



# National Early Care & Education Learning Collaboratives:

## Taking Steps to Healthy Success

Learning Session 4, 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 4: Materials

# Learning Session 4: Getting Kids Moving

## Overview

Learning Session 4 provides rationale for the role family child care (FCC) providers play in helping make healthy changes. It explains physical activity best practices in the family child care home. The session focuses on increasing knowledge and awareness of healthy practices and their impact on young children. During the session, providers are expected to increase their knowledge, awareness, and motivation to work towards healthy change. Key content includes information on:

- Best practices for physical activity for infant, toddler, and preschool children;
- Continuing the process of healthy change through an Action Plan;
- Developing action steps to support policies; and
- Ways to support physical activity through family engagement and policies.



## Post-session (Action Period)

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

- Complete the *Nutrition and Physical Activity Self-Assessment for Family Child Care (Go NAP SACC)*;
- Implement steps identified in the “policy” column of the *Action Plan Worksheet*; and
- Finalize documenting goals and healthy changes made throughout Learning Session 2 through Learning Session 4 on their storyboard.

# Agenda (with sample times)

## Objectives

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

1. Describe best practices for physical activity and identify change opportunities within their program;
2. Have the information to continue the Action Plan and develop action steps for policies; and
3. Finalize documenting the process of healthy changes on their storyboard.

Learning Session 4: Getting Kids Moving	
Time	Topic
8:30 – 9:00 am	Check-In
9:00 – 9:30 am	Welcome Back <b>Learning Session 3 Action Period</b> <ul style="list-style-type: none"> <li>• <b>Technical Assistance Groups</b></li> <li>• <b>Activity:</b> <i>Taking Steps to Success</i></li> </ul>
9:30 – 9:45 am	<b>PPT Part A:</b> Supporting Motor Development
9:45 – 10:00 am	<b><i>Physical Activity Break</i></b>
10:00 – 11:15 am	<b>PPT Part B:</b> Best Practices for Physical Activity <ul style="list-style-type: none"> <li>• <b>Video:</b> <i>Move, Play, Learn: Physical Activity in North Dakota Child Care Programs</i></li> <li>• <b>Video:</b> <i>Motor Skill Development</i></li> <li>• <b>Video:</b> <i>Feldenkrais Class by Baby Liv</i></li> </ul>
11:15 – 11:30 am	<b><i>Physical Activity Break</i></b>
11:30 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 4: Getting Kids Moving

Early Childhood Health Promotion  
and Obesity Prevention



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.

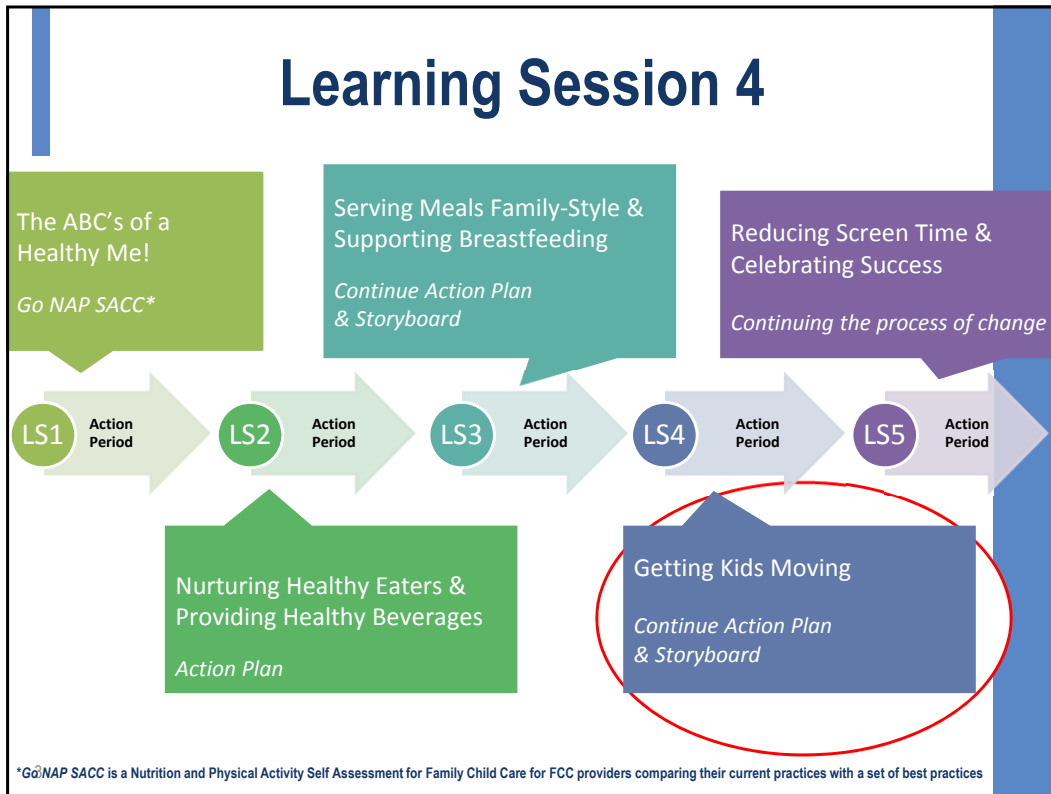
National Early Care and Education  
Learning Collaboratives  
(ECELC) Project

## Acknowledgements

A special thank you to:

- **Centers for Disease Control and Prevention (CDC)**
  - For generous funding support and expertise
- **Nemours**
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- **Gretchen Swanson Center for Nutrition**
  - For the evaluation component of this national effort





## Learning Session 4 Objectives

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

1. Describe best practices for physical activity for preschool, toddlers, and infants.
2. Have the information to continue the Action Plan, with a focus on program policies; and
3. Document and communicate the process of healthy change through a storyboard presentation.





## LS3 Action Period

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## ABC's of a Healthy Me

**A**ctive play

**B**reastfeeding

**C**ut down on screen time

**D**rink milk and water

**E**at healthy foods

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## Key Points for **A**ctive Play

- Time
- Type
- Location
- Limiting sedentary time
- Provider engagement
- Integration into learning activities

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## Part A: Supporting Motor Development



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## Motor Development

### Influenced by interactions with peers and adults

- Learned through provider-directed activities, practice and mastery of skills
- Learned through peer observations and interactions

### Supported by the environment

- Adequate indoor and outdoor space
- Age appropriate equipment
- Promotion of motor development skill building with families



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## Motor Development

### Types of motor development

- **Gross motor**
  - Involves the large muscles in the arms and legs
  - Examples: holds head up, sits/stands with and without support, reaches with one hand, crawls, stands, walks, etc.
- **Fine motor**
  - Involves the small muscles in the hands, feet, fingers, and toes
  - Examples: grasps a toy, claps hands, drops blocks in to a container, picks up a toy, tears paper, holds a crayon, etc.



## Promoting Motor Development in Infants

- **Gross motor skills**
  - Encourage physical activity (i.e. “tummy time”)
  - Place toys just out of reach of infant and encourage them to move towards them
  - Provide open space(s) for infants to explore
  - Move the infant gently by rolling, swaying, or bouncing
- **Fine motor skills**
  - Prop infants up with pillows to allow he/she to explore objects with support
  - Play hand and/or finger games with the infant
  - Encourage the infant to grasp your finger
  - Provide different size toys (i.e. puzzles, blocks, balls, etc)

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## Developmental Delays and Screenings

- **Developmental milestones**
  - Include playing, learning, speaking, behaving, and moving
- **Developmental delay**
  - When a child does not reach developmental milestones at the same time as other children
- **Developmental screenings**
  - Doctors and nurses use to identify whether children are learning basic skills at the time they should
- **Identify developmental delays early**
  - To assist parents with receiving additional support

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## Developmental Delays

- **The Centers for Disease Control and Prevention (CDC) produced materials that assist with tracking a child’s progress through key developmental milestones, these materials include:**
  - Developmental milestones list for children ages 2 months-5 years
  - Flyers and factsheets on developmental milestones
  - Four video modules on developmental monitoring

**“Learn the signs. Act Early.”**

**<http://www.cdc.gov/ncbddd/actearly/index.html>**

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## Physical Activity Break



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## Best Practices for Physical Activity

- The best practices for physical activity in ECE include 8 areas:
  - intensity, time, integrating activity throughout the day, type, provider's role, equipment, being outdoors, and policies



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## ‘Moderate to Vigorous’ Physical Activity

- **Engage all children in ‘moderate to vigorous’ physical activities every day**
- **Moderate intensity activity** is faster than a slow walk, but still allows you to talk easily
- **Vigorous intensity activity** causes you to breathe so much faster and deeper than normal that it interferes with your ability to talk – leaves you ‘breathless’
  - Children who are breathless are exercising their heart and lungs along with the muscles in their arms and legs!

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## Daily Moderate to Vigorous Physical Activity (MVPA)

- **Schedule enough time for daily moderate to vigorous physical activity (MVPA)**
- **A child’s age determines how much MVPA time they need:**
  - Preschoolers need 90 to 120 minutes (per 8 hour day)
  - Toddlers need 60 to 90 minutes (per 8 hour day)
  - Infants need short durations of supervised ‘tummy time’ a few times every day. There is no set time duration for tummy time.

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## Integrate Physical Activity Throughout the Day

- **Active play should not be limited to the times set aside for physical activity each day**
- **Include physical activity in your lesson plans**
  - Children can learn about colors and shapes by hopping to a blue circle and skipping to a red square. They can learn numbers by counting their jumps and can act out what the main character is doing during story time.

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## Move, Play, Learn: Physical Activity in North Dakota Child Care Programs



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## ‘Adult-led’ Active Play

- Schedule ‘adult-led’ active play at least twice a day for infants, toddlers, and preschooler
- Occurs whenever you directly lead children in an activity that promotes movement such as jumping, throwing, balancing, or kicking
- Planned games and activities should:
  - Support age-appropriate motor development
  - Be non-competitive and non-elimination
  - Have no or minimal waiting time
  - Be adapted so children of all abilities can participate



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## Free Active Play

- **Schedule free play daily**
- When children engage in free play (or ‘unstructured’ play), they get to decide what to do
  - Activities should encourage children’s individual abilities and interests
  - Providers should be engaged and provide support and prompts to encourage active play



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## Free Active Play (Toddlers & Preschoolers)

- **With toddlers and preschoolers:**
  - Encourage each child to engage in activities that support their specific abilities and interests
  - Be encouraging and supportive. For example, you can encourage children to run by saying “Look at that yellow leaf, let’s race to get it.”
  - Be up and active during this time to role model physical activity.
  - Ensure there is adequate portable play equipment that supports physical activity (such as balls, hula hoops, riding toys, streamers).



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## Free Active Play (Infants)

- **For free play with infants:**
  - Place infants on the ground to promote free movement. The ground should be well maintained, clean, and free of any objects the infant could eat
  - Provide a play space with infant toys, music, and play mats and rugs with varying colors, patterns, pictures, and textures
  - Place infants so they may interact with providers and other infants
  - Encourage infants to practice head control, pushing themselves up, rolling, crawling, and creeping



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## Provider Engagement

- **Dress for movement**
- **Participate during active play**
  - Role model
  - If you have physical limitations, be a cheerleader
  - Get your own physical activity into meet adult recommendations for physical activity
- **Provide prompts and encouragement**
  - During structured and unstructured play
- **Support activities that are appropriate and safe**

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## Indoor/Outdoor Provider Engagement Activities (Preschoolers)

- **Building and Bulldozing** - create an obstacle course for children to act out what builders and bulldozers do
- **Runaway Train** - have children wrap their arms around each other to create “trains” and have them try to connect to each other to make one large train
- **Twist, Turn, Bounce and Bend** - have children try to do each of these movements with various parts of their body
- **Tap, Tap, Run, Run** - have children practice dribbling a ball and perform those actions with their hands and feet

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## Indoor/Outdoor Provider Engagement Activities (Infants)

- **Touch Tour** - introduce infants to senses (soft and hard objects, squishy items, cool and warm water)
- **String Along** - tie small objects to a thick piece of yarn and have infants practice grabbing and moving the toys while holding onto the yarn
- **Pile small boxes up** - have infants knock them down
- **Texture Crawl** - have infants crawl across various textures (rubber mat, carpet, scarves, bubble wrap, and velvet) This can be used as an indoor or outdoor activity
- **Peek-a-Boo**

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[www.life.familyeducation.com](http://www.life.familyeducation.com)



## Provide Opportunities for Motor Skill Development

- **Provide continuous opportunities to develop and practice gross motor and movement skills**
- **How do you know what skills are age-appropriate?**
  - Most motor and movement skills have a very large age-range where the development of the skill is considered “normal”
  - This handout from CDC includes a milestone checklist:

[https://www.cdc.gov/ncbddd/actearly/pdf/checklists/all\\_checklists.pdf](https://www.cdc.gov/ncbddd/actearly/pdf/checklists/all_checklists.pdf)

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## Motor Skill Development



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## Exploratory Actions for Toddlers

- **Toddlers seek independence, but need safe spaces to explore**
- **Play experiences which support optimal motor development include:**
  - Ball handling
  - Balance
  - Manipulation
  - Space awareness
  - Obstacles
  - Wheeled toys
  - Pretend play or dramatic play
  - Rhythm



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## Sensory Actions for Infants

- **Role of adults is to maximize a child's actions by:**
  - Encouraging responsive interactions
  - Providing enriched, sensory experiences
- **Four sensory areas:**
  1. Visual (seeing)
  2. Auditory (hearing)
  3. Tactile (touch)
  4. Vestibular (motion)



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## Engaging Mixed-Age Groups

- Adjust activities for the different age groups
- Engage in activities with older children during less active times or rest periods for younger children
- Encourage older children to help with younger children
  - Read to infants, bounce balls with toddlers
  - Be mindful not to rely on older children, continue to provide activities that they can engage in
- Ensure appropriate supervision at all times
- If possible, set up barriers or designated areas for children of different age groups to move freely



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## Caring for Children In Mixed Age Groups

Handout #22

Healthy Children, Strong Families, Caring Communities

### Special Opportunities

Family child care home settings provide opportunities for several different age groups to be cared for at the same time. Most experts agree there are many benefits to this type of child care. Educator Lillian Katz in *The Case for Mixed-Age Grouping in Early Education* (NAEYC) 1993, feels that in these "family units" younger members observe, emulate and imitate a wide range of skills. Most younger children are not equally mature in all areas of development. Older children can offer leadership, tutoring experiences and may assume some of the responsibility for less mature and knowledgeable members. She also feels there are greater opportunities for children to develop friendships with others who match, complement or supplement their own needs and styles.

Children need a sense of community that includes people of all ages, interests and skills. This support enables them to grow into healthy, socially-skilled adults. They can learn empathy, patience and they develop a healthy self-esteem while helping others.

On the business side, caring for several children from different age groups at the same time is a good way to help providers maintain full enrollment. In addition, many families looking for child care for school-age children want to keep all their children together.

### Meeting the Challenges

Providing child care for children from several age groups can be a great challenge – especially to a new provider. For instance, what do you do when two babies are crying at once? What if a toddler wants to get into the game the "big kids" are playing? Or how do you respond if the "big kids" want to kick a ball while the preschoolers are playing? Through trial and error child care providers have come up with great suggestions. Most providers emphasize planning and organization. They feel that having a routine and planning how the day should be organized are critical factors for success.

### Organizing for Care

1. Don't jump into taking the maximum capacity of children you are licensed for right away – start slowly.
2. Put the babies together with supervision. They are fascinated with each other's faces and behavior.
3. Look for a family that fits into the current group. Consider your own philosophy and compare it with their views on child-rearing.
4. Have a two-week trial period to look at the children's ages and temperament to see whether they all get along together.
5. Educate yourself about child development. Learn what is developmentally appropriate, what kinds of behaviors are typical at certain ages and how to handle children during their different stages of growth. Resources for child development materials are available in the student library of the local colleges. You may want to enroll in early childhood education classes for a more thorough understanding of child development. Child Action, Inc. offers free workshops throughout the year on child development and their resource library contains videos, books and handouts.
6. Plan enough space so each age group can be on its own while you remain available to supervise.

### Planning the Environment

Set up play areas and environments for all the ages in your care. Use barriers when needed, such as safety gates, big pillows or furniture. Use barriers sparingly and for short periods of time. You should include an infant or crawler in the group whenever possible.

- Consider:
- Holding an infant on your lap while older children are using scissors or working on crafts
  - Using an empty wading pool with toys in it to separate babies from rough and tumble play or placing your own body between the two age groups

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# Head Start Body Start Activity Calendar

## MARCH

Get Moving Today!

ACTIVITY CALENDAR

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start the month off with a game of follow the leader. Move around your house in different ways as someone copies your movements.	"Chair Exercise". Move around, under, and over a chair; sit down and stand up using a chair, turn on music and wiggle & stretch while sitting in a chair.	Loaf and soft – first walk on your tip toes trying to be really quiet, then stamp using your whole foot trying to be really loud.	Tear newspaper into long strips – crunch them up into balls – throw the balls into a basket – Rip-Crunch-Throw.	Be a superhero! Think about all of your favorite superhero's and then spend some time moving just like they would.	Ask someone to go for a walk with you and as you walk, make up a little song about moving and having fun together.	Take a few minutes today to lie on the floor and stretch your body from head to toe. Take some deep breaths and relax as you reach and then relax.
Using paper plates as pretend stones, make an indoor nature trail through your house. Walk through the nature trail by only stepping onto the make believe stones.	Make a pile of paper balls by crumpling recycled paper. For one minute throw these balls all over the playing space – making a blizzard of balls. Collect them and do it again.	Using the balls from yesterday put them in a pile. Crab walk with one ball at a time on your tummy, carry it across the room.	Get outside and pick up trash in your yard.	Take a "spring is here" walk. Swing your arms as you walk quickly. Notice all the signs of spring!	How many different ways can you carry a sock as you move around the house?	Crawling is a great way to work on the muscles in your arms. Try to crawl around your house for a few minutes – take a break and do it again.
Turn on some music and take turns choosing a way to move.	Leaping! Put pillows on the floor and practice your leaping skills. Push off of your back leg and reach with your front leg.	Work on your locomotor skills – go outside and practice walking, galloping, skipping, jumping and hopping.	Pickup marbles with your fingers and toes. Lie on the floor and blow the marbles across the floor.	 Pull a wagon around outside as you pick up sticks. Create an obstacle course with the things you find.	Make it backwards day. Move from room to room backwards. Try to high and low, fast and slow.	Make a trail of paper plates through your home and pretend that you can only walk on the plates or you will fall in the water.
Get outside today and play "I Spy". Each time one of you says, "I spy", you have to all walk, run or gallop to that object.	Animal Action Fun! One person says the name of an animal and the other person has to move around the house like that animal would.	Using a scarf or handkerchief practice your selfless and catch skills. Watch the scarf with your eyes and move your body so the scarf can land in your hands.	Have an adult write your name really big on a sheet of paper, and then put your body into the shapes of each letter. Can you do this standing up? Can you do this lying on the floor?	Make up a nonsense word. Now make up a movement to go with that word.	Twins – for 2-5 minutes pretend as if you are connected to someone else and the two of you have to move exactly the same way.	Go on a walk through your home. Each time you get to a new space you have to change the way you are moving.
Pretend to have a beach party. Turn on some beach music and dance. Pretend to surf and swim as you work your body.	Pretend your arms or feet or elbow and nose is a crayon and draw a big picture of a rainbow in your home.	Put a sock puppet on your hand and have it march, low, fast, slow, curvy and straight.	Pretend to be a balloon – first without air, then being blown up, then floating around the room, and then being popped!	 Work on your leaping and catching skills with someone. Toss it right to their hands.	Balance on two body parts. How about three parts or four or even five body parts?	Repeat your favorite activity this month!

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## Use all of your space effectively for physical activity

- Having an all-purpose room or a gymnasium is not necessary
- Small classrooms, hallway, or living-room corners can suffice for indoor active play that reaches moderate to vigorous intensity!
- Be flexible
- Identify a plan to quickly move furniture for a larger space to engage young children in physical activity

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## Equipment

- **Age and developmentally appropriate**
- **Sturdy and safe**
  - Sensory equipment: mobiles, teething toys, baby mirrors, etc.
  - Manipulative equipment: grip toys, stacking toys, puzzles, peg boards, etc.
  - Large muscle equipment: riding/rocking toys, gym mats, balance beams, slides, etc.
- **Portable play equipment**
  - Indoors and outdoors
  - Balls, scarves, bean bags, wagons, etc.
- **Appropriate adult supervision**



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## Never withhold or use physical activity as a punishment

- Using physical activity as a punishment takes the fun out of activity and lead children to have negative associations to it
- It might be necessary to provide such children with time and space to calm down before they can resume active play with other children



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## Play Outdoors Every Day

- Daily outdoor play helps children be more physically active
- Going outside is important to expose children to sunlight for Vitamin D and fresh air
- Reduces stress
- Improves attention, memory, and problem solving skills



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# Weather

- **Weather that poses a significant health risk:**
  - Wind chill at or below -15°F
  - Heat index at or above 90°F
  - Air Quality Index at or above 201
- **Protect children from the sun, especially 10am-2pm**
  - Use sunscreen
- **Ask families to send appropriate clothing for children to play outside in any weather**
  - Hats, coats, gloves, raingear, sunscreen
  - Keep an extra supply at your program



## Rainy Day Ideas



It can be tough to plan physical activity when outdoor play is cancelled due to poor weather conditions. Use these ideas to help your class be physically active indoors:

- **Start a parade** around the classroom. Children can line up and march, gallop, skip, tip-toe, walk sideways and backwards
- **Move like an animal**-hop like a rabbit, crawl like a dog, waddle like a duck, stomp like an elephant, soar like a bird, swim like a fish
- **Play movement games** like ring around the rosey, musical squares, the hokey pokey, duck duck goose, or do the chicken dance
- **Turn on the music and dance.** Children can dance to the music on their own, or play a song that provides verbal instructions
- **Play Simon Says.** To ensure children stay active throughout the session, do not ask them to sit out if they make a mistake
- **Set up indoor hop scotch** using carpet squares or hula hoops
- **Stretch.** Children can circle their arms, shrug their shoulders, touch their toes, reach high toward the sky, and twist at the waist
- **Volley a balloon**
- **Move like weather.** Children can move like a tree in the wind, stomp like thunder, and spin like a tornado
- **Use bean bags** to toss to a partner, toss into a container or basket, balance on the childrens' heads, or play hot potato
- **Try a children's exercise DVD or video**



Bright from the Start and USDA are equal opportunity providers and employers.



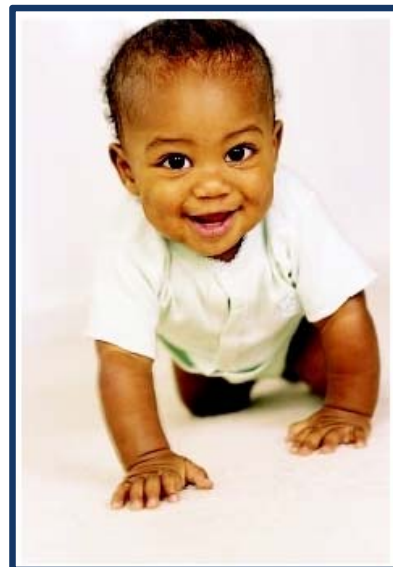
## Infant Physical Activity



41

## Infant Physical Activity

- **Limit use of restricting equipment to no more than 15 minutes at a time (except when napping or eating) or eliminate:**
  - Sit-in walkers and jumpers
  - Swings
  - High chairs
  - Car seats in the classroom
  - Strollers



42

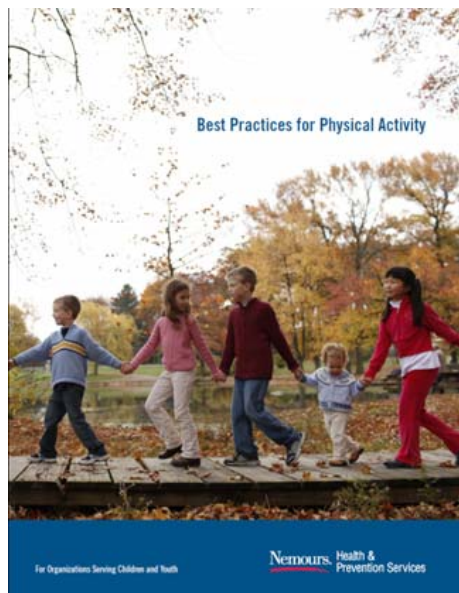
## Have comprehensive physical activity policies

- Written policies help everyone have a clear and shared understanding of how your program supports physical activity
- Be sure to regularly communicate policies for physical activity to parents along with all other program policies
- Comprehensive policies will address all best practices covered in this learning session

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## Best Practices for Physical Activity



44



## Tossing and Catching Activity Kit



45

## Physical Activity Break

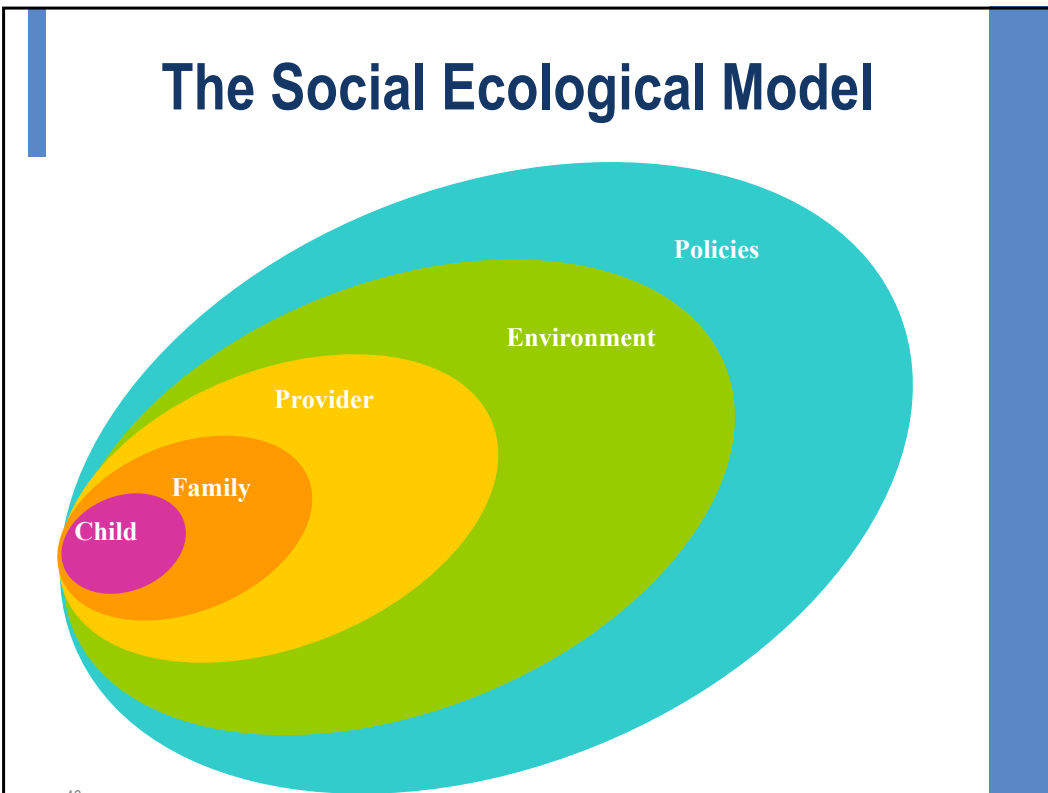


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Part C:  
Facilitating  
Change in Your  
Program

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### Action Plan Worksheet



Start Date: December

Provider Name: ABC Family Child Care

Goal: Introduce and incorporate daily physical activity into our program to help children develop healthy habits

Child	Family	Provider	Environment	Policies
<p>Discuss physical activity with the children and how being active will help them grow up strong and healthy (Ongoing beginning December)</p> <p>Discuss with children what types of physical activities they like (Ongoing beginning December)</p> <p>Provide opportunities for adult-led physical activities and unstructured physical activities both indoors and outdoors on a daily basis (Ongoing beginning January)</p> <p>Provide "wiggle breaks" throughout the day to encourage movement with children (Ongoing beginning January)</p>	<p>Send home resources to families about the importance of physical activity (December, repeating as new resources are available)</p> <p>Create "Physical Activity Kits" that include materials and physical activities for families to check-out from the program's lending library to use at home with children (January)</p>	<p>Incorporate physical activity resources into staff meetings (Ongoing beginning December)</p> <p>Identify spaces where children may be physically active (early December)</p> <p>Assess whether or not classroom environments are conducive for physical activity (early December)</p> <p>Incorporate time for adult-led physical activities and unstructured physical activity into daily lesson plans (Ongoing beginning December)</p> <p>Take photos of children engaging in various physical activities and display on program's bulletin board (Ongoing beginning January)</p> <p>Attend trainings to learn more about best practices on engaging infants, toddlers, and preschoolers in physical activity (Ongoing, as available, beginning January)</p> <p>Be physically active with the children in your care (Ongoing, as available, beginning January)</p>	<p>Based on program environmental assessments, arrange space to allow children to be physically active without interfering with each other (late December)</p> <p>Identify and increase the amount and variety of portable play equipment and loose play objects that promote physical activity such as balls, wheeled toys, hoops, soft objects (Ongoing beginning December)</p> <p>Incorporate physical activity into other curricular lessons and during transition times (Ongoing beginning December)</p> <p>Identify outdoor and indoor spaces to be physically active. Display photos of children engaging in various physical activities to display for parents on program's bulletin board (Ongoing beginning January)</p>	<p>Research physical activities and resources for children to incorporate into the program (Ongoing beginning December)</p> <p>Research program policies for promoting physical activity in infants, toddlers, and preschoolers, to include in parent handbook (December)</p> <p>Develop written policies to include parent handbook. Policies will cover: amount of time allotted for physical activity, type of physical activity offered, spaces available for physical activity, provider's role in leading physical activity, physical activity added to other curricular areas, daily outdoor physical activity and weather policy, safety protocols and injury prevention, and not withholding physical activity as punishment for bad behavior or poor academic performance (January)</p>

### Action Plan Worksheet



Start Date: December

Provider Name: ABC Family Child Care

Goal: Introduce and incorporate daily physical activity into our program to help children develop healthy habits

Child	Family	Provider	Environment	Policies
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# Technical Assistance Groups

Action Plan

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## LS3 Action Period



\*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

## Facilitating Change in Your Program: LS4 Action Period



- **Opportunity to:**
  - Complete the Post *Go NAP SACC* instruments
  - Implement the action steps for policies for the 1-2 areas providers would like to improve upon
  - Finalize a storyboard demonstrating what area(s) the provider improved
- **Trainers provide technical assistance (TA)**

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## Finalizing the Storyboard



- **Providers will express 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
  - Describing how participants reacted to the change(s)
  - 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 - The Provider, Families and Policies

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## Get to know families and shared expectations

- **Think about how you communicate with your families and engage them related to active play**
- **Best practices to keep in mind include:**
  - Communicate physical activity polices
  - Provide education to families on developmental milestones and ways to support physical activity
  - Give families regular feedback on progress their children are making
  - Work with families to adapt activities for children with physical or developmental disabilities



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## Engaging Families

- Partner with families to support children's health and development
- Share resources like Family Tip Sheets
- Ask families for ideas that would help children grow up healthy
- Put information in family newsletters, bulletin boards, notes, etc.
- Create challenges where the program and families work together on achieving a behavior



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## Health and Physical Development at Home

- **Encourage parents to:**
  - Sing, move, and dance with their children
  - Play games that involve all five senses
  - Enjoy walking, climbing, running, and jumping
  - Take their child(ren) to the doctor and dentist for regular check-ups and immunizations
  - Promote healthy eating behaviors, good hygiene, and basic safety practices



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# 10 Tips for Becoming More Active As a Family

**10 tips** be an active family

**10 tips for becoming more active as a family**

Physical activity is important for children and adults of all ages. Being active as a family can benefit everyone. Adults need 2½ hours a week of physical activity, and children need 60 minutes a day. Follow these tips to add more activity to your family's busy schedule.

- 1 set specific activity times**  
Determine time slots throughout the week when the whole family is available. Divide a few of these times to physical activity. Try doing something active after dinner or begin the weekend with a Saturday morning walk.
- 2 plan ahead and track your progress**  
Write your activity plans on a family calendar. Let the kids help in planning the activities. Allow them to check it off after completing each activity.
- 3 include work around the house**  
Involve the kids in yard work and other active chores around the house. Have them help you with weeding, planting, or vacuuming.
- 4 use what is available**  
Plan activities that require little or no equipment or facilities. Examples include walking, jogging, jumping rope, playing tag, and dancing. Find out what programs your community recreation center offers for free or minimal charge.
- 5 build new skills**  
Enroll the kids in classes they might enjoy such as gymnastics, dance, or tennis. Help them practice. This will keep things fun and interesting, and introduce new skills!
- 6 plan for all weather conditions**  
Choose some activities that do not depend on the weather conditions. Try mall walking, indoor swimming, or active video games. Enjoy outdoor activities as a bonus whenever the weather is nice.
- 7 turn off the TV**  
Set a rule that no one can spend longer than 2 hours per day playing video games, watching TV and using the computer (except for school work). Instead of a TV show, play an active family game, dance to favorite music, or go for a walk.
- 8 start small**  
Begin by introducing one new family activity and add more when you feel everyone is ready. Take the dog for a longer walk, play another ball game, or go to an additional exercise class.
- 9 include other families**  
Invite others to join your family activities. This is a great way for you and your kids to spend time with friends while being physically active. Plan parties with active games such as bowling or an obstacle course, sign up for family programs at the YMCA, or join a recreational club.
- 10 treat the family with fun physical activity**  
When it is time to celebrate as a family, do something active as a reward. Plan a trip to the zoo, park, or lake to treat the family.

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USDA United States Department of Agriculture  
Go to [www.ChooseMyPlate.gov](http://www.ChooseMyPlate.gov)

00 16th Street, NE  
April 2013  
Center for Nutrition Policy and Promotion

## “Go Smart” Phone App

- Developed by Nike in partnership with the National Head Start Association
- Physical activities for children birth to five
- To be used by providers and parents



[www.gosmart.nhsa.org](http://www.gosmart.nhsa.org)

## Personal Wellness & Physical Activity

- **Doesn't have to be hard, stressful or boring!**
- **Recommendations for adults:**
  - 2 hours + 30 (150 minutes) a week of moderate-intensity
  - 1 hour + 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity
  - Muscle strengthening exercises at least 2x/week
- **Episodes should last at least 10 minutes**
- **Develop goals and a plan to engage in physical activity**
  - Take a walk one day a week for 30 minutes



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## Sample Physical Activity Policies

- **Children attending ABC Family Child Care:**
  - Shall play outdoors daily when weather and air quality conditions do not pose a significant risk. Time planned for outdoor play and physical activity depends on the age group and weather conditions.
  - Activities shall include structured (led by the adult caregiver) and unstructured (not led by an adult) physical activity.
  - Shall be dressed appropriately for the weather, including wearing appropriate seasonal clothing and footwear, so they can participate fully, move freely, and play safely.



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**Check-Out**

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## Trainer Contact Information



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# Caring for Children

## In Mixed Age Groups

Handout #22

Healthy Children, Strong Families, Caring Communities

### Special Opportunities

Family child care home settings provide opportunities for several different age groups to be cared for at the same time. Most experts agree there are many benefits to this type of child care. Educator Lillian Katz in *The Case for Mixed-Age Grouping in Early Education* (NAEYC) 1993, feels that in these “family units” younger members observe, emulate and imitate a wide range of skills. Most younger children are not equally mature in all areas of development. Older children can offer leadership, tutoring experiences and may assume some of the responsibility for less mature and knowledgeable members. She also feels there are greater opportunities for children to develop friendships with others who match, compliment or supplement their own needs and styles.

Children need a sense of community that includes people of all ages, interests and skills. This support enables them to grow into healthy, socially-skilled adults. They can learn empathy, patience and they develop a healthy self-esteem while helping others.

On the business side, caring for several children from different age groups at the same time is a good way to help providers maintain full enrollment. In addition, many families looking for child care for school-age children want to keep all their children together.

### Meeting the Challenges

Providing child care for children from several age groups can be a great challenge – especially to a new provider. For instance, what do you do when two babies are crying at once? What if a toddler wants to get into the game the “big kids” are playing? Or how do you respond if the “big kids” want to kick a ball where the pre-schoolers are playing? Through trial and error child care providers have come up with great suggestions. Most providers emphasize planning and organization. They feel that having a routine and planning how the day should be organized are critical factors for success.

### Organizing for Care

1. Don't jump into taking the maximum capacity of children you are licensed for right away – start slowly.
2. Put the babies together with supervision. They are fascinated with each other's faces and behavior.
3. Look for a family that fits into the current group. Consider your own philosophy and compare it with their views on child-rearing.
4. Have a two-week trial period to look at the children's ages and temperament to see whether they all get along together.
5. Educate yourself about child development. Learn what is developmentally appropriate, what kinds of behaviors are typical at certain ages and how to handle children during their different stages of growth. Resources for child development materials are available in the student library of the local colleges. You may want to enroll in early childhood education classes for a more thorough understanding of child development. Child Action, Inc. offers free workshops throughout the year on child development and their resource library contains videos, books and handouts.
6. Plan enough space so each age group can be on its own while you remain available to supervise.

### Planning the Environment

Set up play areas and environments for all the ages in your care. Use barriers when needed, such as safety gates, big pillows or furniture. Use barriers sparingly and for short periods of time. You should include an infant or crawler in the group whenever possible.

Consider:

- Holding an infant on your lap while older children are using scissors or working on crafts
- Using an empty wading pool with toys in it to separate babies from rough and tumble play or placing your own body between the two age groups

- Planning different types of activities to meet the needs of each age group
- Having crawlers play on the floor while older ones play board games at the kitchen table
- Doing some activities with older children while others nap
- Having an art activity or a box with all the materials needed for pretend play organized and labeled for easy storage and accessibility
- Going through the house or center and looking at the room from the child's level. What would the baby see first? What would the toddler or preschooler see first? What appeals to the school-age child?

### Setting Routines

- Establish a routine that is convenient, works for your group and doesn't take you away from your supervising role
- Include all children in cleanup and preparation for the next activity
- Consider the children's ages, individual needs and interests
- Plan transitions between activities carefully, so everyone gets to the next activity without a rush.

### Mealtime Success

- You may have to eat in shifts, feeding infants on demand, settling them down and then feeding the others. But your goal should be to have all the children eating together whenever possible. Family-style meals include an adult sitting with the children, modeling table manners, enjoying conversation and sharing information about nutritious foods. Children will want to eat what others are eating, but be careful you're not comparing one child's appetite or food preference with another child for the purpose of getting him/her to eat.

You might want to:

- Have older children help with food preparation, setting the table, serving younger children or helping with cleanup
- Provide child-sized furniture
- Use high-chairs for the infants and toddlers and utilize "booster-chairs" to adjust for smaller children in regular-sized chairs
- Offer pre-prepared snacks in containers children can open

- Have juice or milk poured or available in small pitchers for a family-style setting.

### Planning Activities

Observe all of the children consistently to learn their skills and interests, then plan activities they find fun and interesting.

Enlist older children to help with younger children. They can entertain babies, read to preschoolers, put together a play or a puppet show, or teach a board game. Older children enjoy being valued for their input.

Some children really like helping, but be careful not to use all their time helping care for younger children. Being your assistant can be a way for older children to avoid their own age group and a way to escape peer conflicts.

Buy open-ended toys such as blocks, Lego® and other multiple use items that can be used by different age groups. Alternate and slightly change activities for the different age groups. For example, younger children paint and explore color, while older children use the same paint materials to express their ideas.

Look at mixed-age groups as an opportunity to learn about the different ages, individual needs and interests of all the children in your care.

Learn to meet their needs before they become demands. Children develop socially when they have opportunities to observe and play with older children, siblings and adults. They are then more likely to be flexible, cooperative, focused and socially-competent members of a community.

### Further Resources

Books and videos are available at the Child Action, Inc. Resource Library. Here are some suggestions:

#### Books:

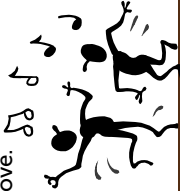




- *Active Learning In A Family Day Care Setting* by Susan McCartney
- *Caring For Children In Family Child Care* by Derry Koralek, Laura J. Colker, and Diane Trister Dodge
- *The Creative Curriculum For Family Child Care* by Diane Trister Dodge & Laura J. Colker
- *The Incredible Indoor Games Book* by Bob Gregson



# MARCH

## Get Moving Today!

### ACTIVITY CALENDAR

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<p>Start the month off with a game of follow the leader. Move around your house in different ways as someone copies your movements.</p> <p>Using paper plates as pretend stones; make an indoor nature trail through your house. Walk through the nature trail by only stepping onto the make believe stones.</p> <p>Turn on some music and take turns choosing a way to move.</p> 	<p>"Chair Exercise". Move around, under, and over a chair; sit down and stand up using a chair; turn on music and wiggle &amp; stretch while sitting in a chair.</p> <p>Make a pile of paper balls by crumching recycled paper. For one minute throw these balls all over the playing space – making a blizzard of balls. Collect them and do it again.</p> <p>Leaping! Put pillows on the floor and practice your leaping skills. Push off of your back leg and reach with your front leg.</p> <p>Animal Action Fun! One person says the name of an animal and the other person has to move around the house like that animal would.</p> <p>Pretend your arms or foot or elbow or nose is a crayon and draw a big picture of a rainbow in your home.</p> 	<p>Loud and soft – first walk on your tip toes trying to be really quiet, then stomp using your whole foot trying to be really loud.</p> <p>Using the balls from yesterday put them in a pile. Crab walk with one ball at a time on your tummy, carry it across the room. Move all the balls to a new pile.</p> <p>Work on your locomotor skills – go outside and practice walking, running, galloping, skipping, jumping and hopping.</p> <p>Using a scarf or handkerchief, practice your self-toss and catch skills. Watch the scarf with your eyes and move your body so the scarf can land in your hands.</p> <p>Put a sock puppet on your hand and have it travel high, low, fast, slow, curvy and straight.</p>	<p>Tear newspaper into long strips – crunch them up into balls – throw the balls into a basket – Rip-Crunch-Throw.</p> <p>Get outside and pick up trash in your yard.</p> <p>Pickup marbles with your fingers and toes. Lie on the floor and blow the marbles across the floor.</p> <p>Have an adult write your name really big on a sheet of paper, and then put your body into the shapes of each letter. Can you do this standing up? Can you do this laying on the floor?</p> <p>Pretend to be a balloon – first without air, then being blown up, then floating around the room, and then being popped!</p>	<p>Be a superhero! Think about all of your favorite superhero's and then spend some time moving just like they would.</p> <p>Take a "spring is here" walk. Swing your arms as you walk quickly. Notice all the signs of spring!</p>  <p>Pull a wagon around outside as you pick up sticks. Create an obstacle course with the things you find.</p> <p>Work on your tossing and catching skills with someone. Toss it right to their hands.</p> 	<p>Ask someone to go for a walk with you and as you walk, make up a little song about moving and having fun together.</p> <p>How many different ways can you carry a sock as your move around the house?</p> <p>Make it backwards day. Move from room to room backwards. Try to high and low, fast and slow.</p> <p>Twins – for 2-5 minutes pretend as if you are connected to someone else and the two of you have to move exactly the same way.</p> <p>Balance on two body parts. How about three parts or four or ever five body parts?</p>	<p>Take a few minutes today to lie on the floor and stretch your body from head to toe. Take some deep breaths and relax as you reach and then relax.</p> <p>Crawling is a great way to work on the muscles in your arms. Try to crawl around your home for a few minutes – take a break and do it again.</p> <p>Make a trail of paper plates through your home and pretend that you can only walk on the plates or you will fall in the water.</p> <p>Go on a walk through your home. Each time you get to a new space you have to change the way you are moving.</p> <p>Repeat your favorite activity this month!</p> 

# Rainy Day Ideas

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It can be tough to plan physical activity when outdoor play is cancelled due to poor weather conditions. Use these ideas to help your class be physically active indoors:

- Start a parade** around the classroom. Children can line up and march, gallop, skip, tip-toe, walk sideways and backwards
- Move like an animal**-hop like a rabbit, crawl like a dog, waddle like a duck, stomp like an elephant, soar like a bird, swim like a fish
- Play movement games like** ring around the rosey, musical squares, the hokey pokey, duck duck goose, or do the chicken dance
- Turn on the music and dance.** Children can dance to the music on their own, or play a song that provides verbal instructions
- Play Simon Says.** To ensure children stay active throughout the session, do not ask them to sit out if they make a mistake
- Set up indoor hop scotch** using carpet squares or hula hoops
- Stretch.** Children can circle their arms, shrug their shoulders, touch their toes, reach high toward the sky, and twist at the waist
- Volley a balloon**
- Move like weather.** Children can move like a tree in the wind, stomp like thunder, and spin like a tornado
- Use bean bags** to toss to a partner, toss into a container or basket, balance on the childrens' heads, or play hot potato
- Try a children's exercise DVD or video**

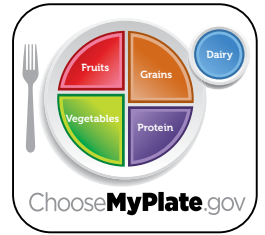


# 10 tips

Nutrition Education Series

# be an active family

## 10 tips for becoming more active as a family



**Physical activity is important for children and adults of all ages.** Being active as a family can benefit everyone. Adults need 2½ hours a week of physical activity, and children need 60 minutes a day. Follow these tips to add more activity to your family's busy schedule.

### 1 set specific activity times

Determine time slots throughout the week when the whole family is available. Devote a few of these times to physical activity. Try doing something active after dinner or begin the weekend with a Saturday morning walk.



### 2 plan ahead and track your progress

Write your activity plans on a family calendar. Let the kids help in planning the activities. Allow them to check it off after completing each activity.

### 3 include work around the house

Involve the kids in yard work and other active chores around the house. Have them help you with raking, weeding, planting, or vacuuming.



### 4 use what is available

Plan activities that require little or no equipment or facilities. Examples include walking, jogging, jumping rope, playing tag, and dancing. Find out what programs your community recreation center offers for free or minimal charge.

### 5 build new skills

Enroll the kids in classes they might enjoy such as gymnastics, dance, or tennis. Help them practice. This will keep things fun and interesting, and introduce new skills!

### 6 plan for all weather conditions

Choose some activities that do not depend on the weather conditions. Try mall walking, indoor swimming, or active video games. Enjoy outdoor activities as a bonus whenever the weather is nice.

### 7 turn off the TV

Set a rule that no one can spend longer than 2 hours per day playing video games, watching TV, and using the computer (except for school work). Instead of a TV show, play an active family game, dance to favorite music, or go for a walk.

### 8 start small

Begin by introducing one new family activity and add more when you feel everyone is ready. Take the dog for a longer walk, play another ball game, or go to an additional exercise class.



### 9 include other families

Invite others to join your family activities. This is a great way for you and your kids to spend time with friends while being physically active. Plan parties with active games such as bowling or an obstacle course, sign up for family programs at the YMCA, or join a recreational club.



### 10 treat the family with fun physical activity

When it is time to celebrate as a family, do something active as a reward. Plan a trip to the zoo, park, or lake to treat the family.



## Learning Session 4: Provider Guide

# Learning Session 4: Getting Kids Moving

## Provider Guide

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

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

### Learning Session 4 Action Period:

Complete before Learning Session 5 (LS5):

- Begin to implement changes in the area of policies;
- Complete the *FCC Go NAP SACC instruments*; and
- Complete your storyboard showing the healthy changes made in your program.
- Bring the following items back to Learning Session 5:
  - Completed *FCC Go NAP SACC instruments*;
  - Completed *Action Plan Worksheet*; and
  - Completed Storyboard.



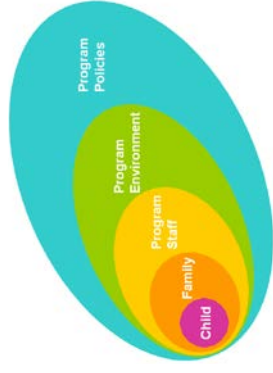
# Task 1: Action Plan

## What is Your Role in Making Healthy Changes?

Finalize 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 “policy” column;
- Using the *Action Plan Worksheet*, review the “policy” column;
- Work to implement changes in the area of policies; and
- Finalize documenting and communicating healthy changes made on your storyboard.

# Action Plan Worksheet



Start Date: December

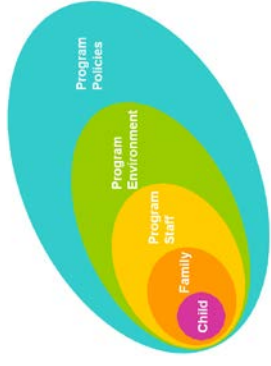
Provider Name: ABC Family Child Care

Goal: Introduce and incorporate daily physical activity into our program to help children develop healthy habits

Child	Family	Provider	Environment	Policies
<p>Discuss physical activity with the children and how being active will help them grow up strong and healthy (Ongoing beginning December)</p> <p>Discuss with children what types of physical activities they like (Ongoing beginning December)</p> <p>Provide opportunities for adult-led physical activities and unstructured physical activities both indoors and outdoors on a daily basis (Ongoing beginning January)</p> <p>Provide "wiggle breaks" throughout the day to encourage movement with children (Ongoing beginning January)</p>	<p>Send home resources to families about the importance of physical activity (December, repeating as new resources are available)</p> <p>Create "Physical Activity Kits" that include materials and physical activities for families to check-out from the program's lending library to use at home with children (January)</p>	<p>Incorporate physical activity resources into staff meetings (Ongoing beginning December)</p> <p>Identify spaces where children may be physically active (early December)</p> <p>Assess whether or not classroom environments are conducive for physical activity (early December)</p> <p>Incorporate time for adult-led physical activities and unstructured physical activity into daily lesson plans (Ongoing beginning December)</p> <p>Take photos of children engaging in various physical activities and display on program's bulletin board (Ongoing beginning January)</p> <p>Attend trainings to learn more about best practices on engaging infants, toddlers, and preschoolers in physical activity (Ongoing, as available, beginning January)</p> <p>Be physically active with the children in your care (Ongoing, as available, beginning January)</p>	<p>Based on program environmental assessments, arrange space to allow children to be physically active without interfering with each other (late December)</p> <p>Identify and increase the amount and variety of portable play equipment and loose play objects that promote physical activity such as balls, wheeled toys, hoops, soft objects (Ongoing beginning December)</p> <p>Incorporate physical activity into other curricular lessons and during transition times (Ongoing beginning December)</p> <p>Identify outdoor and indoor spaces to be physically active. Display photos of children engaging in various physical activities to display for parents on program's bulletin board (Ongoing beginning January)</p>	<p>Research physical activities and resources for children to incorporate into the program (Ongoing beginning December)</p> <p>Research program policies for promoting physical activity in infants, toddlers, and preschoolers, to include in parent handbook (December)</p> <p>Develop written policies to include parent handbook. Policies will cover: amount of time allotted for physical activity, type of physical activity offered, spaces available for physical activity, provider's role in leading physical activity, physical activity added to other curricular areas, daily outdoor physical activity and weather policy, safety protocols and injury prevention, and not withholding physical activity as punishment for bad behavior or poor academic performance (January)</p>



# Action Plan Worksheet



Start Date:

Provider Name:

Goal:

Child	Family	Provider	Environment	Policies



## Task 2: *Go NAP SACC*

As a part of the National ECELC Project, participating FCC providers are asked to complete five Go NAP SACC instruments.

1. *Breastfeeding & Infant Feeding*;
2. *Child Nutrition*;
3. *Infant & Child Physical Activity*;
4. *Outdoor Play & Learning*; and
5. *Screen Time*.

The instruments will allow programs to reflect on the progress made with implementing the best practices.

### Which instruments should be completed?

- If you accept infants, toddlers, and preschoolers, complete all five instruments.
- If you do not accept infants, you do not need to complete the *Breastfeeding & Infant Feeding* instrument.

### What should providers do upon completion of the instruments?

- Each provider should bring a copy of each completed instrument to Learning Session 5.

***Contact your assigned trainer/technical assistant if you have any questions.***



# Task 3: Finalizing Your Storyboard

## Finalizing Your Story of Change

As you continue the process of making healthy changes finish documenting your successes and changes. Use the information you learned from the Learning Sessions to finalize your storyboard for Learning Session 5. The storyboard should reflect changes that you have made from the goal(s) you selected on your *Action Plan Worksheet*.

- Finalize your storyboard to share your story of healthy change with colleagues, children and families.
  - Finalize 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
    - Children’s artwork that describes healthy changes in the program.

*Bring the storyboards to Learning Session 5!*







# Go NAP SACC

Self-Assessment Instrument for Family Child Care



Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Child Care Program Name: \_\_\_\_\_



## Breastfeeding & Infant Feeding

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

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

### Before you begin:

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

### As you assess:

- ✓ Definitions of key words are marked by asterisks (\*).
- ✓ Answer each question as best you can, thinking about your general practices. If none of the answer choices seem quite right, just pick the closest fit. If a question does not apply to your program, move to the next question.

### Understanding your results:

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



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

## Breastfeeding Environment

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

- Rarely or never       Sometimes       Often       Always

\* This is a space other than a bathroom

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

*See list and mark response below.*

- Privacy
- An electrical outlet
- Comfortable seating

- None       1 feature       2 features       3 features

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

- Rarely or never       Sometimes       Often       Always

## Breastfeeding Support Practices

**4. I promote breastfeeding and support mothers who provide breast milk for their infants by:**

*See list and mark response below.*

- Talking with families about the benefits of breastfeeding
- Telling families about the ways my program supports breastfeeding
- Telling families about community organizations\* that provide breastfeeding support
- Giving families educational materials†
- Showing a positive attitude about breastfeeding

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

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

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

## Breastfeeding Education & Professional Development

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

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

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



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

*See list and mark response below.*

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

None                       1 topic                       2–3 topics                       4–5 topics

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

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

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

**Breastfeeding Policy**

**8. My program’s written policy\* on promoting and supporting breastfeeding includes the following topics:**

*See list and mark response below.*

- Providing space for mothers to breastfeed or express breast milk
- Providing refrigerator and/or freezer space to store expressed breast milk
- My participation in professional development on breastfeeding
- Providing families information on breastfeeding

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

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

**Infant Foods**

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

Rarely or never                       Sometimes                       Often                       Always

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

Always                       Often                       Sometimes                       Rarely or never

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

Always                       Often                       Sometimes                       Rarely or never

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



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

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Feedings are only at fixed, scheduled times | <input type="checkbox"/> Somewhat flexible to infants showing they are hungry,* but feedings are mostly at fixed times | <input type="checkbox"/> Mostly flexible to infants showing they are hungry,* but feedings are sometimes at fixed times | <input type="checkbox"/> Fully flexible <sup>†</sup> to infants showing they are hungry* |
|--|--|---|--|

\* Younger infants may show that they are hungry by rooting, sucking on their fingers, licking their lips, making excited movements, or fussing and crying. Older infants may reach for or point at food, open their mouths wide for food, or feed themselves when hungry.

† The child might grow into his or her own schedule, but being fully flexible means that the provider always follows the child’s lead in feedings.

**13. I end infant feedings based on:\***

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Only the amount of breast milk, formula, or food left | <input type="checkbox"/> Mostly the amount of food left, but partly on infants showing they are full <sup>†</sup> | <input type="checkbox"/> Mostly on infants showing they are full, <sup>†</sup> but partly on the amount of food left | <input type="checkbox"/> Only on infants showing they are full <sup>†</sup> |
|--|---|--|---|

\* This question refers to cases in which you have permission from families to decide when to end infant feedings.

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

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

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

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

**15. During meal times, I praise and give hands-on help\* to guide older infants as they learn to feed themselves:**

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

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

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

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> I do not inform families of daily infant feeding | <input type="checkbox"/> A written report or a verbal report | <input type="checkbox"/> Some days through both a written and verbal report, but usually one or the other | <input type="checkbox"/> Both a written and verbal report each day |
|---|--|---|--|



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

*See list and mark response below.*

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

None                       1 topic                       2–3 topics                       4 topics

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

## Infant Feeding Education & Professional Development

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

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

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

*See list and mark response below.*

- Using responsive feeding techniques
- Not propping feeding bottles
- Introducing solid foods and new foods
- Infant development\* related to feeding and nutrition
- Talking with families about infant feeding and nutrition

None                       1 topic                       2–3 topics                       4–5 topics

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

**20. I offer families information on infant feeding and nutrition:**

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



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**21. The information I offer families on infant feeding and nutrition covers the following topics:**

*See list and mark response below.*

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

None                       1 topic                       2–3 topics                       4–5 topics

## Infant Feeding Policy

**22. My program's written policy on infant feeding and nutrition includes the following topics:**

*See list and mark response below.*

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

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



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# Go NAP SACC

Self-Assessment Instrument for Family Child Care



Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Child Care Program Name: \_\_\_\_\_



## Child Nutrition

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

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

### Before you begin:

- ✓ Gather parent handbooks, menus, and other documents that state your policies and guidelines about child nutrition.

### As you assess:

- ✓ Answer choices in parentheses ( ) are for half-day programs. Full-day programs should use the answer choices without parentheses.
- ✓ Definitions of key words are marked by asterisks (\*).
- ✓ Answer each question as best you can, thinking about your general practices. If none of the answer choices seem quite right, just pick the closest fit. If a question does not apply to your program, move to the next question.

### Understanding your results:

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



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## Foods Provided

### 1. My program offers fruit:\*

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

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

### 2. My program offers fruit that is fresh, frozen, or canned in juice (not in syrup):

- Rarely or never       Sometimes       Often       Every time fruit is served

### 3. My program offers vegetables:\*

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

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

### 4. My program offers dark green, orange, red, or deep yellow vegetables:\*

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

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

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

- Every time vegetables are served       Often       Sometimes       Rarely or never

### 6. My program offers fried or pre-fried potatoes:\*

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

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

### 7. My program offers fried or pre-fried meats or fish:\*

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

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

### 8. My program offers high-fat meats:\*

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

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



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**9. My program offers meats or meat alternatives that are lean or low fat:\***

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

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

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

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

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

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

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

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

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

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

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

**13. I give children sweet or salty snacks outside of meal and snack times:**

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

## Beverages Provided

**14. Drinking water is available:**

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

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

**15. My program offers children a 4–6 oz. serving\* of 100% fruit juice:**

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

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



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**16. My program offers sugary drinks:\***

- 1 time per month or more       1 time every few months       1–2 times per year       Never

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

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

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

\* This does not include those children with milk allergies.

**18. My program offers flavored milk:**

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

## Feeding Environment

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

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

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

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

- Always       Often       Sometimes       Never

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

- Rarely or never       Sometimes       Often       Always

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

- Always       Often       Sometimes       Rarely or never

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

- Rarely or never       Sometimes       Often       Every meal and snack time

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

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

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

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



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

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

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

## Feeding Practices

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

- Rarely or never       Sometimes       Often       Always

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

- Rarely or never       Sometimes       Often       Always

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

- Rarely or never       Sometimes       Often       Always

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

- Every meal and snack time       Often       Sometimes       Rarely or never

**30. I use an authoritative feeding style:\***

- Rarely or never       Sometimes       Often       Every meal and snack time

\* An authoritative feeding style strikes a balance between encouraging children to eat healthy foods and allowing children to make their own food choices. A provider might encourage a child to eat broccoli by reasoning with him/her about its taste and benefits, instead of using bribes or threats.

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

- Every meal and snack time       Often       Sometimes       Rarely or never

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

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

- Every day       Often       Sometimes       Rarely or never

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

- Rarely or never       Sometimes       Often       Always

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

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

- Rarely or never       Sometimes       Often       Always



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

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

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

## Menus & Variety

**36. The length of my program's menu cycle\* is:**

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

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

**37. Weekly menus include a variety of healthy foods:**

- Rarely or never       Sometimes       Often       Always

## Education & Professional Development

**38. I lead planned nutrition education:\***

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

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

**39. I talk with children informally about healthy eating:**

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

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

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

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

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

*See list and mark response below.*

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

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

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

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



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

**42. I offer families information\* on child nutrition:**

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

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

---

**43. The information I offer families on child nutrition covers the following topics:**

*See list and mark response below.*

- Food and beverage recommendations for children
- Serving sizes for children
- Importance of variety in the child diet
- Creating a healthy mealtime environment
- Using positive feeding practices
- My program’s policies on child nutrition

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

**Policy**

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

*See list and mark response below.*

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

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

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



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







# Go NAP SACC

Self-Assessment Instrument for Family Child Care



Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Child Care Program Name: \_\_\_\_\_



## Infant & Child Physical Activity

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

For this self-assessment, **physical activity** is any movement of the body that increases heart rate and breathing above what it would be if a child was sitting or resting. These questions relate to opportunities for both children with special needs and typically developing children. This self-assessment asks about physical activity for both *infants* (0–12 months) and *children* (13 months–5 years).

### Before you begin:

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

### As you assess:

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

### Understanding your results:

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



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

## Time Provided

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

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

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

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

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

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

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

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

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

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

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

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

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



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## Indoor Play Environment

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

See list and mark response below.

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

None                       1–2 types                       3 types                       4–5 types

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

**7. I offer portable play equipment to children during indoor free play time:\***

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

\* Indoor free play time is any time when children choose their own activities.

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

Rarely or never                       Sometimes                       Often                       Always

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

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

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

## Daily Practices

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

Always                       Often                       Sometimes                       Never

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

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



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

- Rarely or never       Sometimes       Often       Always

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

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

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

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

## Education & Professional Development

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

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

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

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

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

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

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

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

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

*See list and mark response below.*

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

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



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

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

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

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

*See list and mark response below.*

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

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

## Policy

**20. My program’s written policy\* on physical activity includes the following topics:**

*See list and mark response below.*

- Amount of time provided each day for indoor and outdoor physical activity
- Limiting long periods of seated time for children
- Shoes and clothes that allow children to actively participate in physical activity
- My supervision and role in children’s physical activity
- Not taking away physical activity time or removing children from long periods of physically active playtime in order to manage challenging behaviors
- Planned and informal physical activity education
- My participation in professional development on children’s physical activity
- Education for families on children’s physical activity

- No written policy or policy does not include these topics                       1–2 topics                       3–5 topics                       6–8 topics

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



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# Go NAP SACC

Self-Assessment Instrument for Family Child Care



Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Child Care Program Name: \_\_\_\_\_



## Outdoor Play & Learning

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

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

### Before you begin:

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

### As you assess:

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

### Understanding your results:

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



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## Outdoor Playtime

### 1. I provide time for outdoor play:\*

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

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

### 2. The amount of time I provide for outdoor play each day is:

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

### 3. I use the outdoors for the following types of activities:

See list and mark response below.

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

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

## Outdoor Play Environment

### 4. The amount of my program's outdoor play space,\* that is shaded by structures<sup>†</sup> or trees is:

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

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

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

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

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

### 6. My program's outdoor play space includes:

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

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



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

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

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

**8. My program has the following portable play equipment\* available and in good condition, for children to use outdoors:**

See list and mark response below.

- Jumping toys: jump ropes, jumping balls
- Push-pull toys: wagons, wheelbarrows, big dump trucks
- Ride-on toys: tricycles, scooters
- Twirling toys: ribbons, scarves, batons, hula hoops, parachute
- Throwing, catching, and striking toys: balls, bean bags, noodles, rackets
- Crawling or tumbling equipment: mats, portable tunnels
- Other “loose parts”: sticks, shovels, pales

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

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

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

- Rarely or never
- Sometimes
- Often
- Always

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

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

**Education & Professional Development**

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

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

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



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

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

*See list and mark response below.*

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

None                       1 topic                       2 topics                       3 topics

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

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

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

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

*See list and mark response below.*

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

None                       1 topic                       2 topics                       3 topics

**Policy**


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

*See list and mark response below.*

- Amount of outdoor playtime provided each day
- Ensuring adequate total playtime on inclement weather<sup>†</sup> days
- Shoes and clothes that allow children to play outdoors in all seasons
- Safe sun exposure for children
- Not taking away outdoor playtime in order to manage challenging behaviors
- My participation in professional development on outdoor play and learning
- Education for families on outdoor play and learning

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

\* A written policy can include any written guidelines about your program’s operations or expectations for assistants, children, and families. Policies can be included in parent handbooks and other documents.  
† Inclement weather includes very high and very low temperatures, hazardous air quality, storms, and any other factors that make the outdoors unsafe for children.

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



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



# Go NAP SACC

Self-Assessment Instrument for Family Child Care



Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Child Care Program Name: \_\_\_\_\_



## Screen Time

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

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

### Before you begin:

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

### As you assess:

- ✓ Answer choices in parentheses ( ) are for half-day programs. Full-day programs should use the answer choices without parentheses.
- ✓ Definitions of key words are marked by asterisks (\*).
- ✓ Answer each question as best you can, thinking about your general practices. If none of the answer choices seem quite right, just pick the closest fit. If a question does not apply to your program, move to the next question.

### Understanding your results:

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



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## Availability

### 1. Televisions are located:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> In more than one room where children spend most of the day | <input type="checkbox"/> In one of the rooms where children spend most of the day | <input type="checkbox"/> In one or more rooms where children spend most of the day, but covered or hidden from view | <input type="checkbox"/> No televisions; or, televisions are kept outside of rooms where children spend most of the day |
|---|---|---|---|

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

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> 90 minutes or more (Half-day: 45 minutes or more) | <input type="checkbox"/> 60–89 minutes (Half-day: 30–44 minutes) | <input type="checkbox"/> 30–59 minutes (Half-day: 15–29 minutes) | <input type="checkbox"/> Less than 30 minutes or no screen time is allowed (Half-day: Less than 15 minutes or no screen time is allowed) |
|--|--|--|--|

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

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

- |   |  |                                       |  |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> 60 minutes or more | <input type="checkbox"/> 30–59 minutes | <input type="checkbox"/> 1–29 minutes | <input type="checkbox"/> No screen time is allowed |
|---|--|---------------------------------------|--|

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

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

- |  |                                    |                                |                                 |
|--|------------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> Rarely or never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> 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, I give children the opportunity to do an alternative activity:

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

## Daily Practices

### 6. I use screen time as a reward:

- |                                    |   |  |  |
|------------------------------------|---|--|--|
| <input type="checkbox"/> Every day | <input type="checkbox"/> 1–4 times per week | <input type="checkbox"/> 1–3 times per month | <input type="checkbox"/> Rarely or never |
|------------------------------------|---|--|--|

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

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



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

## Education & Professional Development

### 8. I complete professional development\* on screen time:

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

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

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

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 when teaching and caring for young children
- Talking with families about healthy screen time habits

- None                       1 topic                       2–3 topics                       4 topics

### 10. I offer families information\* on screen time:

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

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

### 11. The information I offer families on screen time covers 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
- My program's policies on screen time

- None                       1 topic                       2–3 topics                       4 topics

## Policy

### 12. My program's written policy\* on screen time includes the following topics:

See list and mark response below.

- Amount of screen time allowed
- Types of programming allowed
- My practices with screen time
- Not using screen time as a reward or to manage challenging behaviors
- My participation in 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 can include any written guidelines about your program's operations or expectations for assistants, children, and families. Policies can be included in parent handbooks and other documents.



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