

## National Early Care & Education Learning Collaboratives:

#### Taking Steps to Healthy Success

Learning Session 5, Family Child Care Edition Implementation Guide

September 2018







#### **Table of Contents**

Definitions	3
Overview	5
CONTENT IMPLEMENTATION	
Learning Session 5: Celebrating Success	5
Sample Agenda	7
Materials List	8
Check-in	9
Welcome Back	10
Healthy Kids, Healthy Future Checklist Quiz	11
Presenting Storyboards	13
Physical Activity Break	13
PPT Part A – Best Practices for Screen Time	15
Video: Screen Free Moments: Promoting Healthy Habits	15
PPT Part B - Extending Your Learning -	
The Provider, Families and Program Policies	15
PPT Part C: Continuing the Process of Change	15
Technical Assistance Groups	16
Sample Action Plan Worksheet	17
Action Plan Worksheet	18
PPT Part D - National, State and Local Support	19
Check-Out	19
References	21

National Early Care & Education Learning Collaboratives

#### **Definitions**

Action Period	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.
Center	Refers to a physical place where a program is offered.
Early Care and Education (ECE)	A field, sector or industry that includes nurturing care and learning experiences for children from birth to age 5.
Early Care and Education Program	An intervention or service that has a design, staff, a curriculum or approach and a funding source that serves children from birth to age 5.
Early Care and Education Program Leadership Team	Up to 3 people (e.g., owner/director, lead teacher, food service personnel) self-defined by each ECE program to attend the 5 in-person Learning Sessions and facilitate the corresponding Action Period with their program staff.
Early Childhood	A developmental period of time, typically birth to age 6.
Facilitator	Designated person or people from the Leadership Team to lead the Action Period component with their ECE program staff.
Family Child Care (FCC)	An intervention or service that is provided in a caregiver's home that typically serves children birth to school-age.
Family Child Care Home	Refers to a physical place where a FCC program is offered.
Family Child Care Provider (FCC Provider)	A caregiver that provides childcare services in their home.
Nutrition and Physical Activity Self-Assessment for Child Care (Go NAP SACC)	A self-assessment instrument for early care and education programs comparing their current practices with a set of best practices.
Nutrition and Physical Activity Self-Assessment for Family Child Care (Go NAP SACC)	A self-assessment instrument for family child care homes comparing their current practices with a set of best practices.
Learning Collaborative	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.
Learning Session	Five in-person, active Learning Sessions focused on the relationship of nutrition, breastfeeding support, physical activity, and screen time to children's health also provide opportunities to build collegial relationships, develop leadership, increase collaboration, plan for and implement healthy change.
Healthy Kids, Healthy Future (HKHF)	Formerly known as <i>Let's Move!</i> Child Care (LMCC), Healthy Kids, Healthy Future gives early care and education providers the tools to help children get a healthy start.
National Early Care and Education Learning Collaboratives Project (ECELC)	Name of this project funded by the Centers for Disease Control and Prevention and managed by Nemours to support ECE programs as they improve their practices and policies for nutrition, breastfeeding support, physical activity, and screen time.
Program	An intervention or service that has a design, staff, curriculum or approach, and a funding source.
Resources	The tools, materials, and resources aligning with Healthy Kids, Healthy Future 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.
State Implementing Partner	An agency/organization subcontracted with Nemours to handle the administration of the ECELC in a particular state.

#### National Early Care & Education Learning Collaboratives

#### **Definitions**

State Project Coordinator (Project Coordinator/PC)	Administers the ECELC and provides overall coordination of the Learning Collaborative logistics in the state, with leadership responsibility for technical support, communication efforts, recruitment and support of Trainers and participating programs and providers.
Taking Steps to Healthy Success (Curriculum)	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.
Teacher	An individual responsible for the primary education of a group of children.
Technical Assistance (TA)	Encouragement, support, information and resources provided by the Trainer(s) to help Leadership Teams facilitate training of program staff and develop and implement action plans for healthy change.
Trainer(s)	Individuals responsible for implementing 5 on-site Learning Collaborative sessions and providing ongoing technical assistance to participating ECE programs.

#### **Learning Session 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.

#### **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.

#### **Learning Session 5: Content Implementation**

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

#### Sample Agenda

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

Learning Session 5: Reducing Screen Time & Celebrating Success				
Time	Торіс			
8:30 – 9:00 am	Check-In			
9:00 — 9:15 am	Welcome Back • Evaluation: Healthy Kids, Healthy Future Checklist Quiz			
9:15 — 10:45 am	Presenting Storyboards			
10:45 – 11:00 am	Physical Activity Break			
11:00 – 11:30 am	PPT Part A: Best Practices for Screen Time  • Video: Screen Free Moments: Promoting Healthy Habits			
11:30 – 11:45 am	PPT Part B: Extending Your Learning — The Provider, Families and Program Policies			
11:45 am – 12:15 pm	PPT Part C: Continuing the Process of Change			
12:15 — 12:45 pm	PPT Part D: National, State and Local Support			
12:45 — 1:00 pm	Check-Out			

LS5: Materials List				
Check-In	<ul> <li>Check-in signs (for example A-I, J-R, S-Z)</li> <li>Pre-filled provider sign-in sheets (name and enrollment ID)</li> <li>Pens</li> <li>Nametags</li> <li>LS5 Participant Handbooks</li> </ul>			
Welcome Back	<ul> <li>Welcome Back</li> <li>Learning Session 5 Participant Handbook</li> <li>Learning Session 5 Implementation Guide</li> <li>Healthy Kids, Healthy Future Checklist Quiz</li> </ul>			
Presenting Storyboards	<ul> <li>Presenting Storyboards</li> <li>Index cards for provider notes and ideas</li> </ul>			
PPT Part A: Best Practices for Screen Time	<ul> <li>PPT Part A: Best Practices for Screen Time</li> <li>Video: Screen Free Moments: Promoting Healthy Habits</li> </ul>			
PPT Part B: Extending Your Learning – The Provider, Families and Program Policies	PPT Part B: Extending Your Learning — The Provider, Families and Program Policies			
PPT Part C: Continuing the Process of Change	<ul> <li>PPT Part C: Continuing the Process of Change         <ul> <li>Technical Assistance Groups</li> <li>Copies of the blank Action Plan Worksheet</li> <li>Learning Session 5 Participant Handbook: Providers refer to the Sample Action Plan Worksheet and Action Plan Worksheet</li> <li>Learning Session 5 Implementation Guide: Trainers refer to the Sample Action Plan Worksheet and Action Plan Worksheet</li> </ul> </li> </ul>			
PPT Part D: National, State and Local Support	PPT Part D: National, State and Local Support			
Check-Out	National ECELC Project completion certificates			

#### Check-In (30 min.)



#### **SET UP:**

Set up the night before if possible. If not, plan on setting up early the day of the training. Refer to the Materials List on page 6 for a complete list of what to set out or store for later. Set out sign-in sheets, nametags, and pens on tables near the main room entrance. In addition:

- Have Learning Session 5 Participant Handbooks ready for distribution;
- Set out materials on tables or distribute throughout the Learning Session:
- Gather materials for physical activity breaks;
- Set up and test all technology: laptop, LCD projector, CD/DVD player (laptop may have this capability), and wireless microphone;
- Set up KWL Chart on large chart paper (optional);
- Set up Show and Tell area (optional) to showcase important resources; and
- Display raffle prizes (optional).



#### **CHECK-IN:**

It is recommended to begin check-in at least 30 minutes prior to LS5. As providers sign-in, do the following:

- Collect LS4 Action Period materials in envelopes labeled with provider name;
- Distribute LS5 Participant Handbooks.



#### TIPS:

• Five minutes before start time, begin asking providers to find their seats.

#### Welcome Back (15 min.)



#### **SET UP:**

Prepare PPT: Celebrating Success.



- Welcome providers back;
- Congratulate them on completing the LS4 Action Period Tasks;
- Mention housekeeping items:
  - Bathroom location; and
  - Silencing cell phones.
- Provide an overview of the LS5 Participant Handbook and the agenda.

#### **Healthy Kids, Healthy Future Checklist**



#### **EVALUATION:**

- Distribute one Healthy Kids, Healthy Future Checklist quiz to each provider;
- Allow providers to take the next 10 minutes to complete the HKHF 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.

Best Practices	Yes, fully meeting this best practice	Making progress on meeting this best practice	Ready to get started on meeting this best practice	Unable to work on meeting this best practice right now
Answer if you serve TODDLERS or PRESCHOOLERS				
Drinking water is visible and available inside and outside for self-serve	٥	٥	٥	٥
100% fruit juice is limited to no more than 4-6 oz. per day per child and parents are encouraged to support this limit	٥	٥	٥	٥
Sugary drinks, including fruit drinks, sports drinks, sweet tea, and soda, are never offered	٥	٥	٥	٥
Children 2 years and older are served only $1\%$ or skim/non-fat milk (unless otherwise directed by the child's health provider)	۵	٥	٥	٥
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)	٥	٥	٥	۵
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)	٥	٥	٥	۵
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	٥	٥	٥	۵
Answer if you serve PRESCHOOLERS				
All meals to preschoolers are served family style so that children are encouraged to serve themselves with limited help	۵	٥	٥	٥

Healthy Kids, Healthy Future Quiz Page 1 of 2  $\,$ 

Best Practices	Yes, fully meeting this best practice	Making progress on meeting this best practice	Ready toget started on meeting this best practice	Unable to work on meeting this best practice right now
Answer if you serve PRESCHOOLERS (continued)				
Preschoolers, including children with special needs, are provided with 120 minutes or more of active play time every day, both indoor and outdoor  (for half-day programs, 60 minutes or more is provided for	٥	٥	٥	٥
active play every day)				
We strive to limit total screen time (e.g., TV and DVD viewing, computer use) to no more than 30 minutes for preschoolers at child care per week or never, and we work with parents/caregivers to ensure that children have no more than 1-2 hours per day	٥	۵	ם	ם
(for half-day programs, we strive to limit total screen time to no more than 15 minutes per week or never)				
Parents of preschoolers are provided screen time reduction and/or media literacy education such as special programs, newsletters, or information sheets, 2 or more times per year	٥	٥	٥	٥
Answer if you serve TODDLERS				
Toddlers, including children with special needs, are provided with 60-90 minutes or more of active play time every day, both indoor and outdoor			۵	
(for half-day programs, 30 minutes or more is provided for active play every day)				
Answer if you serve INFANTS or TODDLERS				
Screen time for toddlers and infants is limited to no more than 3-4 times per year or is never allowed	٥	٥		
Answer if you serve INFANTS				
Breastfeeding mothers are provided access to a private room for breastfeeding or pumping, other than a bathroom, with appropriate seating and privacy	٥	۵	۵	۵
Short supervised periods of tummy time are provided for all infants, including those with special needs several times each day	٥	٥	٥	۵

#### Presenting Storyboards (1 hr. 30 min.)



#### **SET UP:**

• Choose how you would like to conduct the "Presenting Storyboards" segment of the day. It may be done as a large group, small technical assistance groups, or as a "gallery walk." Feel free to modify this segment based on the group size and the layout of the room.



- Large Group:
  - Allow providers to present their storyboards in front of the large group;
  - This segment is approximately two hours in length. Inform providers that they will have
     \_\_\_\_\_ minutes for each presentation, including time for questions; and
  - Provide a 1 minute warning when provider's times are almost up.
- Small Group:
  - Break providers up into their technical assistance groups;
  - Allow the providers to present their storyboards in front of the technical assistance groups;
  - This segment is approximately two hours in length. Inform providers that they will have
     \_\_\_\_\_ minutes for each presentation, including time for questions; and
  - Provide a one-minute warning when provider's times are almost up.
- Gallery Walks
  - Make sure there is enough space to display storyboards on tables throughout the room; and
  - Ask providers to walk around the room and review the storyboards.

#### **Physical Activity Break**



#### **SET UP:**

- Choose a 1 2 minute physical activity; and
- Gather materials needed for the activity.



Make sure everyone has enough space, and conduct the physical activity you chose.

#### **Part 2: Content Implementation – Learning Session 5**

#### PPT Part A — Best Practices for Screen Time (30 min.)



• PPT Part A: Best Practices for Screen Time

#### Video: Screen Free Moments: Promoting Healthy Habits



• Screen Free Moments: Promoting Healthy Habits

**Note:** The PPT contains a prompt to play the *Screen Free Moments: Promoting Healthy Habits* video. Click on the picture (hyperlink) to start the video.

#### PPT Part B — Extending Your Learning — The Provider, Families and Program Policies (15 min.)



• PPT Part B: Extending Your Learning - The Provider, Families and Program Policies.

#### **PPT Part C – Continuing the Process of Change (30 min.)**



PPT Part C: Continuing the Process of Change

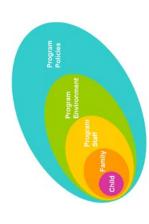


- Have providers review their completed Action Plans and identify any action steps that have not been completed and explain that the change process takes time. Use the following questions to facilitate the discussion:
  - Did you learn something from completing the Action Plan?
  - What were some of the challenges you faced while completing the Action Plan?
  - Were there any action steps that you were not able to complete? Which ones and why?

#### **Technical Assistance Groups**



- Have providers turn to the blank *Action Plan Worksheet* in the Learning Session 5 Participant Handbook and complete the first two columns;
- Explain that this is an opportunity to set another goal based on the five improvement areas identified in Learning Session 1;
  - If all improvement areas have been completed, have providers use the post Go NAP SACC results to develop an Action Plan.
  - Distribute additional copies of the *Action Plan Worksheet* if providers would like to draft a plan for multiple goals.
- Discuss the Action Period:
  - Providers will continue to identify action steps for their Action Plan and work towards reaching their new goals.
  - Encourage providers to continue to use the goal-setting process to successfully meet their future goals.



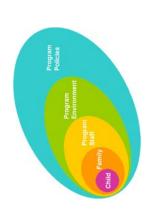
## **Action Plan Worksheet**

Start Date: January

Provider Name: ABC Family Child Care

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

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



# **Action Plan Worksheet**

Policies	
Environment	
Provider	
Family	
Child	

Start Date: Provider Name:

Goal:

#### PPT Part D — National, State and Local Support (30 min.)



• PPT Part D: National, State and Local Support



- Invite representatives from national, state and local organizations to present.
- Allow national, state and local representatives to present and provide additional materials and resources to the participants; and
- If representatives are not available, review the slides in the presentation.

#### Check-Out (15 min.)



- Set up any take-away materials assembly line style on the check-in tables;
- Provide a container for providers to drop off nametags;
- Assign one person to highlight (or otherwise record) the provider's name on a list after all documents and nametags are collected and take-away items are picked up; and
- Have the National Early Care and Education Learning Collaboratives completion certificates ready for distribution.



• Remind everyone about next steps. When they get back to their home, they should continue to develop and implement the action steps they drafted on their Action Plan during the Learning Session.



- Thank providers for being a part of the Learning Collaborative;
- Request that providers do the following before leaving today:
  - Drop their nametag in the container on the check-in table; and
  - Collect their National Early Care and Education Learning Collaboratives completion certificate.
- Set aside 15 minutes to sit down with your co-trainer(s) and volunteers to discuss and record first thoughts about what went well and what could be improved.

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

- 1. Institute of Medicine National Research Council of the National Academies. *Children's Health, the Nation's Wealth: Assessing and Improving Child Health.* 2004. Retrieved September 20, 2010 from http://www.nap.edu/catalog.php?record\_id=10886
- 2. Shonkoff, J. and Phillips, D. Editors; Committee on Integrating the Science of Early Childhood Development; National Research Council and Institute of Medicine. *From Neurons to Neighborhoods: The Science of Early Childhood Development.* National Academies Press: 2000: 1-612. Retrieved September 30, 2010 from http://www.nap.edu/openbook.php?isbn=0309069882
- 3. Fine, A. and Hicks, M. Health matters: The role of health and the health sector in place-based initiatives for young children. Prepared for the W.K. Kellogg Foundation. 2008. Retrieved October 8, 2010 from http://ww2.wkkf.org/default.aspx?tabid=134&CID=-1&CatID=1&NID=212&LanguageID=0
- 4. Center on the Developing Child at Harvard University. *The Foundations of Lifelong Health Are Built in Early Childhood.* 2010. Retrieved September 20, 2010 from http://developingchild.harvard.edu/initiatives/council/
- 5. Peterson, E. Early Childhood Development: Building Blocks for Life, A Briefing Paper. *Greater Twin Cities United Way Research and Planning.* 2010. Retrieved October 7, 2010 http://www.unitedwaytwincities.org/newsandevents/documents/eli\_BriefingPaperFinal.pdf
- 6. Woodward-Lopez, G., Ikeda, J., Crawford, P., et al. The Research Section of *Improving Children's Academic Performance, Health, and Quality of Life: A Top Policy Commitment in Response to Children's Obesity and Health Crisis in California*. CEWAER (California Elected Women's Association for Education and Research) and University of California, Center for Weight and Health, Berkeley, CA. 2000. Retrieved September 20, 2010 from http://cwh.berkeley.edu/sites/greeneventsguide.org.cwh/files/primary\_ pdfs/ CewaerPaper\_ Research.pdf
- 7. High, P. and the Committee on Early Childhood, Adoption, and Dependent Care and Council on School Health. School Readiness. Pediatrics. 2008; 121; 1008-1015.
- 8. Ritchie, L., Ho, J., & Allister, C. 2009. *Intervening in Early Childhood to Prevent Obesity: Best Practices for Home and Child Care Settings. Center for Weight and Health: University of California, Berkley.* Retrieved October 7 from http://cwh.berkeley.edu/sites/default/files/primary\_pdfs/Early\_Childhood\_Intervention\_Review\_12.09\_0.pdf
- 9. Reynolds, A., Temple, J., Robertson, D., and Mann, E. Long-term effects of an early childhood intervention on educational achievement and juvenile arrest: A 15-year follow-up of low-income children in public schools. *Journal of the American Medical Association*. 2001; 285 (18), 2339-2346. Retrieved October 13, 2010 from http://jama.ama-assn.org/cgi/reprint/285/18/2339
- 10. Weight-control Information Network. 2010. *Overweight and Obesity Statistics*. U.S. Department of Health and Human Services & National Institutes of Health. Retrieved September 20, 2010 from http://www.win.niddk.nih.gov/statistics/index.htm
- 11. Van Vrancken-Tompkins CL, Sothern MS. Preventing obesity in children from birth to five years. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; 2006:1-7. Retrieved October 7, 2010 from: http://www.enfant-encyclopedie.com/pages/PDF/VanVrancken-Tompkins-SothernANGxp.pdf
- 12. Ogden, C., Carroll, M., and Flegal, K. High Body Mass Index for Age among U.S. Children and Adolescents, 2003-2006. *Journal of the American Medical Association*. 2008. 299; 2401-2005. Retrieved October, 13, 2010 from http://jama.ama-assn.org/cgi/reprint/299/20/2401
- 13. Trust for America's Health and Robert Wood Johnson Foundation. *F as in Fat: How Obesity Policies Are Failing in America*. 2009. Retrieved October 13, 2010 from http://healthyamericans.org/reports/obesity2009/Obesity2009Report.pdf
- 14. Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. 1985-2009. Retrieved October 7, 2010 from http://www.cdc.gov/brfss/
- 15. Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance Survey, 2011. Retrieved on December 28, 2012 from http://www.cdc.gov/obesity/data/adult.html

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

- 16. Ogden CL, Carroll MD, Kit BK, Flegal KM. *Prevalence of Obesity and Trends in Body Mass Index Among US Children and Adolescents*, 1999-2010. JAMA. 2012;307(5):483-490. doi:10.1001/jama.2012.40. Retrieved on March 15, 2013 from http://jama.jamanetwork.com/article.aspx?articleid=1104932
- 17. Nader PR, O'Brien M, Houts R, Bradley, R., Belsky, J., Crosnoe, R, Friedman, S., Mei, Z., and Susman, E. Identifying Risk for Obesity in Early Childhood. *Pediatrics*. 2006;118; 594–601. Retrieved on October 13, 2010 from http://pediatrics.aappublications.org/cgi/reprint/118/3/e594
- 18. Freedman, D.S., Khan, L.K., Dietz, W.H., Srinivasan, S.R., Berenson, G.S. Relationship of childhood overweight to coronary heart disease risk factors in adulthood: The Bogalusa Heart Study. *Pediatrics*. 2001; 108:712–718. Retrieved October 13, 2010 from http://pediatrics.aappublications.org/cgi/reprint/108/3/712
- 19. American Academy of Pediatrics. Policy statement: Prevention of pediatric overweight and obesity. *Pediatrics*. 2003; 112: 424-430. Retrieved October 13, 2010 from http://aappolicy.aappublications.org/cgi/content/full/pediatrics;112/2/424
- 20. Nemours Health & Prevention Services (2009). *Best Practices for Healthy Eating: A Guide to Help Children Grow Up Healthy.*Retrieved June 23, 2010 from http://www.nemours.org/content/dam/nemours/www/filebox/service/preventive/nhps/heguide.pdf
- 21. Fox, M., Pac, S., Devaney, B., and Jankowski, L. Feeding Infants and Toddlers Study: What foods are infants and toddlers eating? Journal of the American Dietetic Association. 2004; 104 (1); 22-30. Retrieved October 13 from http://www.adajournal.org/article/S0002-8223(03)01494-9/abstract
- 22. Chamberlain, L., Wang, Y., and Robinson, T. Does Children's Screen Time Predict Requests for Advertised Products? *Archives of Pediatrics and Adolescent Medicine*. 2006; 160; 363-368. Retrieved October 13, 2010 from http://archpedi.ama-assn.org/cgi/ reprint/160/4/363.pdf
- 23. Nemours Health & Prevention Services (2009). *Best Practices for Physical Activity: A Guide to Help Children Grow Up Healthy.* Retrieved June 23, 2010 from http://www.nemours.org/content/dam/nemours/www/filebox/service/preventive/nhps/paguidelines.pdf.
- 24. Zimmerman, F., Christakis, D., and Meltzoff, A. Television and DVD/video viewing in children younger than 2 years. *Archives of Pediatrics and Adolescent Medicine*. 2007; 161; 473-479. Retrieved October 13, 2010 from http://archpedi.ama-assn.org/cgi/ reprint/161/5/473.pdf
- 25. Zimmerman, F. and Christakis, D. Children's television viewing and cognitive outcomes: a longitudinal analysis of national data. Archives of Pediatrics and Adolescent Medicine. 2005; 159: 619-625. Retrieved October 13, 2010 from http://archpedi.ama-assn.org/cgi/reprint/159/7/619?maxtoshow=&hits=10&RESULTFORMAT=&fulltext=University+of+Washington+ and+Seattle+Children%92s+Hospital+Research+Institute+&searchid=1&FIRSTINDEX=0&resourcetype=HWCIT
- 26. Zimmerman, F., Christakis, D., and Meltzoff, A. Associations between media viewing and language development in children under 2 years of age. *Journal of Pediatrics*. 2007; 151: 364-8. Retrieved October 13, 2010 from http://ilabs.washington.edu/meltzoff/pdf/07Zimmerman Meltzoff MediaLanguage JP07.pdf
- 27. American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. 2012. Preventing Childhood Obesity in Early Care and Education: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition. http://nrckids.org/CFOC3/PDFVersion/preventing obesity.pdf
- 28. Heinzer, M. Obesity in infancy: Questions, More Questions, and Few Answers. *Newborn and Infant Nursing Reviews*. 2005; 5 (4); 194-202. Retrieved on October 13, 2010 from http://www.sciencedirect.com/science?\_ob=ArticleURL&\_udi=B758X-4HMW41X-9&\_user=513899&\_coverDate=12%2F31%2F2005&\_rdoc=1&\_fmt=high&\_orig=search&\_origin=search&\_sort=d&\_docanchor=&view=c&\_searchStrld=1496859627&\_rerunOrigin=google&\_acct=C000025401&\_version=1&\_urlVersion=0& userid=513899&md5=17388635f6786f254cf1ef073587aa26&searchtype=a
- 29. Majnemer, J. and Barr, R. Influence of supine sleep positioning on early motor milestone acquisition. *Developmental Medicine and Child Neurology.* 2005; 47; 370-376. Retrieved October 13, 2010 from http://onlinelibrary.wiley.com/doi/10.1111/j.1469-8749.2005. tb01156.x/pdf

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

- 30. American Academy of Pediatrics. Ask the Pediatrician: Solving the Riddles of Childhood: Back to Sleep, Tummy to Play. Healthy Children. 2008; Fall; 6. Retrieved on October 11, 2010 from http://www.aap.org/healthychildren/08fall/AskPediatrician.pdf
- 31. Fees B., Trost, S., Bopp, M., Dzewaltowski, D. Physical Activity in Family Childcare Homes: Providers' Perceptions of Practices and Barriers. *Journal of Nutrition Education and Behavior.* 2009; 41(4):268-273.
- 32. Pate, R., Pfeiffer, K., Trost, S., Ziegler, P. and Dowda, M. Physical Activity Among Children Attending Preschools. *Journal of Pediatrics*. 2004; 114: 1258-1263. Retrieved on October 12, 2010 from http://pediatrics.aappublications.org/cgi/reprint/114/5/1258
- 33. Ward DS, Benjamin SE, Ammerman AS, Ball SC, Neelon BH, Bangdiwala SI. Nutrition and physical activity in child care: results from an environmental intervention. *American Journal of Preventive Medicine*. 2008; 35(4);352-356. Retrieved on October 6, 2010 from http://www.ajpm-online.net/article/S0749-3797(08)00599-0/abstract
- 34. McWilliams, C., Ball, S., Benjamin, S., Hales, D., Vaughn, A. and Ward, D. Best-Practice Guidelines for Physical Activity at Child Care. *Journal of Pediatrics*, December 1, 2009; 124(6): 1650 1659. Retrieved October 6, 2010 from http://pediatrics.aappublications.org/cgi/reprint/124/6/1650.pdf
- 35. Centers for Disease Control and Prevention (CDC). The Association between School-based Physical Activity, including Physical Education, and Academic Performance. 2010. Atlanta: U.S. Department of Health and Human Services. Retrieved on October 13, 2010 from http://www.cdc.gov/healthyyouth/health\_and\_academics/pdf/pa-pe\_paper.pdf
- 36. Malik V., Schulze M., Hu, F. Intake of sugar-sweetened beverages and weight gain: a systemic review. *American Journal of Clinical Nutrition*. 2006; 84; 274-288. Retrieved October 13, 2010 from http://www.ajcn.org/cgi/reprint/84/2/274
- 37. Rampersaud G, Bailey L, and Kauwell G. National survey beverage consumption data for children and adolescents indicate the need to encourage a shift toward more nutritive beverages. *Journal of the American Dietetic Association*. 2003; 103 (1); 97-109.
- 38. Reedy, J. and Krebs-Smith, S. Dietary Sources of Energy, Solid Fats, and Added Sugars among Children and Adolescents in the United States. 2010; 110 (10); 1477-1484. Retrieved on October 13, 2010 from http://www.adajournal.org/article/S0002-8223(10)01189-2/abstract
- 39. American Academy of Pediatrics. Policy Statement: Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of All Children: Section on Breastfeeding: Breastfeeding and the Use of Human Milk. *Journal of Pediatrics*. 2005; 115 (2); 496-506. Retrieved on October 12, 2010 from http://aappolicy.aappublications.org/cgi/reprint/ pediatrics;115/2/496.pdf
- 40. United States Department of Agriculture, Economic Research Service. Food Consumption & Demand Food-Away-From Home. 2013. Retrieved on December 10, 2013 from http://www.ers.usda.gov/topics/food-choices-health/food-consumption-demand/ food-away-from-home.aspx#nutrition.
- 41. Public Broadcasting Service. The Whole Child ABCs of Childcare Cognitive. Retrieved on December 10, 2013 from http://www.pbs.org/wholechild/abc/cognitive.html.
- 42. United States Department of Health and Human Services. Office on Women's Health. Overweight, Obesity, and Weight Loss. 2009; 1-8. Retrieved on December 20, 2013 from http://womenshealth.gov/publications/our-publications/fact-sheet/ overweight-weight-loss.pdf.
- 43. Centers for Disease Control and Prevention. National Institute for Occupational Safety and Health. *Stress...at Work.* 1999; 1-26. Retrieved on January 10, 2014 from http://www.cdc.gov/niosh/docs/99-101.
- 44. New Jersey Council for Young Children. (2013). New Jersey Birth to Three Early Learning Standard.
- 45. United States Department of Agriculture. (2009). Chapter 7: Physical Activity in Infancy. In F. a. Service, *Infant Nutrition and Feeding* (pp. 149-154). Washington, DC.
- 46. Charles C. and Senauer Loge A. (2012). Health Benefits to Children From Contact With the Outdoors & Nature. *Children & Nature Network*, 1-46.
- 47. Head Start Body Start. (2013). *National Center for Physical Development and Outdoor Play.* Retrieved June 24, 2014, from Cultural and Family Values Activity: http://www.nicca.us/2013Conference/I%20am%20Moving,%20I%20am%20Learning%20-%20 Teaching%20Across%20Cultural%20Horisons%20(Yargee).pdf

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

- 48. Vanderbilt University. (2010, February). *The Center on the Social and Emotional Foundation for Early Learning*. Retrieved June 26, 2014, from Promoting Children's Success: Building Relationships and Creating Supportive Environments: http://csefel.vanderbilt.edu/modules/module1/handout2.pdf
- 49. University of Florida and Early Learning Coalition of Miami/Dade. (2014). *Early Learning Curriculum Learning Communities Peer Facilitation Protocols*. Miami: School Reform Initiative.
- 50. http://www.cdc.gov/ncbddd.childdevelopment/screeening.html
- 51. Louisiana Department of Education. (2013). Louisiana's Birth to Five Early Learning and Development Standards.
- 52. http://fun.familyeducation.com/activities-center/toddlers-preschoolers-K12children.html?grade\_range=95-95
- 53. http://fun.familyeducation.com/activities-center/toddlers-preschoolers-K12children.html?grade range=96-98
- 54. www.nrckids.org/index.cfm/products/videos/screen-free-moments-promoting-healthy-habits
- 55. Zero to Three(2014) *Using Screen Media with Young Children Tip Sheet* (http://www.zerotothree.org/parenting-resources/screen-sense\_screen-sense\_tips\_final3.pdf)
- 56. The Campaign for Commercial-Free Childhood and Alliance for Childhood (2012). *Facing the Screen Time Dilemma: Young children, technology, and early education.*
- 57. Halgunseth, L. & Peterson, A. (2009) *Family Engagement, Diverse Families, and Early Childhood Education Programs:*An Integrated Review of the Literature. The National Association for the Education of Young Children.
- 58. Biles, B.(1994). Activities that Promote Racial and Cultural Awareness. Family Child Care Connection, Vol.4:3.
- 59. National Farm to School Network. *Local Procurement for Family Child Care Providers.* www.farmtoschool.org.
- 60. United States Department of Agriculture (2016). Child and Adult Care Food Program Meal Pattern Revision Best Practices.
- 61. United States Department of Agriculture (2016). Child and Adult Care Food Program Meal Patterns Child and Adult Meals.
- 62. Raising CA Together (2015) Video: Family Child Care Providers are the Backbone for Working Parents. (https://youtu.be/q6jCLiezOGM)
- 63. Georgia Department of Early Care and Learning Bright from the Start and United States Department of Agriculture. Rainy Day Ideas.
- 64. Child Action Inc. (2009) *Caring for Children in Mixed Age Groups. Healthy Children, Strong Families, Caring Communities.* Handout 22. www.childaction.org.
- 65. Child Care Aware of North Dakota.(2012) *Move, Play and Learn: Physical Activity in North Dakota Child Care Programs.* https://youtu.be/4XtaotPsu4M
- 66. United States Department of Agriculture(2016). Child and Adult Care Food Program Meal Patterns Infant Meals.

#### Nemours.

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

www.healthykidshealthyfuture.org