  
Increasing support for breastfeeding families



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

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

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

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


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

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

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

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

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



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

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

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

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

The **Wisconsin Department of Health Services** developed the **Ten Steps to Breastfeeding Friendly Child Care Centers**, a resource kit to help ECE centers and family homes promote breastfeeding and ensure that they support mothers to be able to breastfeed. <http://www.dhs.wisconsin.gov/publications/P0900202.pdf>

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

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

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## Resources

- **Healthy Kids, Healthy Future**  
– [www.healthykidshealthyfuture.org](http://www.healthykidshealthyfuture.org)
- **MyPlate for Preschoolers**  
– <http://www.choosemyplate.gov/preschoolers.html>
- **Nutrition and Wellness Tips for Young Children**  
– [www.teamnutrition.usda.gov](http://www.teamnutrition.usda.gov)
- **Nemours' Best Practices for Healthy Eating**  
– [www.healthykidshealthyfuture.org](http://www.healthykidshealthyfuture.org)
- **Child and Adult Care Food Program (CACFP)**  
– [www.fns.gov/cacfp](http://www.fns.gov/cacfp)

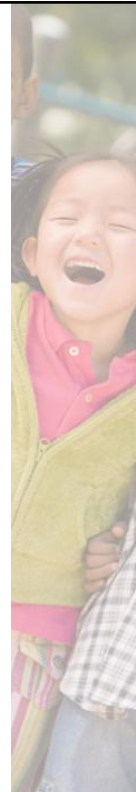






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## Trainer Contact Information



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# Family Style Mealtime Routine

## Mealtime Routine Sample

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

## Family Style Mealtime Checklist

### Mealtime Routine

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

### Appropriate size bowls and serving utensils

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

### Mealtime expectations to review with children

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

### Passing food practices for children

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

## Family Style Practice Activities

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

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

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

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

### Cleanup practice (dramatic play or a small group activity)

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

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



## Is Your FCC Program Breastfeeding Friendly?

### 1. My child care home is a place where breastfeeding families are welcome.

Yes \_\_\_\_\_ No \_\_\_\_\_

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

### 2. My child care home helps mothers to continue breastfeeding their babies when they return to work or school.

Yes \_\_\_\_\_ No \_\_\_\_\_

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

### 3. My child care home has accurate written materials on breastfeeding topics available for all parents.

Yes \_\_\_\_\_ No \_\_\_\_\_

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

### 4. My child care home feeds infants on demand and coordinates feeding times with the mother's normal feeding schedule.

Yes \_\_\_\_\_ No \_\_\_\_\_

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

### 5. My child care home is prepared to support breastfeeding moms.

Yes \_\_\_\_\_ No \_\_\_\_\_

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

# FAMILY CHILD CARE BREASTFEEDING POLICIES AND PRACTICES

---

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# Breastfeeding and Early Care and Education

## Increasing support for breastfeeding families



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

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

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## Learning Session 3: Provider Guide

# Learning Session 3: Serving Meals Family-Style and Supporting Breastfeeding

Provider Name: \_\_\_\_\_

Provider Enrollment ID: \_\_\_\_\_

### Learning Session 3 Action Period:

Complete before Learning Session 4 (LS4):

- Begin to implement changes in the area of the provider and environment; and
- Continue your storyboard to document and communicate healthy changes in your program
- Bring the following items back to Learning Session 4:
  - *Action Plan Worksheet*



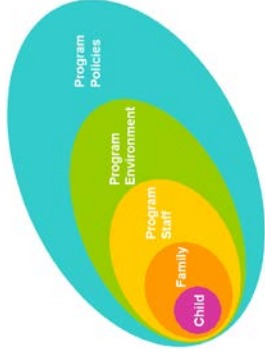
# Task 1: Action Plan

## What is Our Role in Making Healthy Changes?

Continue your Action Plan and implement the next steps:

- If you did not finish drafting the action steps at the Learning Session, use the *Action Plan Worksheet* to complete the “provider” and “environment” columns;
- Using the *Action Plan Worksheet*, review the “provider” and “environment” columns;
- Work to implement changes in the areas of the provider and environment; and
- Continue documenting and communicating the process of healthy changes on your storyboard.

# Action Plan Worksheet



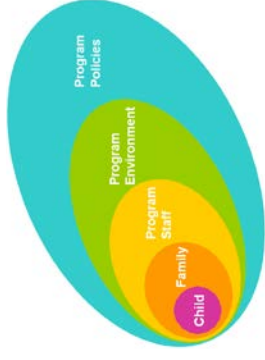
Start Date: August

Provider Name:

Goal: Introduce and Implement Family-Style Dining by October

Child	Family	Provider	Environment	Policies
<p>Practice family-style dining techniques and skills during center and free times (Ongoing beginning August)</p> <p>Encourage through activities and books that promote healthy nutrition and family-style dining in the home to continue practicing techniques in preparation for family-style dining (Ongoing beginning September)</p> <p>Encourage through play in developing conversations and language skills, social/emotional skills, and fine/gross motor skills (Ongoing beginning September)</p> <p>Practice set-up/clearing the tables and serve food and beverages at meal times (Ongoing beginning September)</p> <p>Implement family-style dining fully with children (Ongoing beginning October)</p>	<p>Host a family meeting to introduce the benefits of family-style dining (September)</p> <p>Include family-style dining information and benefits in the programs monthly newsletter (Ongoing)</p> <p>Encourage parents to practice family-style dining at home with children (Ongoing beginning September)</p>	<p>Learn about family-style dining and review resources to prepare for family-style dining (Ongoing beginning August)</p>	<p>Add pictures to the bulletin board of children in various stages of pretend play and real play practicing family-style dining techniques (Ongoing beginning August)</p> <p>Post information and tips on family-style dining on the bulletin board (Ongoing beginning August)</p> <p>Purchase family-style dining materials, books, and resources for the home (September)</p> <p>Fully implement family-style dining in the home (Ongoing beginning October)</p>	<p>Research policies on family-style dining (August)</p> <p>Prepare for parent meeting to introduce family-style dining into the program (August)</p> <p>Develop written policy on family-style dining to be included in program policies and family handbook (October)</p>

## Action Plan Worksheet



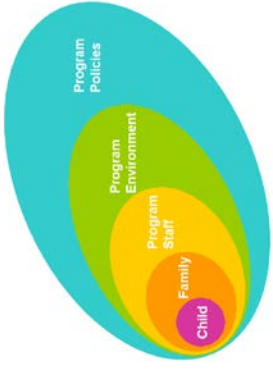
Start Date: November

Provider Name:

Goal: Improve the breastfeeding environment in my program by developing infant feeding plans and creating a private breastfeeding space.

Child	Family	Provider	Environment	Policies
<p>Feed infants based on infant feeding plan and using responsive feeding cues (Ongoing beginning November)</p>	<p>Work with families to create individual feeding plans for each infant (Ongoing, beginning November)</p> <p>Invite families to attend training on breastfeeding support (Ongoing beginning mid-November)</p> <p>Identify and gather brochures for community breastfeeding support ie: La Leche League (November)</p> <p>Maintain on-going communication with families regarding infant feeding needs and cues (Ongoing beginning November)</p>	<p>Collect sample infant feeding plans and choose a template to use with families (November)</p> <p>Learn about best practices in breastfeeding support and attend training (Ongoing beginning early November)</p> <p>Set up the bulletin board for parent information regarding breastfeeding (Ongoing beginning November)</p> <p>Display posters and books regarding breastfeeding support (Ongoing beginning November)</p> <p>Set up private breastfeeding space with new equipment (early December)</p>	<p>Identify a private, clean, comfortable place for mother's to breastfeed or express their milk (October)</p> <p>Purchase all equipment needed: refrigerator for storage of breastmilk, bottles/bags, labels, comfortable chair, etc. (end of November)</p> <p>Purchase posters, books, handouts for both children and families regarding breastfeeding support (November)</p> <p>Display on parent bulletin board breastfeeding support information (Ongoing beginning November)</p> <p>Create the nursing room with all items purchased for breastfeeding mothers to use while at the home (early December)</p>	<p>Research sample breastfeeding support practices in preparation for trainings to families (October)</p> <p>Offer breastfeeding support sessions twice a year for families (Ongoing beginning November)</p> <p>Apply to the State for becoming a breastfeeding friendly facility (January)</p> <p>Implement program policy on breastfeeding support and include in parent handbook (January)</p>

# Action Plan Worksheet



Start Date:

Provider Name:

Goal:

Child	Family	Provider	Environment	Policies

# Task 2: Continuing Your Storyboard

## Telling Your Story of Change

As you continue the process of making healthy changes continue to document your successes and changes you are making. The Learning Sessions will continue to prepare you to complete your storyboard for Learning Session 5. The storyboard will reflect the changes that you are making from goals you selected on your *Action Plan Worksheet*.

- Continue your storyboard to share your story of healthy change with colleagues, children and families.
  - Continue your storyboard by:
    - Describing what change(s) were made and how you did it;
    - Explaining accomplishments and challenges faced;
    - Sharing photos of the implementation process;
    - Describing how children, and families reacted to the change(s);
    - Outlining any policies that were updated as a result; and
    - Explaining the next steps you will take to sustain the change(s).
  - Remember, you can choose a variety of ways to express your story of change. This includes:
    - Photos of the process including before, during and after the change(s);
    - Anecdotes from families and children;
    - Assessments, observations and reflections;
    - Documents including lesson plans or menus that demonstrate changes; and/or
    - Children’s artwork that describes healthy changes in the program.
  - Display the boards in your home as you are working on them so that families and children can see and learn what is going on through your efforts to make your program healthier.

**Bring the storyboards to Learning Session 5!**









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