



# National Early Care & Education Learning Collaboratives:

## Taking Steps to Healthy Success

Learning Session 5, 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 5: Overview

# Learning Session 5: Reducing Screen Time & Celebrating Success

## Overview

Learning Session 5 provides rationale for the role family child care (FCC) providers play in making healthy changes through reducing screen time. It builds on the experiences, knowledge, and action planning of the previous Learning Sessions in order to equip providers to continue the process of change. Providers will share their process of change through storyboard presentations.

Key content includes information on

- Best practices and strategies for reducing screen time;
- Celebration of strengths and successes through storyboard presentations;
- Action planning and continuing the process of change; and
- National, State, and Local support for FCC providers; and

## Post-session (Action Period)

The family child care provider will:

- Continue the action planning process; and
- Identify and act on new ways to continue to support healthy changes.

## Objectives

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

1. Describe best practices for reducing screen time and identify change opportunities within their program;
2. Use storyboard presentations to show at least one change within their program that supported healthy eating, physical activity, screen time, and breastfeeding support;
3. Be able to identify local organizations/agencies that support family child care providers; and
4. Be prepared to continue their Action Plan to support implementation of best practices for healthy eating, physical activity, screen time, and breastfeeding support in their program.

# Sample Agenda

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

Learning Session 5: Reducing Screen Time & Celebrating Success	
Time	Topic
8:30 – 9:00 am	Check-In
9:00 – 9:15 am	Welcome Back <ul style="list-style-type: none"> <li>• <b>Evaluation:</b> Healthy Kids, Healthy Future Checklist Quiz</li> </ul>
9:15 – 10:45 am	<b>Presenting Storyboards</b>
10:45 – 11:00 am	<i>Physical Activity Break</i>
11:00 – 11:30 am	<b>PPT Part A:</b> Best Practices for Screen Time <ul style="list-style-type: none"> <li>• <b>Video:</b> <i>Screen Free Moments: Promoting Healthy Habits</i></li> </ul>
11:30 – 11:45 am	<b>PPT Part B:</b> Extending Your Learning – The Provider, Families and Program Policies
11:45 am – 12:15 pm	<b>PPT Part C:</b> Continuing the Process of Change
12:15 – 12:45 pm	<b>PPT Part D:</b> National, State and Local Support
12:45 – 1:00 pm	Check-Out

## Learning Session 5: Reducing Screen Time & Celebrating Success



Early Childhood Health Promotion  
and Obesity Prevention

National Early Care and Education  
Learning Collaboratives (ECELC) Project



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A special thank you to:

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



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## Learning Session 5 Objectives

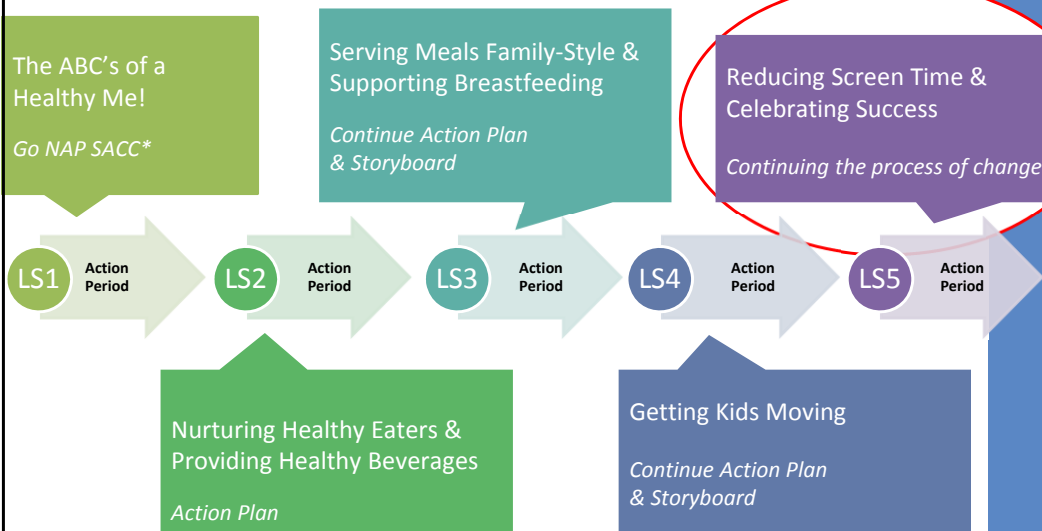
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4. Be prepared to continue their Action Plan to support implementation of best practices for healthy eating, physical activity, screen time and breastfeeding support in their program.

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## Learning Session 5



\*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

# Healthy Kids, Healthy Future Quiz

## Healthy Kids, Healthy Future Checklist Quiz

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

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

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

Healthy Kids, Healthy Future Quiz Page 1 of 2

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Presenting Storyboards

## Physical Activity Break



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## Part A: Best Practices for Screen Time



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## What is Screen Time?

- **What is screen time?**
  - TV, DVDs, videos
  - Computer time
  - Smart phone, tablets
  - Video games
  - Virtual reality headsets

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## What are the concerns about screen time?

- While watching television may be an enjoyable activity, children lack the ability to gain educational value from it
- Moderation of screen time is key for healthy development and staying active
- Instead of spending time watching screens, children should be engaging in physical activity and or educational activities

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## Screen Time Rationale

- Gets in the way of exploring, playing, and social interaction
- Children who spend more time watching TV are more likely to be overweight or obese
- For children 8-16 months, every hour of viewing is associated with 6-8 fewer words learned
- More hours of viewing at age 3 can lead to decreased cognitive test scores at age 6



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## Make the Most of Screen Time

- **Technology is everywhere, so if it is used for *no more than 30 minutes per week* in your program choose strategies that support children's development**
  - Make screen time interactive – talk about what you're viewing and ask children to act out what they see
  - Point out new words, letters, and concepts
  - Discuss the issues the main characters face and how they overcome them
  - Help the child connect what they're viewing to the real world
  - Have children take turns using a device to teach them about sharing





## Make the Most of Screen Time

- **Choose strategies for including screen time that support children’s healthy development.**
- Screen time should be playful and support creativity, exploration, pretend play, active play and outdoor activities. Ensure that:
  - Screen time does not take the place of healthier activities.
  - Children are at a developmentally appropriate level to engage in the technology.
  - Children explore the use of the various technologies available to them before use.

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## Interactive Screen Time

- Interactive screen time = television programs, internet, tablets, e-books, applications (apps) and other content intended to encourage active and creative use to enhance social development among children and adults
- Interactive screen time strategies that support children’s healthy development:
  - Talk about what you’re viewing, ask children to act out what they see
  - Point out new words, letters, and concepts
  - Discuss the issues characters face and overcome
  - Help children connect what they view to the real world
  - Have children take turns using a device to teach them about sharing

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## Intentional Screen Time

- Intentional screen time = ECE providers using screen time in a purposeful, thoughtful, and appropriate way to enhance and extend curriculum, meet learning standards, and support individual children's learning
- **Intentional screen time practices that support children's healthy development**
  - Plan ahead
  - Think about and set learning goals
  - Preview and evaluate the media selection
  - Select media that will help children make connections with their peers and community
  - Offer breaks that transition the activity on the screen to a hands-on, real world activity.

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## Best Practices for Screen Time

- **Don't allow any screen time for children less than two years.**
  - Babies and even toddlers (up to two years old) shouldn't get any screen time at all, according to the American Academy of Pediatrics
  - Activities that are active, social, and engage a child's senses – such as touching, exploring, and playing – are much more beneficial for brain development than watching television

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## Best Practices for Screen Time

- **Limit total screen time in ECE for children two years and older to no more than 30 minutes per week for educational or physical activity purposes only.**
  - The American Academy of Pediatrics recommends one hour or less of total screen time each day for children older than two
  - On average, preschool aged children watch about 4 hours of screen time, with the majority of it being watched at home
  - It's best to minimize screen time in ECE, to no more than 30 minutes per week to reduce the total amount of time children spend in front of screens
  - Many programs choose not to have any screen time for any children

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## Best Practices for Screen Time

- **Screen time should not be utilized during meal or snack time**
  - Socializing during meals and snacks is an important part of children's healthy development and is an opportunity for positive role modeling
  - Time during meals should be spent modeling appropriate eating behaviors and habits, encouraging children to try new foods, talking about nutrition, and supporting the development of children's gross and fine motor skills (e.g., self-serving of food)

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## Best Practices for Screen Time

- **Ensure that any screen media used is free of advertising and brand placement**
  - Advertising influences the food consumption of young children, and for everyone one-hour increase in TV viewing per day, children drink more sugar-sweetened beverages, eat more fast food, and consume more calories overall
  - *Be sure to review all media prior to use to make sure it is free of all advertising and branding*

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## Best Practices for Screen Time

- **Educate parents on how to reduce screen time, or teach media literacy education\* two times per year or more** \*Education opportunities can include special programs, newsletters, or information sheets
  - Many parents are not familiar with current screen time recommendations for children
  - It is important to educate parents about screen time, but also to partner with them to ensure children are not being exposed to too much screen time throughout the day
  - On average, children under two spend about 45 minutes in front of screens daily, and preschool aged children spend about 4 hours a day in front of a screen daily, most of which occurs at home.

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## Screen Time In the Program

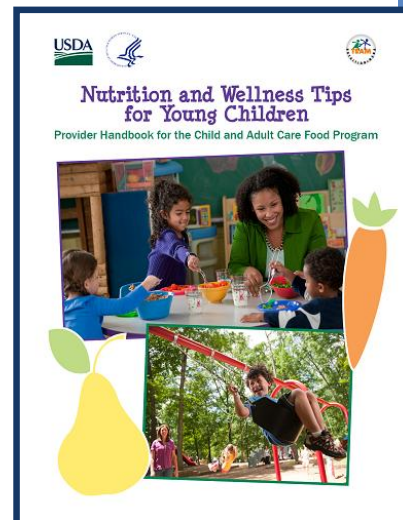
- **Digital technology can support dual language learners**
- **Various forms of technology can be beneficial when working with children with special needs**
- **Include cameras, phones and radios in exploratory centers**
  - Children have the opportunity to explore various forms of technology and can enhance gross and fine motor skill development



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## Ways to Cut Down on Screen Time

- ***Nutrition and Wellness Tips for Young Children: Provider Handbook for the Child and Adult Care Food Program Activities to Limit Screen Time:***
  - Play music: have children create their own dances
  - Organize puzzle time
  - Conduct a “pretend play” activity
  - Draw, color, create a sculpture or use playdough
  - Provide a sack of special activities: put together a box containing activities children do not normally engage in



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## Screen Free Moments: Promoting Healthy Habits



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**Part B:  
Extending  
Your  
Learning -  
The Provider,  
Families and  
Program  
Policies**

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## Families and Screen Time

- **Best practices to keep in mind include:**
  - Set expectations. Communicate physical activity and screen time policies when children enroll, and regularly throughout the year
  - Provide education to families on developmental milestones, ways to support physical activity, and how to reduce screen time
  - Give families regular feedback on their children's progress related to gross motor skill development and developmental milestones
  - Work with families to adapt activities for children with physical or developmental disabilities

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## Reducing Screen Time at Home

- **There are many ways to work with families to reduce screen time at home. Here are five examples:**
  1. Hold an annual family training at your child care center
  2. Recommend activities that promote interaction between parents and their child and among family members.
  3. Provide activity ideas that do not require direct participation of a parent
  4. Provide suggestions for how families might adjust their home environment to help limit screen time
  5. Encourage families to limit screen time to quality, educational programming

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## Personal Wellness and Screen Time

- **There are many ways that you and your staff can cut down on your personal screen time use:**
- Log your personal screen time and set goals to cut down!
- Turn your phone off from time to time to take mental breaks
- Turn off the TV during mealtimes
- Focus on other activities
- Find different ways to unwind (e.g., listening to music)
- Take up a new, active hobby.
- Plan screen-free activities with family and/or friends



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## Screen Time Policy

- **Have comprehensive screen time policies**
  - Written policies help everyone to have a clear and shared understanding of how your program supports reducing screen time
  - Be sure to regularly communicate policies for screen time to families along with all other program policies.





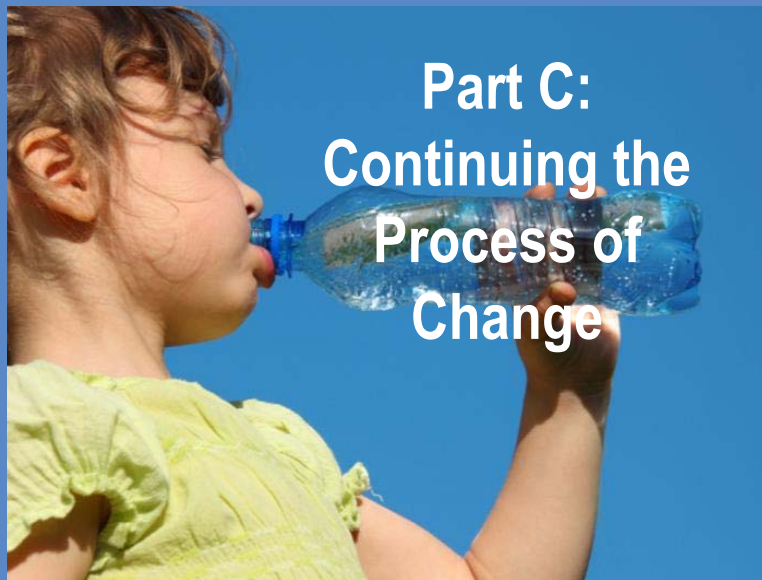
## Screen Time Policy

- **To be comprehensive, policies should include these best practices:**
  - Don't allow any screen time for children less than two years.
  - Limit total screen time in ECE for children two years and older to no more than 30 minutes per week for educational or physical activity purposes only.
  - Screen time should not be utilized during meal or snack time.
  - Ensure that any screen media used is free of advertising and brand placement.
  - Educate families on how to reduce screen time or teach media literacy education two times per year or more.

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## Part C: Continuing the Process of Change



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### Action Plan Worksheet

**Start Date:** January  
**Provider Name:** ABC Family Child Care  
**Goal:** Limit screen time in the program and adopt a new screen time policy.

Child	Family	Provider	Program Environment	Program Policies
<p>Children under 2 years receive no screen time in the classrooms (Ongoing beginning January).</p> <p>Children ages 2 years and older are limited to no more than 30 minutes per week in the program (Ongoing beginning January).</p> <p>Screen time is used for educational or physical activity purposes only in the program (Ongoing beginning February).</p> <p>Screen time is interactive and playful, supports creativity, exploration, pretend play, active and outdoor activities (Ongoing beginning February).</p>	<p>Provide tip sheets to families regarding screen time (February).</p> <p>Create informational bulletin board with tips, suggestions, pictures of alternative activities for children other than screen time (February).</p> <p>Plan a "free screen night" parent/caregiver activity (March).</p> <p>Provide updated parent handbook to parents with new screen time policy (March).</p>	<p>Begin using monthly screen time log to keep track of screen time in each classroom (February).</p> <p>Interactive screen time will be planned ahead. Provider will set learning goals, preview material, and help children to make connections to learning (February).</p>	<p>Remove and store televisions in home out of sight of the children (January).</p> <p>Include cameras, phones, radios, etc. in exploratory centers for children to explore, learn, and enhance fine motor skills (January – February).</p>	<p>Develop a monthly screen time log to keep track of screen time for each classroom (February)</p> <p>Research screen time policies for family child care programs (February).</p> <p>Write screen time policy for the program and include the updates parent handbook (March).</p>

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## Part D: National, State, and Local Support

## Supplemental Nutrition Assistance Program-Education (SNAP-Ed)

### What is it?

- Program that supports nutrition education for eligible participants
- State regulated
- Educates and encourages participants to make healthy food choices
- Provides information, training, and additional resources

### How can it help me?

- Encourages participation in food and nutrition assistance programs
- Provides parent education
- Offers tools and resources to distribute to families
- Encourages partnerships with community organizations

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## Expanded Food and Nutrition Education Program (EFNEP)

### What is it?

- Program designed for individuals with limited resources in acquiring the knowledge, skills, and attitudes useful in establishing nutritious diets
- Offers programs including
  - Adult EFNEP
  - Youth EFNEP
  - Program Delivery

### How can it help me?

- Offers workshops to educate families on:
  - Food safety
  - Nutrition
  - Physical activity
  - Buying food on a budget
- Provides tools and resources to help individuals and families lead healthier lives

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## Women, Infants, and Children (WIC)

### What is it?

- Program that provides nutritious foods, education and counseling, and screening and referrals to participants
- Target population are low income, nutritionally at risk pregnant women, breastfeeding and non breastfeeding women, post-partum women, infants and children

### How can it help me?

- Provides funds for women and children for supplemental nutritious foods
- Offers one-on-one nutrition counseling to participants
- Provides referrals to other health and social services if needed

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## Child and Adult Care Food Program (CACFP)

### What is it?

- Federally-funded program administered by the State
- Provides partial reimbursement for meals for infants and children enrolled in ECE programs who serve children in low-income areas

### How can it help me?

- Save money on food purchased for meals
- Receive resources on nutrition and healthy eating
- Supports healthy child development
- If feeding a mother's breast milk, CACFP participating programs can receive a reimbursement

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## Quality Rating & Improvement System (QRIS)

### What is it?

- Standards that are designed to assess, improve, and communicate the level of quality of ECE programs and communicate ratings to the public
- Standards can be county- or statewide
- Uses a rating scale to assess level of quality

### How can it help me?

- Increase the quality of your program
- Potentially receive incentives for participation
- Save costs through enrollment in financial assistance programs
- Have continued support through technical assistance



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## Child Care Aware of America

### What is it?

- An agency that works with state and local Child Care Resource and Referral agencies (CCR&R) to ensure that all families have access to affordable child care and assistance to locate them

### How can it help me?

- Increase enrollment
- Provide staff training
- Assist in developing a business and management plan
- Serve as a marketing tool



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## Licensing Regulations

### What is it?

- A set of **minimum** guidelines regulated by the state that monitor the health and safety of licensed:
  - Child care programs
  - Family child care
  - Community based programs
  - Faith based programs
  - Head Start programs
- Supported by the state

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### How can it help me?

- Maintain a child care license when in compliance
- Provides technical assistance
- Informs parents of requirements that must be met



## Early Intervention Programs

### What do they do?

- Designed to address the educational and developmental needs of very young children with disabilities and those experiencing developmental delays
- Provides free developmental evaluations of children under three

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### How can it help me?

- Provides support to children with developmental delays
- Assists in finding special educational services for children
- Works with families to provide resources and support
- Provides resources and training to staff





**Check-Out**

43

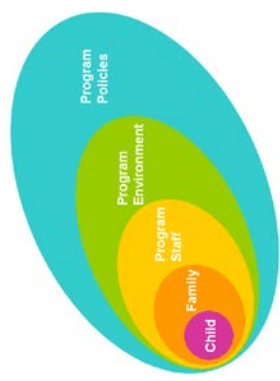
## Trainer Contact Information



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# Action Plan Worksheet



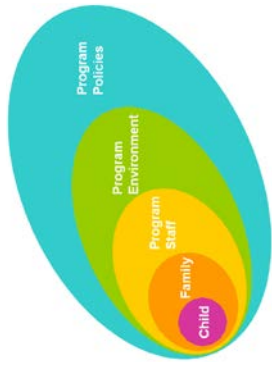
**Start Date:** January

**Provider Name:** ABC Family Child Care

**Goal:** Limit screen time in the program and adopt a new screen time policy.

Child	Family	Provider	Program Environment	Program Policies
<p>Children under 2 years receive no screen time in the classrooms (Ongoing beginning January).</p> <p>Children ages 2 years and older are limited to no more than 30 minutes per week in the program (Ongoing beginning January).</p> <p>Screen time is used for educational or physical activity purposes only in the program (Ongoing beginning February).</p> <p>Screen time is interactive and playful, supports creativity, exploration, pretend play, active and outdoor activities (Ongoing beginning February).</p>	<p>Provide tip sheets to families regarding screen time (February).</p> <p>Create informational bulletin board with tips, suggestions, pictures of alternative activities for children other than screen time (February).</p> <p>Plan a "free screen night" parent/caregiver activity (March).</p> <p>Provide updated parent handbook to parents with new screen time policy (March).</p>	<p>Begin using monthly screen time log to keep track of screen time in each classroom (February).</p> <p>Interactive screen time will be planned ahead. Provider will set learning goals, preview material, and help children to make connections to learning (February).</p>	<p>Remove and store televisions in home out of sight of the children (January).</p> <p>Include cameras, phones, radios, etc. in exploratory centers for children to explore, learn, and enhance fine motor skills (January – February).</p>	<p>Develop a monthly screen time log to keep track of screen time for each classroom (February)</p> <p>Research screen time policies for family child care programs (February).</p> <p>Write screen time policy for the program and include the updates parent handbook (March).</p>

# Action Plan Worksheet



Start Date:

Provider Name:

Goal:

Child	Family	Provider	Environment	Policies





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