




# National Early Care & Education Learning Collaboratives:


## Taking Steps to Healthy Success

Learning Session 1  
PowerPoint Notes  
September 2018





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



CENTERS FOR DISEASE CONTROL AND PREVENTION



Early Childhood Health Promotion  
and Obesity Prevention

National Early Care and Education  
Learning Collaboratives (ECELC) Project

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

**In addition to the CDC and Nemours logos, you are welcome to add your state logo(s) to these slides.**

- Welcome programs and participants;
- Introduce trainers and their role in the project;
- Have participants introduce themselves; and
- Provide an overview of benefits for participation (e.g. clock hours, stipends, additional resources, on-site technical assistance, etc.).

# Acknowledgements

A special thank you to:

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

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**Enter acknowledgments for your state partners.**

The ECELC is a project funded by the **Centers for Disease Control and Prevention (CDC)** to support early care and education (ECE) providers to promote best practices in healthy nutrition, physical activity, breastfeeding support, and screen time.

**Nemours** is supporting this project nationally through their expertise, materials, and time throughout the implementation process.

**Gretchen Swanson Center for Nutrition** is administering the evaluation component of this project.

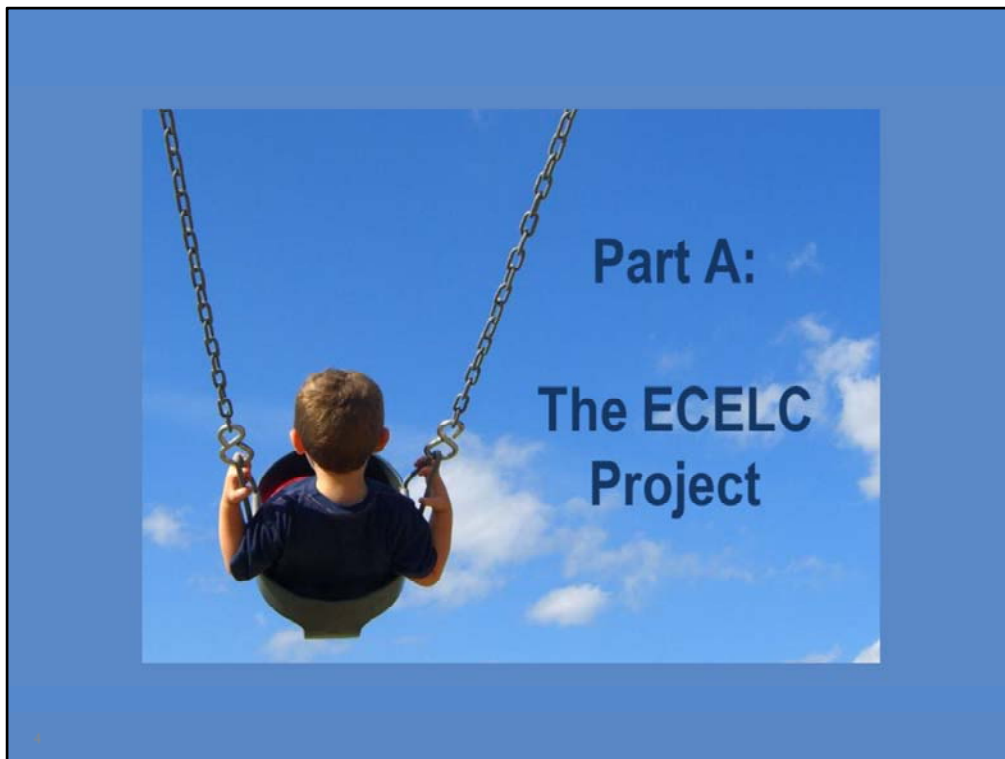


# Learning Session 1 Objectives

**At the end of the Learning Session, participants will:**

1. Identify at least two examples of changes in our society or environment that have contributed to childhood obesity over the years.
2. Identify at least two benefits of implementing best practices for nutrition, physical activity, screen time, and breastfeeding support.
3. Name at least two practices for creating a family-friendly environment.
4. Complete at least four Go NAP SACC instruments to assess program policies and practices.





This project will address how early childhood nutrition, physical activity, screen time and breastfeeding best practices support optimal health and development.

## Nemours National ECELC



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This video provides participants with an overview of Nemours National ECELC project. Click on the photo (hyperlink) to start the video.

## Early Care and Education Learning Collaboratives (ECELC)

- **Community of learners for childhood obesity prevention**

- Network of shared ideas and mutual support
- Resources for healthy practice and policy changes
- Research on best ways to implement best practices



The Learning Collaboratives Model creates a community of learners and a network among the Leadership Teams to share ideas and provide mutual support in implementing healthy change.

Access to high quality resources and research on implementing best practices, leadership development, the use of action planning, and partnering with families make it likely that healthy changes will be sustained over time, impacting the health of today's and tomorrow's children.

## Early Care and Education Learning Collaboratives (ECELC)

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

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Later in this session, participants will take the ***Healthy Kids, Healthy Future (HKHF)*** quiz to see how their ECE programs are doing in the areas of healthy nutrition, physical activity, breastfeeding support, and screen time.

ECE providers have the power to promote change in ECE settings.

**Note:** In addition to expanding providers' knowledge on health and wellness in young children, explain that physical activity will be incorporated in to each Learning Session. Physical activity breaks used throughout the Learning Sessions serve as opportunities for participants to actively engage in activities they can incorporate into their programs. Choose a brief 1-2 minute physical activity from the *Nutrition and Movement Activity Book*.



## How are ECE Providers Powerful?

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



**Note:** Stress their amazing position that sets ECE providers up to be powerful agents of change.

## Leadership Team Model

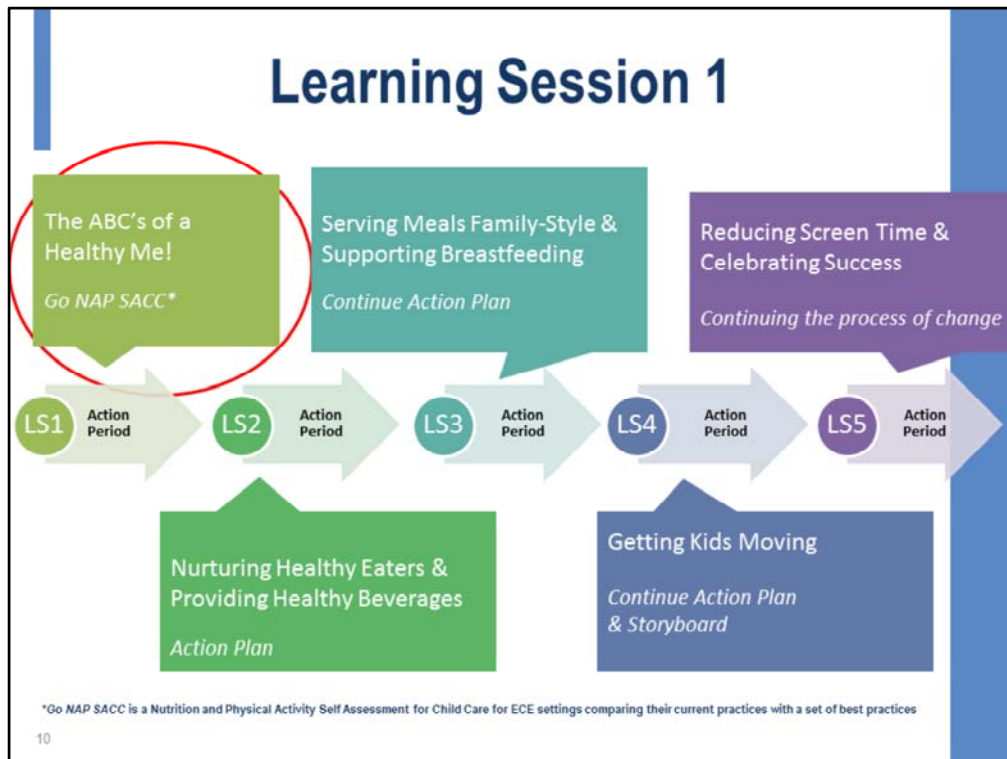


The ECELC is part of a national initiative with a number of Collaboratives in states/localities across the country.

Each Collaborative will be made up of approximately 20-25 ECE programs; each of those programs self-define a **Leadership Team** of at least 3 people to attend 5, active, in-person, one-day Learning Sessions.

Each of the 5 Learning Sessions will be spread approximately 8 weeks apart over the course of a year. The Learning Sessions will provide the Leadership Teams with the necessary knowledge, resources and support to implement best practices in the areas of:

- Healthy nutrition
- Physical activity
- Screen time
- Breastfeeding support



This is a brief overview of how the Learning Sessions will roll out over the course of the year. Make note of the continuous use of **Action Planning** and the use of **Storyboards** to communicate the process of change.

Learning Sessions are ACTIVE: Providers will explore and experience the resources they will be sharing with the staff in their programs – all to help support kids moving, learning and acquiring health habits. Each Learning Session covers different topic areas:

- Learning Session 1 provides an overview of the *Healthy Kids, Healthy Future* initiative; ECELC Project; childhood obesity rates; staff wellness; and an introduction into best practices around child nutrition, physical activity, screen time, and breastfeeding support.
- Learning Session 2 provides information on healthy eating and CACFP meal patterns.
- Learning Session 3 provides information on family-style dining and breastfeeding support.
- Learning Session 4 provides information on physical activity.
- Learning Session 5 provides information on screen time and local and state organizations that can support programs moving forward.

Following each Learning Session is what we call the “Action Period”. During this time, the Leadership Teams will go back to their program staff to facilitate an abridged version of the Learning Session they just attended and work on a specific task and complete staff worksheets before the next Learning Session. This Action Period enables the entire ECE program to learn, play, assess, plan for and implement healthy change TOGETHER – empowering program staff as agents of change.

After Learning Session 1 (LS1), programs will complete Go NAP SACC as part of their Action Period to assess their strengths and areas of improvement to plan healthy changes.



The best practices outlined in the ECELC Project align with the ***Healthy Kids, Healthy Future (HKHF)*** goals.

HKHF, formerly known as *Let's Move Child Care (LMCC)* is an initiative launched by Former U.S. First Lady Michelle Obama in 2011 to “solve the challenge of childhood obesity within a generation.”

Introduce ***Healthy Kids, Healthy Future (HKHF)***

- Involves both private and public partners; and
- The HKHF website ([www.healthykidshealthyfuture.org](http://www.healthykidshealthyfuture.org)) is a great resource for ECE providers to find creative ways to implement healthy habits in the classroom.

# Complete HKHF Quiz

As a Leadership Team, complete the quiz:

## Healthy Kids, Healthy Future Checklist Quiz

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

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

Best Practices	Yes, fully meeting this best practice	Making progress on meeting this best practice	Ready to get started on meeting this best practice	Unable to work on meeting this best practice right now
<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"/>

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## Distribute the HKHF Quiz

- One quiz per program – the Leadership Team should complete this together.





Children's environment, relationships, and behaviors impact healthy development. Healthy development contributes to allowing children to reach their maximum potential and become successful later in life.

This segment will help providers:

- Understand the childhood obesity epidemic and how we got here;
- Understand their role as agents of change. Providers have the unique position to change the environment, their own behaviors to promote good role modeling, and support healthy behavior changes in children to help reverse the childhood obesity epidemic; and
- Explore how healthy nutrition and physical activity affect child development.

## The Obesity Epidemic's Impact

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



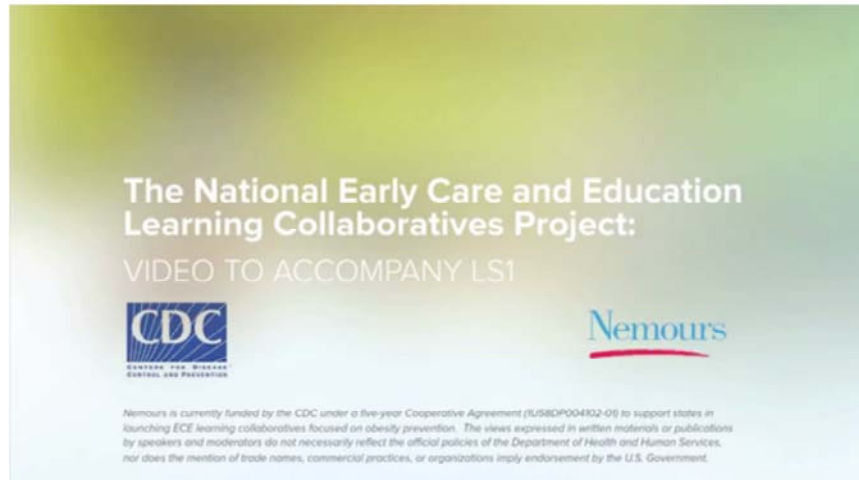
- The upcoming video will show how adult obesity rates changed in the U.S. since 1989

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Emphasize that overweight and obesity affects everyone across the U.S.

Show Video Module 1 (next slide) that demonstrates the spread of the obesity epidemic across all parts of our country.

## Video Module 1



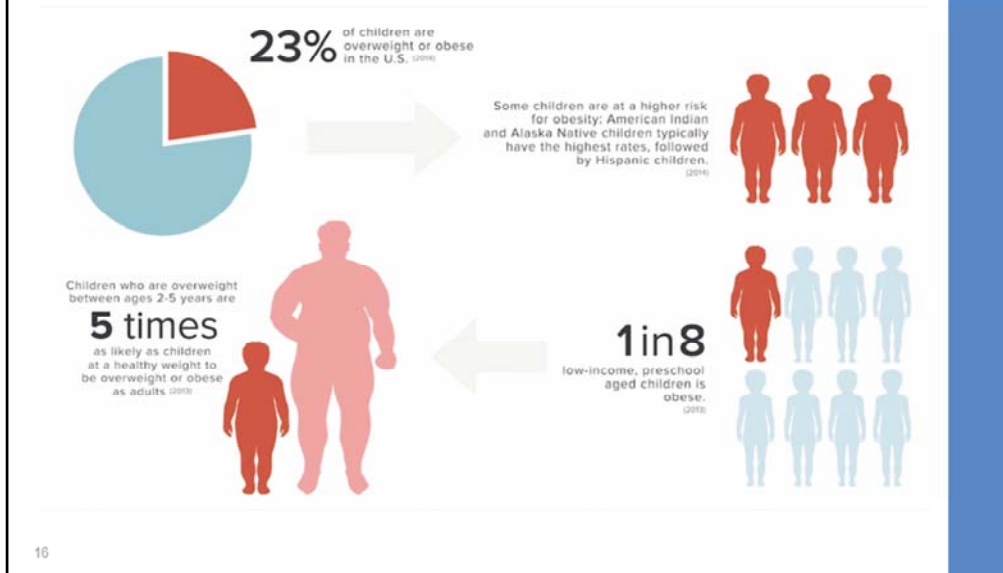
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**Click on the photo (hyperlink) to start the video.**

**Note:** Explain to participants that the Leadership Team will use this video, *Video Module 1*, as part of training their program staff during the Action Period. The Action Period will be discussed in more detail towards the end of the day.

## Video Module 1

### Take Away Messages



Due to the efforts of health advocates, like ECE providers, we are starting to see some promising findings!

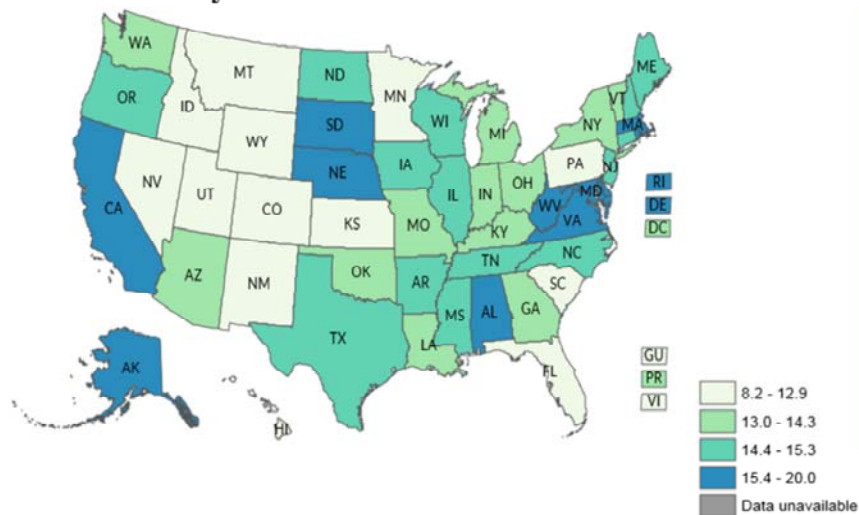
According to the 2013 Vital Signs Report *Obesity Declines Among Low Income Preschoolers*:

- 19 states and territories reported decreases in obesity rates among low-income preschoolers using data from the Pediatric Nutrition Surveillance System from 2008-2011
- 20 states and Puerto Rico reported no change. This is exciting because until now, rates have been increasing year after year; and
- Only 3 states showed rates that increased slightly.

The report encourages ECE providers to help keep these rates moving down!

## State Childhood Overweight/Obesity Rates

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



Insert your state's maps for adult and childhood obesity rates. Click on the picture (hyperlink) to locate your states obesity map and insert it on the slide.

**Note:** Encourage participants to become familiar with their state's childhood overweight/obesity map as this would be a great tool to stress the importance of the ECELC project to program staff during the Learning Session 1 (LS1) Action Period.



## Long-Term Impact of Obesity

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



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### Health Problems:

- **Heart disease** is the leading cause of death for both men and women;
- ~208,000 Americans under the age of 20 have type 1 or **type 2 diabetes** ; and
- ~294,000 children under the age of 18 (1 in 250 children) have been diagnosed with arthritis, resulting in **hip and joint problems**.

### Serious long-term risks:

- **Co-morbid conditions** are diseases or disorders of or related to the original condition that can occur at the same time;
- More than 1 out of 20 Americans 12 years of age and older reported depression in 2005-2006; and
- According to Surgeon General Richard Carmona, “The increasing rates of obesity, unhealthy eating habits and physical activity, we may see the first generation that will be less healthy and have a shorter **life expectancy** than their parents.”

## **Discussion:**

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

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**Note:** Facilitate a large group discussion.

## Changes in Our Society and Environment

### More Calories In

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

### Less Calories Out

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

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As a society, we use up fewer and fewer calories: these lists indicate why more calories are taken “in” to the body and less calories are burned or going “out” of the body.

“Calories out” should equal “calories in”. This Collaborative will explore ways to find caloric balance through eating healthy foods and physical activity.



### Our Food Environment:

Sugar, Salt, and Fat

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High caloric foods containing excessive amounts of sugar, salt and fat are all around us.

Easy access to foods high in sugar, salt and fat leads to greater consumption of these foods, which can lead to weight gain and increased risk for developing chronic conditions such as high blood pressure, type 2 diabetes...etc.

**Note:** Encourage participants to think about the easy access the children and they might have to high sugar, fat, and salt snacks and ways they can reduce access. Examples include:

- Restricting access to vending machines during certain times;
- Replacing vending machines items with healthier options; and
- Removing vending machines all together.

## Activity:



**What's that slogan?**

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**Note:** The following slides contain fast food slogans without the names of the restaurant. Show the slide and ask participants to guess which restaurant it belongs to. Point out that participants are able to identify the fast food restaurant without the title of the restaurant shown.



**What's that slogan?**

**I'm lovin' it.**

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Answer: McDonald's

**What's that slogan?**

**Think outside the bun.**

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Answer: Taco Bell

**What's that slogan?**

**Have it your way!**

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Answer: Burger King

**What's that slogan?**

**Finger-lickin' good.**

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Answer: Kentucky Fried Chicken (KFC)



The fast food industry spends \$3 billion in advertising to children alone.

According to the United States Department of Agriculture's (USDA) Economic Research Service, as of 2012 approximately 43.1% of food spending was on meals away from home.

- During 2005-2008 Americans consuming "away-from-home" meals consumed approximately 32% of calories away from home.

**Note:** Make an explicit link that the problem about food consumed away from home is that it is generally higher in calories, sugar, fat, and salt. When people eat "away-from-home" the portion sizes are generally larger than meals consumed at home. A diet low in sugar, fat, and salt is ideal for optimal growth and healthy development.



## What is Healthy Development?

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

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To make a difference in the development of children, consider that healthy childhood development is:

- Multidimensional and cross domain can mean developmental improvements across physical, cognitive, social, communicative, and adaptive areas of growth.
  - For example: Meal time is an excellent time for a child to not only improve their fine motor skills when picking up food or a utensil, but to enhance their social and communication skills when interacting with their peers while using cognitive skills to identify the foods they will eat.
- Influenced by responsive relationships, and safe and engaging environments at home and in the classroom.
- The foundation for success in learning both inside and outside the classroom when all of a child's basic needs are met.

# Foundations of Healthy Development



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Foundations of Healthy Development = optimal development, learning and success in school and in life!

All 3 areas of this model are supported by quality ECE programs:

- **Safe, supportive environments**-Physical and emotional spaces that are free from danger, promote exploration and support families.
- **Stable, responsive relationships**-Consistent, nurturing and protective interactions with trusted adults.
- **Appropriate nutrition and health behaviors**-Appropriate nutrients for healthy growth and development, as well as adequate physical activity.

## What are Early Learning Standards (ELS)?

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



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**Note:** Please use this as an opportunity to introduce your state's Early Learning Standards. Early Learning Standards are one mechanism many states use to ensure that ECE programs are fostering healthy development.

The early learning standards are a planning tool and resource that is based on common developmental milestones that ensure all children are receiving optimal learning opportunities across all domains of development.

The purpose of the standards are to assist teachers in planning activities that are developmentally appropriate and develop basic skills and abilities needed to successfully prepare them for school.

## Commonly Used Developmental Domains in Early Learning Standards

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

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Many Early Learning Standards are developed addressing many domains related to early childhood development.

**Note:** Review the skills covered in each domain with the participants.

## Early Learning Standards Physical Activity Break



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Throughout Learning Session 1-5, one physical activity break per session will be dedicated to introducing and linking the activity to your state's Early Learning Standards. Bring copies of your state's Early Learning Standards to distribute to participants at the Learning Sessions. Also there is a Early Learning Standards Physical Activity Worksheet that maybe used for this activity (optional), which can be found in the Implementation Guide.

**Note:** Use the *Nutrition and Movement Activity Book* to conduct the activity on page 28, *Where Does it Go?* Take this time to connect your states Early Learning Standards to this activity. Once you conduct the activity, facilitate a discussion around what common Early Learning Standards domains were addressed. Use your state's Early Learning Standards as a guide and the Early Learning Standards Physical Activity Worksheet (optional) to facilitate this discussion or use the domains listed in the Implementation Guide. There may be additional domains specific to your state's Early Learning Standards, so encourage the participants to think about what else can be included.



This segment is a review of some of the information presented in *Video Module 1*, specifically around the *ABC's of a Healthy Me* messaging framework.

Participants can test what they've learned from the video by answering the multiple choice and/or fill in the blank questions on the following slides.



Messaging frameworks make it easy to remember best practices...and easy to implement. *ABC's of a Healthy Me* is aligned with the best practices from Healthy Kids, Healthy Future and *Preventing Childhood Obesity in Early Care and Education Programs*.

**Note:** Encourage participants to start putting the *ABC's of a Healthy Me* into practice in their program and at home.



# ABC's of a Healthy Me Handout



**Note:** Inform participants that the *ABC's of a Healthy Me* handout is in their Participant Handbook and can be found on the Healthy Kids, Healthy Future website ([www.healthykidshealthyfuture.org](http://www.healthykidshealthyfuture.org)).

**Note:** Encourage participants to print this document for their program staff as they promote healthy changes in their programs.

## Active play

- Every day, inside and outside

## Breastfeeding

- Support and access to a private space

## Cut down on screen time

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

## Drink milk and water

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

## Eat healthy foods

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

# ABC's of a Healthy Me

## Testing Your Knowledge



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This segment will test participant's knowledge of the information shared in *Video Module 1*.

The following slides contain fill in the blank and multiple choice answers for five areas, including Active Play, Every Day; Breastfeeding Support; Cut Down on Screen Time; Drink Milk and Water; and Eat Healthy Foods.

## Active Play, Every Day

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

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### Answers:

1. c) Structured play is the only type of acceptable play
2. 120 minutes
3. 60-90 minutes
4. 3-5 minute periods

Breathless play is another way of saying, MVPA, or moderate-to-vigorous physical activity. Children breathe harder during this kind of play.

Moderate to vigorous physical activity is rhythmic, repetitive and uses large muscle groups. It increases heart rate and breathing rate and may cause sweating.

Toddlers and preschoolers naturally get MVPA in very small spurts. Picture them moving; they may run to see a toy, and stop to play with it, then run to a different toy. This is okay.

Encourage MVPA by providing outdoor time with age appropriate, moveable toys, and through structured physical activity.

## Benefits of **A**ctive Play

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



Carrying excess body fat puts you at greater risk for health problems such as heart disease, cancer, diabetes and stroke.

# Breastfeeding Support

**1. American Academy of Pediatrics recommends:**

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

**2. ECE programs provide important support by providing:**

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



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**Answers:**

1. 6 months  
1 year
2. d) All of the above

Exclusive breastfeeding means only breast milk, no other foods or liquids (for the first six months).

Continued breastfeeding for a year, along with introduction of solid foods, and for as long as mother and baby desire.

For mothers who choose not to breastfeed, it is important to support cue-based, responsive feeding. The baby should not be on a schedule, rather the baby should be the one to cue the mother that he/she is hungry and the mother should respond with feeding.

Some mothers might be watering-down the formula to make it last longer. However, this can dilute the calories and nutrients the infant receives and thus can negatively impact the infant's growth.

**Note:** If participants do not have a space already, encourage them to think about an area in their program that would be a private and quiet area for mothers to breastfeed.

## Benefits of Breastfeeding

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



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Reduces risk for chronic disease for the child such as Type 1 and Type 2 diabetes, lymphoma, leukemia, and Hodgkin's disease.

Provides developmental benefits such as hormones within human milk which promote growth.

# Cut Down on Screen Time

**1. Screen time includes all of the following, except:**

- a) TV, DVDs, videos
- b) Computer time
- c) Smart phone, tablets
- d) Music and movement



**2. No screen time for children under age \_\_\_\_ years**

**3. Limit or eliminate screen time for children ages 2 years and older**

- No more than \_\_\_\_ minutes per week in ECE setting
- No more than \_\_\_\_ hours per day from all sources



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**Answers:**

- 1. d) Music and movement
- 2. 2 years
- 3. 30 minutes  
1-2 hours per day

Limit or eliminate screen time in ECE settings (except for dancing or movement DVDs, CDs or tapes that teachers actively facilitate with the children).

American Academy of Pediatrics (AAP) recommends 30 minutes or less per week for children 2 and over.



## Benefits of Cutting Down on Screen Time

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



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Recent studies have found that:

- More TV viewing at age 3 years was associated with decreased cognitive test scores at age 6 years.
- For ages 8-16 months, viewing baby DVD/videos for 1 hour daily was associated with 6-8 fewer words learned compared to those that did not watch them.

## Drink Water or Milk



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



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### Answers:

1. Water
2. Whole milk  
Fat-free (skim) or 1% milk
3. 4-6 ounces per day  
100% juice

Children are likely to receive juice at home, so if providers can eliminate it in the ECE setting, it's more likely that children will meet the recommendation of a **maximum 4-6 ounces per day of juice**.

Eliminating juice is a very easy change and it saves money!

## Benefits of Drinking Water and Milk

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



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Children should not be served artificially sweetened drinks. For ECE settings, stick with milk and water.

If families are trying to switch from sugary soda to better options, artificially sweetened drinks like diet soda might be a helpful “step down” approach, as they transition to healthier options like water and milk. However, artificially sweetened beverages are not recommended for long-term consumption for children.

If families are trying to cut down on their child’s juice consumption, suggest diluting the juice.

# Eat Healthy Foods

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



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## Answers:

1. fruits and/or vegetables
2. 1 time per month or never
3. Half
4. 1% or fat-free
5. Lean
6. “family style”

It is a best practice to serve family-style so children learn to serve themselves healthy foods in appropriate portion sizes.

Family-style dining will be discussed further in Learning Session 3.

**Note:** Encourage providers to use the Choose MyPlate ([www.choosemyplate.gov](http://www.choosemyplate.gov)) to help children and their staff learn what they need for a healthy meal.

## Benefits of Eating Healthy Foods

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



## Partnering with Families to Support Healthy Habits

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

ABC's of a Healthy Me

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A copy of the *ABC's of a Healthy Me* handout can be found on the Healthy Kids, Healthy Future website at: [www.healthykidshealthyfuture.com](http://www.healthykidshealthyfuture.com)

# You are the Key to Helping Kids Grow Up Healthy!

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



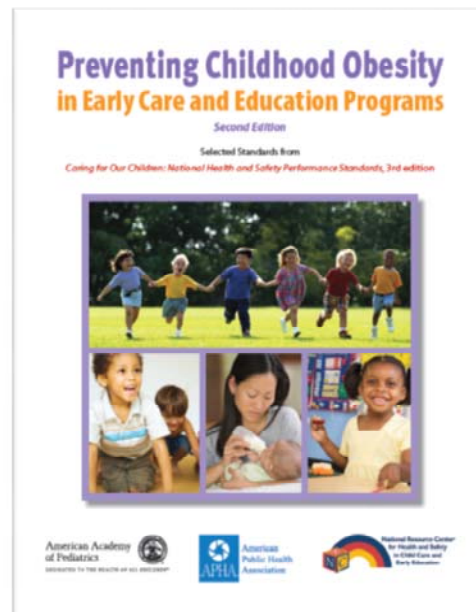
Have fun being active with your children!



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



# Preventing Childhood Obesity



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**Note:** Inform participants that the *Preventing Childhood Obesity in Early Care and Education Programs, 2<sup>nd</sup> edition* can be found on the Healthy Kids, Healthy Future website at: [www.healthykidshealthyfuture.com](http://www.healthykidshealthyfuture.com)

The second edition of *Preventing Childhood Obesity in Early Care and Education Programs* contains national standards that describe evidence-based best practices in nutrition, physical activity, screen time, and breastfeeding support for early care and education programs. This can be used as a handbook and reference tool for ECE programs implementing new best practices into their program.



**Note:** See the LS1 Implementation Guide on how to set up and facilitate the *ABC's of a Healthy Me Idea Exchange* activity.





Explain the LS1 Action Period:

- Participants' role in modeling change in their own program;
- The Action Period is designed to help their program stay informed and involved in the process of healthy change;
- The Leadership Team (those participating in today's Learning Session) will facilitate a mini-version of LS1 with their program staff;
- Program staff will have the opportunity to assess their program's practices;
- Program staff will work together to identify strengths and areas of improvement; and
- Reference *Video Module 1* to give participants an idea of the tool they will use to facilitate the Action Period.

## *Video Making Health Easier: Healthy Changes Start in Preschool*



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**Click on the photo (hyperlink) to start the video. The video is also on the Companion USB if you do not have internet access.**

This video demonstrates a Los Angeles teacher's efforts in promoting healthy habits in her classroom.

**Note:** While participants are viewing the video, distribute LS1 Feedback Forms.



**Note:** Encourage participants to follow along with the *Leadership Team Guide* found in the back of their Participant Handbook.

Participants will begin the action planning process and have an opportunity to create objectives and identify action steps for implementing best practices for healthy eating, physical activity, reducing screen time, and/or breastfeeding support. Participants will be able to build on this Action Plan throughout the project.

## Facilitating Change in Your Program: LS1 Action Period



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

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Trainers will call, email, and conduct site visits to support programs in completing action tasks.

# Go NAP SACC



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



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**Note:** Stress the importance of Go *NAP SACC* and Healthy Kids, Healthy Future Quiz not only as evaluation tools, but also as tools to help guide participants to identifying areas they can work on throughout the Collaborative.

•The findings from Go *NAP SACC* and the “*Five Things the Program Does Well and Can Improve Upon*” Worksheet in the Participant Handbook will be used during the action planning process, which will be introduced in Learning Session 2 (LS2).



## LS1 Action Period



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

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The Leadership Team will:

- Find a time to train the program staff – allow for about 1-2 hours.
- Using the Introduction section of the *Video Module 1* Group Discussion Worksheet, guide program staff in working together to complete the worksheet while watching the video.
- *Show Video Module 1* - the video can be found on the website ([www.healthykidshealthyfuture.org](http://www.healthykidshealthyfuture.org)).
- *Collaborate with the program director to complete the Go NAP SACC instruments* (see the Implementation Guide for details). The *Go NAP SACC* instruments can be found in participant LS1 Handbook, or the website ([www.healthykidshealthyfuture.org](http://www.healthykidshealthyfuture.org)).
- Facilitate a discussion with program staff, and using large chart paper and the completed *Go NAP SACCs*, write down *five strengths* and *five improvement areas* and bring to LS2. Copy this on the “*Five Things the Program Does Well and Can Improve Upon*” Worksheet in the Participant Handbook.
- Place all Action Period materials in to a large envelope and bring it to LS2 including:
  - Program summary of *Video Module 1* Group Discussion Worksheet;
  - Completed *Go NAP SACC* instruments; and
  - Five strengths and five improvement areas on large chart paper and in the Participant Handbook.

## Technical Assistance Groups

### Question & Answer

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**Note:** Facilitate a question and answer discussion regarding LS1 Action Period. This can be done as a large group activity or by dividing participants into two groups based on their assigned trainer.

- Use the *Breakout Group Discussion Notes for Learning Session 1* in the Implementation Guide to facilitate discussion.

## Part E: Staff Wellness



While this collaborative is focused on children, it's a good opportunity to consider the other important people in the ECE environment— program staff.

Many of the best practices for children are similar best practices adults can adopt to their own lifestyle.

As participants encourage healthy habits for the children in their programs, they must focus on their own health as well in order to role model those healthy behaviors for the children.

# What is Wellness?

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



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Wellness is a conscious, self-directed and evolving process of achieving one's full potential.

It is multi-dimensional and holistic, encompassing lifestyle, mental and spiritual well-being, and the environment.

Wellness is positive and affirming.

Wellness is an active process. It requires awareness and directed, thoughtful attention to the choices we make.

## Benefits of Staff Wellness Efforts

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

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The points mentioned are considered “visible” benefits of staff wellness.

**Note:** Encourage participants to think about some of the “invisible” benefits of staff wellness (e.g. the change in one’s feelings and social interaction).

## Worksite Wellness

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

# Stress Reduction



## ■ What is job stress?

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

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The importance of challenge in our work lives is probably what people are referring to when they say "a little bit of stress is good for you".

What problems does job stress contribute to?

- Short-term: headaches, sleep problems, upset stomach, short temper, job dissatisfaction, low morale; and
- Long-term: cardiovascular disease, musculoskeletal disorders, mental health problems (depression & burnout), workplace injury.

The concept of job stress is often confused with being challenged, but these concepts are not the same.

Being challenged energizes individuals psychologically and physically, and it motivates individuals to learn new skills. When a challenge is met, they feel relaxed and satisfied. Thus, challenge is an important ingredient for healthy and productive work.

# Low-Cost Worksite Wellness Tips

Worksite

## 101 Low-cost ideas for worksite wellness

The following ideas for worksite wellness can be implemented with limited resources. Many of these ideas have been found to help employees of all physical abilities maintain their health.

### PHYSICAL ACTIVITY

1. Encourage employees to walk to a specific location and log individual miles for incentive prizes.
2. Participate in community walks (i.e., March of Dimes or walks for heart disease or cancer). Ask your company to sponsor employee participants or to match employee contributions.
3. Map out indoor and outdoor walking trails accessible to employees of all abilities. Measure the distance in halls and around the building to help employees set walking goals.
4. Encourage managers to hold walking meetings when gathering with a small number of employees.
5. Offer flexible lunch periods and breaks to encourage individual, group or "buddy" walks.
6. Offer incentives for distance parking and for employees who walk or bicycle to work.
7. Promote a stairwell ("Stair Well") climbing competition. Convert stairwells to walking areas by improving the lighting and adding of colorful posters.
8. Suggest that employees stretch for one minute before work each day. Announce a one-minute stretch on the intercom system.
9. Encourage physical activity breaks during long meetings and conferences.
10. Identify places within the worksite or around the building for physical activities.
11. Start a running, hiking, walking or line dancing club.
12. Encourage employer-sponsored youth athletic teams, along with employee volunteer coaches.
13. Have a goal of the week or month (i.e., "I will exercise every day for a week"). Keep a chart of weekly or monthly exercise goals in the office.
14. Negotiate corporate discounts for health club memberships.
15. Place physical fitness bulletin boards in strategic areas.
16. Advertise an exercise equipment swap.
17. Purchase fitness CDs and DVDs that employees may borrow.
18. Invite consultants from retail shoe stores or shoe manufacturers to be on-site for a day.
19. Promote a bike helmet fitting day.
20. Provide bicycle racks or a fenced-in area for bicyclists in a well-lit section of the property.

### NUTRITION

21. Ask your vending machine company to add healthy foods.
22. Use vending machine commissions to help fund wellness programs.

moda  
HEALTH

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**Note:** Have participants turn to the *101 Low-Cost Ideas for Worksite Wellness* tip sheet in their Participant Handbook. Many early childhood programs have limited access to additional funding, so encourage participants to use this tool as a resource.

Moda Health is a dental association that focuses on improving health concerns. They developed the *101 Low-Cost ideas for Worksite Wellness* tip sheet. The tip sheet offers ideas on how to promote staff wellness without spending a lot of money.



## Discussion:

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

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**Note:** Facilitate a large group discussion and encourage participants to share other activities they are already doing or would like to do to improve their own health.

# Stress Reduction

- **Characteristics of low-stress organizations:**

- An organizational culture that values the individual worker
- Recognition of employees for good work performance
- Opportunities for career development
- Management actions that align with organizational values



- **Stress management techniques**

- **Organizational support + stress management = healthy workplace**

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**Note:** Emphasize that organizational change is key to stress reduction.

Characteristics of low-stress organizations:

- An organizational culture that values the individual worker
- Recognition of employees for good work performance
- Opportunities for career development
- Management actions that align with organizational values

Stress management techniques:

- Physical activity, meditation, yoga, tai chi, mindfulness
- Seek out community resources:
  - Physical activity classes
  - Mental health providers
- Use workplace services like an Employee Assistance Plan (EAP)

Some workplaces have Employee Assistance Plans that cover short term counseling to help people manage stressors like family or relationship issues, major life events, financial or legal concerns, caring for aging parents or a sick child, etc.

## You are a Role Model!

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



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From infancy, children learn through their interactions with peers, parents and care providers.

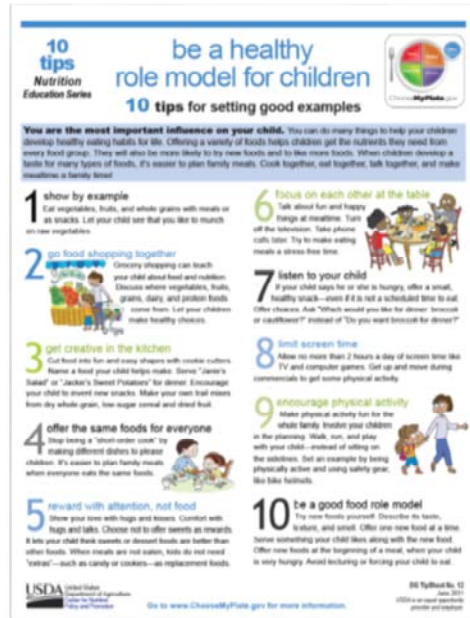
Young children naturally want to do what you do.

Working with families every day gives you a unique opportunity to influence health behaviors.

One of the biggest benefits to staff wellness is the impact their personal changes will have on children and families. Generally, people are more comfortable discussing healthy behavior if they practice it themselves.

Information and advice is often better received if the person giving it is a credible source of knowledge and experience.

# Role Modeling Handout



**Note:** Inform participants that the *Role Modeling* handout is in their Participant Handbook and can be found on the LMCC website ([www.healthykidshealthyfuture.org](http://www.healthykidshealthyfuture.org)).

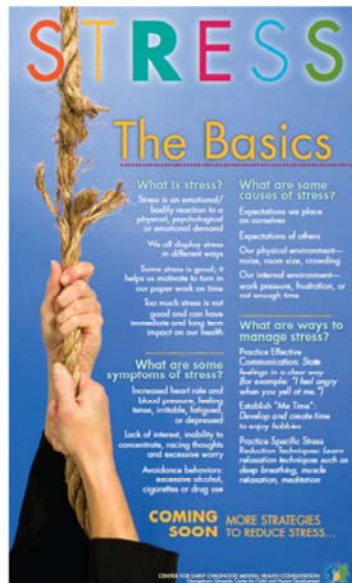
When participants are healthy eaters themselves, it makes it easier to role model healthy habits for the children.

Go “food shopping” with toy grocery carts and plastic food. Talk about which healthy options you’re going to “buy.”

Encourage physical activity by:

- Participating in the activity;
- Being enthusiastic and praising the children;
- Keeping activities simple and noncompetitive; and
- Talking about being active.

## Stress Management Tips



Click on the picture (hyperlink) to locate the poster collection on stress management.

The Center for Early Childhood Mental Health Consultation, with support from the Office of Head Start, created a poster collection to promote stress reduction strategies. These posters are offered in both English and Spanish.

**Note:** Encourage participants to download and print the posters from the Office of Head Start website to promote stress management in their programs. The topics covered on the posters include:

- The basics of stress;
- Thoughts impacting behavior;
- Reducing unhelpful thoughts;
- Deep breathing exercises;
- Controlling triggers of stress;
- Active listening;
- Daily strategies for reducing stress;
- Visual imagery and stress; and
- Effective communication.

## Free Phone Applications

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



# Questions?

"The part can never be well unless the whole is well." - Plato

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**"The part can never be well unless the whole is well." - Plato**

- If participants want their staff to do good work in the program, and to be positive, nurturing role-models for children, the program management has to support them in being well themselves.
- And if participants want them to be well, **they have to provide an environment so that the program as a whole is supportive of wellness.**

## Physical Activity Break



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**Note:** Choose and conduct an activity from the *Nutrition and Movement Activity Book*.





Family support is imperative to running an effective ECE program. With family support, lasting relationships can enhance the development and learning process of the child.

This segment looks at the guiding principles of family support, cultural and family values, and key protective factors that should be acknowledged when working with families.

A family-friendly environment helps develop relationships and build trust with families, which supports the child's learning and development. The environment plays a key role in the transition from home to an ECE program. Relationships between providers and families can be the basis of supporting change in what families do at home with regards to healthy eating, physical activity and breastfeeding support. Establishing those relationships will allow families to feel more comfortable and open to change when introduced to healthy habits.

## What is Family Support?

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



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Family support can vary, depending on the cultures represented in a program. Family support and involvement can include additional family members such as aunts/uncles, grandparents, etc. In some families, people other than the child's parents take the role as head of the household and are the main decision-makers.

# Elements of Family Engagement

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



## Family Engagement Practices

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

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It is important for ECE providers to identify the best ways to increase parent involvement in their program. One key element in parent involvement is providing a welcoming environment. Encourage ECE providers to make the parents feel comfortable with the program, staff, and even the other families. The feeling of comfort and stability will increase family support in the program.

**Resource:** The National Association for the Education of Young Children, *Family Engagement, Diverse Families, and Early Childhood Education Programs: An Integrated Review of the Literature*, 2009

## Strengthening Families™ Framework

- Strengthening Families is an approach to increase families' strengths and enhance child development. It focuses on engaging families, programs and communities using five key protective factors
- The Strengthening Families Initiative focuses on four ideas:
  - Building protective and promoting factors not just reducing the risk
  - An approach - not a model or curriculum
  - A changed relationship with parents
  - Alignment of practice with developmental science

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Reference: <http://www.cssp.org/reform/strengtheningfamilies>



**Please note: The Strengthening Families Framework slides (slide 77 and 78) may be deleted from the presentation IF the state does not utilize this framework.**

The ideas behind the Strengthening Families Framework is based on making small but significant changes.

- 1) Building protective and promoting factors and not just reducing the risk- this looks at what protective and promoting factors are.
  - 1) Protective Factors- characteristics or attributes in individuals, families and communities that eliminate risk.
  - 2) Promoting Factors- characteristics or attributes in individuals, families and communities that enhance well-being
- 2) Looking at the initiative as an approach and not a model or curriculum is very important. This approach can be applied to any setting that serves young children and their families and is implemented by small significant changes.
- 3) A changed relationship with parents consists of supporting parents' ability to parent effectively, engaging parents effectively through programs, and engaging parents directly in mutually supportive relationships.
- 4) Alignment of practice with developmental science is paying attention to what research says about the importance of nurturing relationships in early childhood and the effects of trauma on development, behavior and outcomes.

### Slide 77

#### AH1

Please note: The Strengthening Families Framework slides (slide 77 and 78) may be deleted from the presentation IF the state does not utilize this framework.

Alexandra Hyman, 9/13/2017

## Strengthening Families™ Framework: Key Protective Factors

Protective Factors are conditions or attributes of individuals, families, communities that eliminate risk

1. **Parental resilience** – hope, optimism, self-confidence, ability to manage negative emotion and problem solving
2. **Social connections** – multiple friendships and supportive relationships, feeling respected and appreciated,
3. **Knowledge of parenting and child development**- nurturing parenting behavior, appropriate developmental expectations and positive discipline techniques
4. **Concrete support in time of need** – seeking support when needed, adequate financial security
5. **Social and emotional competence**- encouraging and reinforcing social skills, warm and consistent responses that foster a secure relationship with the child



The key protective factors are from *The Center for the Study of Social Policy, Strengthening Families*. For additional information, please visit their website at [www.strengtheningfamilies.net](http://www.strengtheningfamilies.net).

The above shows characteristics of what each protective factor should look like.

**Protective factors** promote the ability of families to withstand stress, to rebound from adversity and to thrive in spite of challenging circumstances. ECE programs can support these key protective factors in their daily work of building relationships with families!

1. **Parental resilience** is the ability of families to get through difficult and challenging circumstances, recover, and even grow from the experience;
2. **Social connections** are a network of people who care, listen, share parenting values and offer help;
3. **Knowledge of parenting and child development** is a basic understanding of how children develop and what children need from their parents, as well as parenting skills and strategies for guiding a child's behavior;
4. **Concrete support in time of need** is access to needed resources, through formal and informal supports, such as financial help, housing support, mental health or substance abuse services, and other health care services; and
5. **Social and emotional competence of children** is the age-appropriate ability of children to understand and cope with emotions such as anger, happiness and sadness.

### Slide 78

**AH2** Please note: The Strengthening Families Framework slides (slide 77 and 78) may be deleted from the presentation IF the state does not utilize this framework.

Alexandra Hyman, 9/13/2017



## Bringing Families Together: Building Community Video



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Sheltering Arms Educare in Atlanta, Georgia highlights their experiences with families and how they gained family support.

**Click on the photo (hyperlink) to start the video.**

## Creating a Family-Friendly Environment

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



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Discuss how the awareness of culture can effect the environment of the program. The *Creating a Family-Friendly Environment* activity on the following slide will allow participants an opportunity to identify best practices and evaluate their program.



# Creating a Family-Friendly Environment Activity

**Creating a Family-Friendly Climate**

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

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

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

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**Note:** Have participants turn to the “Creating a Family- Friendly Climate” activity in the Participant Handbook.

- Ask participants to take about 10 minutes to individually review the best practices on the sheet, noting the ones they already do and the ones they would like to do;
- Ask them to take about 10-15 minutes to discuss their thoughts with the participants at their tables; and,
- After the allotted time, ask for volunteers to share with the large group.

A photograph of a young child with short brown hair, wearing a dark blue t-shirt, swinging on a swing set. The child is seen from behind, holding the chains of the swing. The swing is suspended by two metal chains against a bright blue sky with scattered white clouds. The entire image is framed within a larger blue rectangle.

## **Part G: Additional Support**

## National State and Local Leaders Support

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

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**Note:** Introducing National, State and Local leaders to the project is a great way to gain additional support throughout the project. Listed are some common agencies/organizations that support early childhood. Try to think about ways to incorporate them into the Learning Sessions. Invite a local representative with the coordinating content topic to the sessions either as a guest speaker or to drop of resources and information.

## Healthy Kids, Healthy Future Website



[www.healthykidshealthyfuture.org](http://www.healthykidshealthyfuture.org)

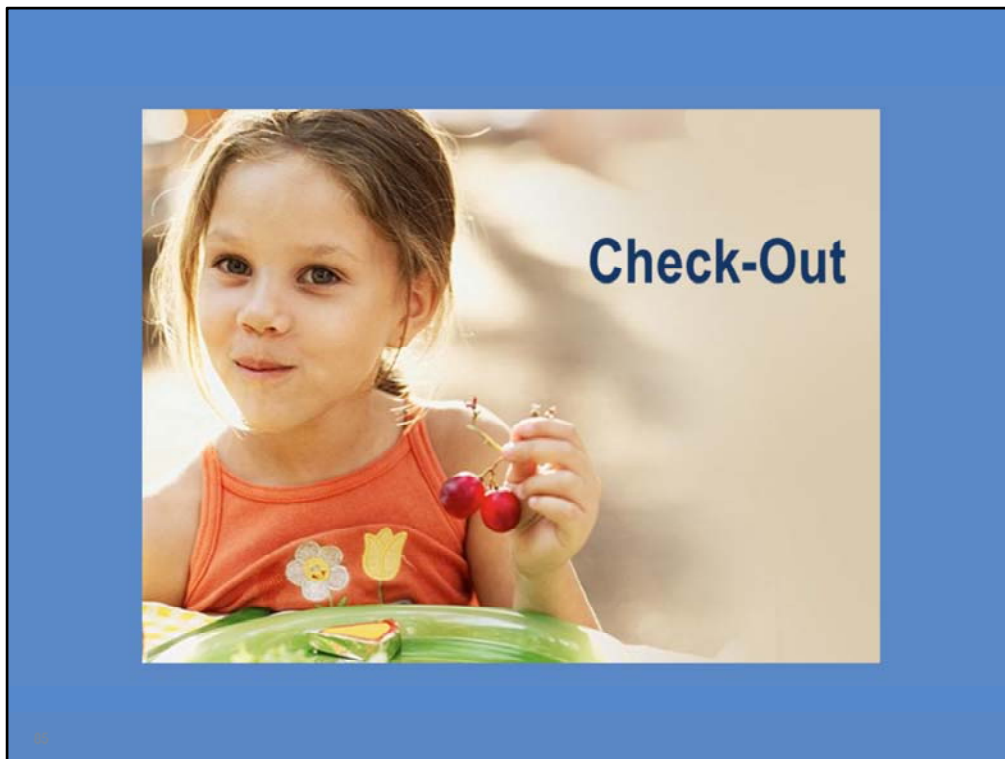
84

Click the picture (hyperlink) to go to the HKHF website.

**Note:** Introduce the *Healthy Kids, Healthy Future* website to participants and encourage them to check it out for additional resources related to healthy eating, healthy beverages, physical activity, screen time, and breastfeeding support.

All materials from today's and future Learning Sessions can be found on the website:

- Click on the Trainers bubble;
- On the left-hand side next to the picture find **"The ECELC Collaborative Learning"**;
- Click **"ECELC Resources"**; and
- Find **"Standard Center-Based Curriculum"** and click **"ECE Program Participants (LS1)"** to find materials from today's Learning Session.



Use this time as an opportunity to reflect with the participants on today's Learning Session. If time permits, have participants provide feedback on how the session went. Inform participants that the trainers will follow-up with them to prepare for Technical Assistance visits. Remind participants to complete their Action Period Tasks and bring them back to Learning Session 2.

## Trainer Contact Information

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**Insert your contact information.**