

July 2024

Wellness Workbook for Early Care & Education (ECE)

Promoting healthy habits today for a healthier tomorrow



Wellness Workbook for Early Care & Education (ECE)

Welcome to the Wellness Workbook

The Wellness Workbook helps ECE providers, families, and community partners work together to raise fit, happy children. ECE professionals can use the workbook to assess, develop and monitor their program's wellness policies and practices. This document is a PDF version of the online resources in the Wellness Workbook available at:

<https://workbook.healthykidshealthyfuture.org/>. The latest updates to the Workbook are available online.

We encourage users to request a User Login and to input program assessments online. Request a login by emailing workbook@healthykidshealthyfuture.org.

Using the Wellness Workbook

The Wellness Workbook promotes the creation of a Wellness Policy, a set of statements outlining practices ECE programs have in place to help children develop healthy habits and to support the wellness of families and staff. The Workbook has five program assessment areas: Physical Activity, Nutrition, Screen Time, Family Engagement and Staff Wellness. Programs do not need to take all assessments at one time. They may choose to focus on one area or one program assessment. Some assessments, such as the Infant Feeding Program Assessment, will not apply to programs that do not serve infants. If program staff are participating in a training program that entails technical assistance and action planning, consider taking an assessment before and after the program to note improvements.

Step 1: Complete one or more of the Wellness Workbook Program Assessments to learn how your ECE program may already be promoting healthy habits and practices to improve.

Step 2: Identify areas of improvement. Share the list of identified practices with providers and families to brainstorm, gather input and establish priorities.

Step 3: Create an action plan. The action plan will help determine steps necessary to implement policies, assign roles and responsibilities, identify resources needed, and establish a timeline.

Step 4: Create your Wellness Policy document and implement your action plan. Implementing a wellness policy takes time. Use your action plan to assess progress and adjust the plan as needed.

Step 5: Celebrate successes! Share your quality improvements on social media, bulletin boards and with your community.

Step 6: Monitor how the wellness policy is being followed over time. Observe how providers incorporate the practices into daily schedules. Provide training and guidance for providers that support program policies.

If you would like additional information on the workbook, please contact workbook@healthykidshealthyfuture.org.

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A wellness policy is a set of statements around the specific practices promoted and followed at your program to create a healthy environment for children, families, and staff. The day-to-day practices of your program play a key role in helping children develop healthy eating and physical activity habits. A sample wellness policy template is provided.

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About Your Program

Your Name:

ECE Program Name:

Director Name:

Email Address:

Street Address:

City:

State:

Zip Code:

Phone:

Does your program participate in the Child and Adult Care Food Program (CACFP)?

Yes

No

Does your program participate in the Quality Rating and Improvement System?

Yes

No

Does your ECE program currently participate in an initiative or program that promotes healthy eating, physical activity, or other wellness area?

Yes

No

If you answered "Yes," please enter the name of the healthy eating or physical activity initiative or program in which you participate:

Please select your center type (check all that apply):

Faith-based

Family child care home

For-profit

Head Start/Early Head Start

Non-profit

Private

School-based

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About Your Program *continued*

How many children 0-5 years are enrolled at your center? Enter the total number, if you are not certain, provide your best estimate of total enrollment?

What is the licensed capacity for your center? Enter total number.

How many employees (including part-time and full-time staff, teachers, cooks, admin, curriculum specialists, etc.) work at your ECE program?

Which of the following age groups of children does your program serve (check all that apply)?

Infants (0-12 months old)

Toddlers (13-35 months old)

Preschoolers (36-60 months old)

School-Age (60+ months old)

Please list the number of classrooms for each age group:

Infants (0-12 months)

Preschoolers (36-60 months)

Toddlers (13-35 months)

School Age (60+ months)

Does your program provide full day or half day care?

Only half

Only full

Full & Half

Do the families in your program need materials and resources in languages other than English?

Yes

No

If you answered "Yes", please list the languages in which you may need resources:

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About Your Program *continued*

What meals or snacks are served at your center (check all that apply)?

- Breakfast
- Morning Snack
- Lunch
- Afternoon snack
- Evening meal
- No meals or snacks are served

If meals are served, how are they prepared (check all that apply)?

- Prepared on-site
- No meals are served
- Catered
- Meals are provided by family/parents of children

Do you have a kitchen on-site that prepares meals or snacks for the children?

- Yes
- No

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A. Physical Activity Standards

Physical activity and active play activity support the development of motor skills, social-emotional skills, and cognitive skills in early childhood. During early childhood, children are establishing preferences for behaviors related to physical activity which may carry into later life. Early care settings can play a significant role helping children develop confidence and competence in movement skills and learn to enjoy being active. Physical activity provides additional health benefits for young children including healthy bone and muscle development, improved mood, stress reduction, and maintenance of a healthy weight.



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1. Physical Activity for Infants

Infants are completely dependent on adults to create environments and experiences that allow them to move and be active. Infants in full time care may experience most of their active play time while in the care setting. Confining or restrictive equipment, such as car seats and high chairs, limit an infant's ability to move and can delay motor development if overly or inappropriately used. Tummy time supports infants in developing core muscles and upper body strength necessary for later skills such as crawling and sitting. Infants learn to enjoy physical activity when adults interact and engage with the child during play.

Physical Activity for Infants – Program Assessment

1. Infants are provided 3–5 minutes of supervised daily tummy time for at least:
 - 2 or less times per week (Half-day: 1 time or less per week)
 - 3-4 times per week (Half-day: 2 times per week)
 - 1 time per day (Half-day: 3-4 times per week)
 - 2 times per day or more (Half-day: 1 time per day)

2. Infants are provided supervised, outdoor playtime in a safe environment, as tolerated, for at least:
 - 2 or less times per week (Half-day: 1 time or less per week)
 - 3-4 times per week (Half-day: 2 times per week)
 - 1 time per day (Half-day: 3-4 times per week)
 - 2 times per day or more (Half-day: 1 time per day)

3. While awake, time spent at one time in confining equipment such as swings, bouncy chairs, car seats and strollers is:
 - More than 30 minutes
 - 15-30 minutes
 - 1-14 minutes
 - Infants are never placed in swings, bouncy chairs etc.

4. Infants with special needs have their physical activity needs considered:
 - Rarely or never
 - Sometimes
 - Most times
 - All the time

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Physical Activity for Infants – Program Assessment *continued*

5. Providers engage with infants on the ground each day to encourage adult-infant interactions:

- Rarely or never
- Sometimes
- Most times
- All the time

6. During children’s active playtime, early childhood providers:

- Supervise play only (mostly sit or stand)
- Sometimes encourage children to be active
- Sometimes encourage children to be active and join in active play
- Often encourage children to be active and join in active play

7. Our ECE program currently has at least one policy on physical activity for infants at our program:

- No
- Yes

8. Which of these model best practices for physical activity for infants would you consider for your program’s Wellness Policy? You may select practices you are already doing and/or practices you would like to introduce to your program.

Infants are provided with supervised daily tummy time when awake, beginning with 3-5 minutes at a time and increasing as able, for at least 2 times per day, allowing them to move freely and explore their surroundings.

Infants are provided opportunities to move freely throughout the day and in the context of daily routines in order to support their physical development and movement skills.

Providers play indoors with infants on the floor and outside on the ground each day to engage in adult-infant interactions.

Outdoor play will be provided for infants at least two times daily in a safe, adult supervised setting, weather and air quality permitting.

While awake, infants will spend less than 15 minutes at a time in confining equipment such as swings, bouncy chairs, car seats and strollers.

Providers play with infants on the ground each day to engage in adult-infant interactions.

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Physical Activity for Toddlers and Preschoolers

Toddlers and Preschoolers are beginning to develop fundamental movement skills that support movement, object control and stability throughout the lifespan. They need more time for physical activity daily to include time in adult-led activities, free-play and outdoor play. Young children in full-time child care settings experience most of their physical activity during the child care day. Child care professionals play an important role creating environments and experiences that encourage physical activity.

Physical Activity for Toddlers and Preschoolers – Program Assessment

1. Toddlers are provided unstructured (active play) time both indoor and outdoor for at least*:

**For half-day programs, divide activity time in half.*

- Not applicable – our program does not serve toddlers (children 1 – 3 years old)
- Less than 30 minutes a day
- 30-60 minutes a day
- 61-90 minutes a day
- More than 90 minutes a day

2. Toddlers are provided outdoor active playtime for at least*:

**For half-day programs, divide activity time in half.*

- Not applicable – our program does not serve toddlers (children 1 – 3 years old)
- 1 time a day for less than 30 minutes
- 1 or more times a day for 31–45 minutes
- 1 or more times a day for 46–60 minutes
- 2 or more times a day for 60+ minutes

3. Preschoolers are provided unstructured (active play) time both indoor and outdoor for at least*:

**For half-day programs, divide activity time in half.*

- 45 minutes a day
- 46-90 minutes a day
- 91-120 minutes a day
- More than 120 minutes a day

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Physical Activity for Toddlers and Preschoolers – Program Assessment *continued*

4. Preschoolers are provided outdoor active playtime for at least*:

**For half-day programs, divide activity time in half.*

- 1 time a day for less than 30 minutes
- 1 or more times a day for 31-45 minutes
- 1 or more times a day for 46-60 minutes
- 2 or more times a day for 60+ minutes

5. Toddlers and/or preschoolers are provided structured (teacher-led) activities in classrooms at least:

- 1 time a week
- 2-4 times a week
- 1 time a day
- 2 or more times a day

6. Toddlers and/or preschoolers with special needs have their physical activity considered:

- All the time
- Most times
- Sometimes
- Rarely or never

7. Children have opportunities for rest and downtime

- All the time
- Most times
- Sometimes
- Rarely or never

8. During children's active playtime, early childhood providers:

- Supervise play only (mostly sit or stand)
- Sometimes encourage children to be active
- Sometimes encourage children to be active and join in active play
- Often encourage children to be active and join in active play

9. Our ECE program currently has at least one policy on physical activity for toddlers and preschoolers at our program:

- No
- Yes

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Physical Activity for Toddlers and Preschoolers – Program Assessment *continued*

10. Which of these model best practices for physical activity for toddlers and preschoolers would you consider for your program's Wellness Policy? You may select practices you are already doing and/or practices you would like to introduce to your program.

For toddlers: At least 60–90 minutes of active playtime are provided each day including 45 minutes of structured (teacher-led) physical activity and 45 minutes of unstructured (active play) time.

For preschoolers: At least 120 minutes of active playtime are provided each day including 60 minutes of structured (teacher-led) physical activity and 60 minutes of unstructured (active play) time.

Children have outdoor active playtime at least two times daily, weather and air quality permitting.

Providers incorporate short physical activities (10 – 15 minutes) into daily lesson plans.

Children are not seated for periods longer than 30 minutes except when sleeping or eating.

In addition to scheduled physical activity time, active play is part of story time, circle time, center time (activity stations) and moving from one activity to another.

Providers lead and participate in active play, such as games and activities, during indoor and outdoor time set aside for physical activity.

Providers encourage all children to participate in physical activity and avoid elimination games. Children with disabilities regularly join their nondisabled peers in physical activities. Structured play is designed to accommodate children's varied skill levels.

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B. Play Environment

Free play, active play and outdoor play are important for healthy development and help children improve gross-motor, social, emotional, and cognitive skills.

Research shows that time spent outdoors is a strong predictor of children's physical activity. Children should play outdoors daily when weather and environmental conditions do not pose a significant health or safety risk. (The National Weather Service identifies a health risk if the wind chill factor is at or below minus 15°F or the heat index is at or above 90°F). To avoid sunburns, ensure children have sunscreen on with at least SPF 15 or higher and both UVA and UVB protection. Playing outdoors helps children learn in a different environment than the classroom, promotes a healthy weight and provides some sunlight exposure that is needed for the body to produce vitamin D.

- Having safe, appropriate indoor and outdoor space and play equipment allows all children to be active. This includes children with disabilities.
- Having enough equipment avoids competition and long waits.

Use of Play Space and Equipment – Program Assessment

1. Early childhood providers monitor to ensure activities, equipment and the ECE grounds are developmentally appropriate and safe:
 - All the time
 - Most times
 - Sometimes
 - Rarely or never
2. Portable play equipment (e.g., wheeled toys, balls, hoops) for children consists of:
 - Limited variety and must take turns
 - Some variety, but must take turns
 - Good variety (indoor/outdoors), but must take turns
 - Lots of variety (indoors/outdoors) for use at the same time
3. Play areas for children, including those with special needs, consist of indoor gross-motor play area that has:
 - Space only suitable for quiet play
 - Space for limited movement (jumping and rolling)
 - Space for some active play (jumping, rolling, skipping)
 - Ample space for all activities

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Use of Play Space and Equipment – Program Assessment *continued*

4. Play areas for children, including those with special needs, consists of outdoor play areas that have:
- None or limited outdoor play area
 - 1-2 different areas (e.g., sandbox, swing set), but no open space for running or wheeled toys
 - 2-3 different areas, but limited space for running and use of wheeled toys
 - Multiple areas, open space for running, and/or path for wheeled toys
5. Our ECE program currently has at least one policy on physical activity for children (toddlers and preschoolers) at our program:
- No
 - Yes
6. Active playtime is withheld as a consequence of inappropriate behavior:
- All the time
 - Most times
 - Sometimes
 - Rarely or never

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Use of Play Space and Equipment – Program Assessment *continued*

7. Which of these model best practices on play space and equipment would you consider for your program's Wellness Policy? You may select practices you are already doing and/or practices you would like to introduce to your program.
- Indoor and outdoor play areas meet or exceed recommendations for equipment and space for large-muscle activities that include running, jumping, climbing, marching, dancing, hopping, kicking and skipping. There are fun and engaging activities for children of all abilities.
 - Providers interact with children and model fun ways to move and play in both structured and unstructured physical activities, using available open space and equipment.
 - When outdoors, early childhood providers apply sunscreen with UVB- and UVA-ray protection of SPF 15 or higher with permission from families.
 - Safe, fresh drinking water is available and accessible for children to serve themselves at all times indoors and outdoors.
 - If applicable to your program, toddlers should be given ample opportunities to develop skills that will serve as the building blocks for future motor skillfulness and physical activity.
 - Physical education, physical activity and/or active play are not withheld as a strategy for changing a child's behavior.

C. Physical Activity and Education

A complete physical activity program can include education about the benefits of activity, as well-structured and unstructured active play. These programs also include teaching about the role of physical activity in a healthy lifestyle.

Physical education teaches children how activities affect their bodies and how to take part in active play throughout the day. Teaching basic skills like body awareness, throwing a ball and exploring helps build confidence, communication abilities and cooperation skills. Providing developmentally appropriate opportunities during the day to practice these skills encourages children to work together to create their own games and activities. Children should get at least 60 minutes of physical activity every day.

Communicate to families about how the program incorporates physical activity and education with the children. Providing materials and resources can support families in making changes at home. Invite families to lead physical activities and encourage children to share physical activities from their home. Children will develop skills from participating in new and exciting physical activities.

ECE programs should provide opportunities for children, staff, and families to learn about the role of physical activity in a healthy lifestyle.

Promoting physical activity with early childhood staff

Well-trained and caring providers can help children participate in and enjoy physical activities. Providers need the following to conduct physical activity education:

- Instruction in physical education

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- Training in leading physical activities appropriate for the developmental stages of children
- Materials (e.g., balls, mats and wheeled toys) that help to add physical activity to the program
- Formal training in ways to help children with disabilities join in physical activities, including the use of adaptive strategies and classroom equipment

Building partnerships with families through education is important in communicating and promoting healthy physical activity habits. Family education includes:

- Sharing information about physical activity and screen time policies with families at enrollment
- Incorporating physical activity messaging into activities and resources shared with families
- Offering physical activity and screen time education to families
- Communicating about cultures, customs and special needs

Physical Activity Learning Experiences for Children - Program Assessment

1. We teach children about the importance of moving their body:

- Rarely or never
- 1 time per year
- 2 times per year
- 3+ times per year

2. Children are taught about physical activity:

- Rarely or never
- 1 time per year
- 2 times per year
- 3+ times per year

3. Physical activity education is shared with families to support learning experiences at home

- Rarely or never
- 1 time per year
- 2 times per year
- 3+ times per year

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Physical Activity Learning Experiences for Children – Program Assessment *continued*

4. Which of these model best practices for Physical Activity Learning Experiences and Education For Children and Early Childhood Providers would you choose to focus on for your Center?

Children are offered education about the health benefits of physical activity at least three or more times per year.

Children with disabilities have appropriate opportunities for physical education and activity with other children.

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Physical Activity for Early Childhood Professionals and Families - Program Assessment

1. Early childhood providers are offered training/continuing education on physical activity for children:

- Rarely or never
- 1 time per year
- 2 times per year
- 3+ times per year

2. Current policies on physical activity education for early childhood providers at your program also include:

3. Which of these model best practices for Physical Activity Learning Experiences and Education for Children and Early Childhood Providers would you choose to focus on for your Center?

- Early childhood providers, teachers and staff receive professional development on physical activity education at least two or more times per year.
- Early childhood providers, teachers and staff receive professional development on family engagement.

4. What policies regarding providing physical activity learning experiences and education to children and to early childhood providers will you include in your Wellness Policy?:

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A. Nutrition Standards

Early childhood programs play a major part in providing children with the varied, wholesome foods they need to maintain an appropriate weight, stay healthy and learn well. Early childhood programs should plan meals and snacks that are age-appropriate and follow the requirements set by the United States Department of Agriculture and the Child and Adult Care Food Program as well as state and local requirements. Early childhood programs should leverage federal and state policies to communicate to families about the nutrition standards, guidelines, and recommendations.

In this section you will learn more about nutrition best practices for infants and young children. You can also complete assessments under each topic to understand how your program currently meets standards and what areas you may need to improve. You can complete the sections most relevant to your program and return at any time.



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Breastfeeding Support and Infant Feeding Best Practices

At a minimum, meals and snacks provided by early childhood programs should follow common standards for meals and snacks. With written instruction from a child's parent or healthcare provider, food should be appropriate for an infant's nutritional requirements and developmental stages.

Breastfeeding Support and Promotion

Experts advise that exclusive breastfeeding during the first six months of life best meets the complete nutritional needs of an infant. Besides the nutritional benefits, breastfeeding promotes optimal health and development and improves health outcomes for the child and family. Iron-fortified formula should be used if a child is not breastfed. Even among children who receive iron-fortified formula while in a child care program, some breastfeeding or expressed breast milk is beneficial.

Child care programs should provide clear messages to families that breastfeeding is accepted, and efforts are made to provide a comfortable space for breastfeeding families. Support for feeding choices can increase confidence in families while their child is in care.

Infant Feeding and Nutrition

Beginning at about six months, infants develop the gross motor, fine motor and oral motor skills that allow them to begin eating semi-solid foods. Some infants may develop these skills later. During this time, breastfed infants may need to consume more iron, which can be introduced through iron-fortified cereal, meats or vegetables. Developmental readiness is also linked with an infant's age and size, but that may not be the only consideration. Communicate with families about when and how to introduce age-appropriate solid foods. Offer foods to children after they have been introduced at home. The decision to feed specific foods should be made by the parent and healthcare provider.

Introducing fruit juice or solid foods prior to four to six months can affect an infant's breastfeeding or consumption of iron-fortified formula that infants need for growth. Giving solid foods too early may be linked to allergies, sleep, and digestive problems.

An important goal in early childhood nutrition is ensuring children's current and future health and promoting healthy eating behaviors. There is no recommended order for introducing complementary foods, but the first solids should be single-ingredient foods offered one at a time with several days between to determine if there is any allergy or intolerance. Early care and education providers can help children make good food choices and learn how much to consume at each meal and snack.

Responsive feeding plays an important role in supporting infant growth and development. It is the ability to identify and respond to signals during infant feeding. Responsive feeding has many benefits: helps infants develop healthy eating behaviors and habits; supports self-feeding; makes mealtime easier; and strengthens provider/infant relationships. Create a comfortable feeding environment for infants by responding to their individual needs in a caring manner.

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Breastfeeding Support and Promotion – Program Assessment

1. Breastfeeding families have access to a private room for feeding or pumping, other than a bathroom, with appropriate seating and privacy:
 - Rarely or never
 - Sometimes
 - Most times
 - All the time
2. Enough refrigerator and/or freezer space is available to allow all breastfeeding families including staff to store expressed breast milk:
 - Rarely or never
 - Sometimes
 - Most times
 - All the time
3. For families who provide breastmilk we promote and support breastfeeding by talking about the benefits and recommendations.
 - No
 - Yes
4. We promote breastfeeding and support families who provide breast milk by sharing our program's breastfeeding policy.
 - No
 - Yes
5. We promote breastfeeding and support families by informing families about community resources that provide feeding support.
 - No
 - Yes
6. We provide educational literature to families to promote breastfeeding and support families who provide breast milk.
 - No
 - Yes
7. Program staff show a positive and open attitude about breastfeeding.
 - No
 - Yes

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Breastfeeding Support and Promotion – Program Assessment *continued*

8. Our ECE program currently has at least one policy that supports and promotes breastfeeding at our program:

No

Yes

9. Which of these model best practices for Supporting and Promoting Breastfeeding would you consider for your program's Wellness Policy? You may select practices you are already doing and/or practices you would like to introduce to your program.

Early childhood programs encourage and provide arrangements for and support Breastfeeding.

Early childhood programs and their providers promote and support families who want to breastfeed or pump their milk by having a quiet, private area (not a bathroom) with an outlet and comfortable seating including a place to wash their hands.

Early childhood programs have adequate refrigerator/freezer storage space for breastfeeding families, including staff, to store their pumped milk.

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Infant Feeding and Nutrition – Program Assessment

1. We feed each infant on the infant's cues unless instructed in writing by parent/guardian and child's healthcare provider:
 - Rarely or never
 - Sometimes
 - Most times
 - All the time

2. We end feedings based only on infants showing signs they are full:
**Signs of fullness: slowing pace of eating, turning away, becoming fussy, spitting out or refusing more food.*
 - Rarely or never
 - Sometimes
 - Most times
 - All the time

3. At meal times, providers praise and provide hands-on help to guide older infants as they learn to feed themselves:
 - Rarely or never
 - Sometimes
 - Most times
 - All the time

4. We encourage infant's families and staff to breastfeed or provide breast milk for at least 12 months (if possible or they choose to breastfeed):
 - Rarely or never
 - Sometimes
 - Most times
 - All the time

5. When we offer infant cereal or formula it is iron-rich:
 - Rarely or never
 - Sometimes
 - Most times
 - All the time

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Infant Feeding and Nutrition – Program Assessment *continued*

6. Infants are fed prior to going to sleep. No infant sleeps with a bottle of juice, milk or formula.

Rarely or never

Sometimes

Most times

All the time

7. We add salt when introducing and feeding mashed or pureed meats and vegetables:

Rarely or never

Sometimes

Most times

All the time

8. We offer baby food desserts* that contain added sugar:

** Desserts are sweet, mashed or pureed foods, made with added sugar*

Rarely or never

Sometimes

Most times

All the time

9. Fruit juice (100%, cocktail, or diluted with water) is provided to children 1–2 years of age:

Rarely or never

Sometimes

Most times

All the time

10. Drinking water is given to infants before 6 months of age:

Rarely or never

Sometimes

Most times

All the time

11. Our ECE program currently has at least one policy that supports and promotes infant feeding and nutrition:

No

Yes

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Infant Feeding and Nutrition – Program Assessment *continued*

12. Which of these model best practices for Infant Feeding and Nutrition would you consider for your program's Wellness Policy? You may select practices you are already doing and/or practices you would like to introduce to your program.

- Breastfeeding is promoted and encouraged among families of infants, including staff, for the first six months to best meet the nutritional needs of infants.
- Water is not served to infants under age 6 months. On hot days, we provide additional breast milk or formula.
- 100% juice (even if diluted with water) is not provided until age 1 and early childhood programs work with parent/guardian to ensure no more than 4–6 ounces is consumed for the whole day including time in the early childhood program and at home.
- Cow's milk is not served to infants (birth to 12 months), unless written exception is provided by health care provider and a parent/gardians.
- A plan to introduce age-appropriate solids to infants is made in consultation with the child's parent/guardian and healthcare provider. Recommendation is given to introduce solids no earlier than four months, but preferably at six months and as indicated by the child's nutritional and developmental needs.
- Mashed or pureed age-appropriate solids fed to infants do not include meats or vegetables with added salt or baby food desserts with added sugar.
- Older infants are encouraged to self-feed using appropriate child-sized cups, spoons and forks as well as fingers.

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2. Meals and Snacks for Toddlers and Preschoolers

Children form lifelong eating habits based on foods and beverages served to them when they are young. Keep the following guidelines in mind when planning or supervising menus for children's meals and snacks:

- A. Choose whole or minimally processed, nutrient-rich foods.
- B. Select foods that are low in saturated and trans fat, added sugars and sodium.
- C. Include lots of fruits, vegetables, and whole grains.
- D. Replace juice with water and whole fruits and vegetables.
- E. Offer age-appropriate servings (portion sizes). Meals and snacks should meet the portion requirements of the Child and Adult Care Food Program.
- F. Ensure foods are safe to eat, e.g., avoid choking by cutting grapes into smaller pieces.
- G. Allow children to be guided by their own feelings of hunger and fullness.

Fruits and Vegetables

- The Dietary Guidelines for Americans promote a daily diet of a variety of fruits and vegetables.
- Fruits and vegetables are loaded with nutrients, vitamins and minerals. It's important to eat a variety of different colors each day, especially dark green, red and orange vegetables, beans and peas*.
- Fruits and vegetables are fairly low in calories when they are prepared without added saturated or trans fats or sugars.
- The fiber in fruits and vegetables helps children to feel full longer.
- With their great variety, fruits and vegetables also provide children with opportunities to learn about different textures, colors and tastes.
- Children who eat a diet that includes lots of fruits and vegetables at a young age are on the road to a lifetime of healthy eating habits.

*Note: Although beans and peas fall into this group of foods, they are also sometimes classified as protein-rich foods. Do not count them in more than one group when serving them.

Meats and Meat Alternatives

- Meats, beans* and nuts offer valuable protein. They are also rich in other vital nutrients and help the body to build, repair and maintain itself. Choose lean meat and other meat products that are low in saturated and trans fats.
- Protein is also found in some foods that are typically thought of in other food groups, (i.e., milk and milk products like yogurt and cheese). Choose low-fat dairy products and cheeses. Choose low-fat yogurt and compare labels to look for options with the lowest amount of added sugars. The AHA's Heart Check Food Certification Program recommends choosing yogurt products with 20 grams of sugar or less per 6 oz. of yogurt.

*Note: Although beans and peas fall into this group of foods, they are also sometimes classified as protein-rich foods. Do not count them in more than one group when serving them.

Grains and Breads

- Any food made from wheat, rice, oats, cornmeal, barley or another cereal grain is a grain product. Bread, pasta, oatmeal, breakfast cereals, tortillas and grits are examples of grain products.
- Grains are divided into two subgroups: whole grains and refined grains.

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- Whole grains contain the entire grain kernel — bran, germ and endosperm — and are important sources of dietary fiber, several B vitamins and minerals. Examples include whole wheat flour, bulgur (cracked wheat), oatmeal and ready-to-eat breakfast cereals that are whole wheat cereal flakes, whole cornmeal and brown rice.
- Refined grains have been broken up to remove the bran and germ. This is done to give the grains a finer texture and improve shelf life. It also removes dietary fiber, iron and many B vitamins. When this is done, most refined grains are then enriched. This means that some, but not all, B vitamins and iron are added back after processing, but fiber remains left out. Examples of refined grain products include white flour, white bread/buns/ rolls, white rice, some ready-to-eat breakfast cereals (cornflakes), grits, cornbread, and some common snacks, e.g., goldfish crackers and pretzels.
- Choosing whole grain foods that are free of added sugars helps children meet their nutrient needs without eating too many calories. Refined grain products with added sugars supply calories, but not many nutrients. Limit grain-based foods with added sugars such as cakes, cookies, pies, sweet rolls, pastries, donuts, candy, and ready-to-eat breakfast cereals with more than 6 grams of sugar per serving.

Special Dietary Concerns

Food Allergies and Intolerances

- Serving safe food to children is as important as serving well-balanced, appetizing meals and snacks. Identifying a risk for food allergy and taking the needed precautions when preparing and serving food for children is an important safety concern.
- Food Allergies: Food allergies are common and affect as many as 1 in 10 children. Eight foods account for most allergic reactions: milk, eggs, peanuts, tree nuts (walnuts, cashews, almonds, pistachios, pecans, etc.), wheat, soy, fish and shellfish. Serious reactions (anaphylaxis) are sudden and in extreme cases can be life threatening. Symptoms may include a blotchy rash (hives), swelling, hoarse voice and wheezing. Symptoms can occur within minutes to a couple of hours after contact with the allergy-causing food. Other food allergy symptoms can include: stomach pain; diarrhea and vomiting; itchy skin, tongue, mouth and throat; and/or, swelling of the lips and face. Even a tiny amount of the food can cause a reaction.
- Food Intolerances: Food intolerances are reactions to a food or chemical in food that are not related to an allergy. Symptoms can be similar to an allergy and commonly include stomach pain, diarrhea, vomiting, gas and skin rashes.

Developing an individualized action plan with families can help ECE providers have a process in place for those children with food allergies and intolerances. Partner with families and health care providers to prepare and review the plan regularly to ensure the child's needs are still being met.

Food Preferences Based on Culture and/or Religion

A child's family may make food choices based on their culture and/or religion. Speaking with a family about cultural/religious practices prior to their child's start in a program can avoid later conflict and confusion. Early childhood providers need to be sensitive to the beliefs and practices of a child's family while also helping the family to ensure that their child's dietary needs are fully met.

Eating Substances That Do Not Provide Nutrition

The practice of eating nonfood substances (like soil) is called pica. Pica involves the repeated intake of nonfood substances and is common among children 1 to 3 years old.

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Pica can be a serious health concern. Children who eat paint chips or contaminated soil can develop lead toxicity that can lead to brain and nervous system damage that can cause major developmental delays. Children who eat soil or drink water that is tainted with certain parasites can also develop an infection or iron deficiency anemia. If you notice a child eating non-food items, encourage the family to speak with their health care provider to help identify and prevent health problems.

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Fruits and Vegetables – Program Assessment

1. Fruit (not juice) and/or a vegetable (not including French fries, tater tots or hash browns) is offered to toddlers and preschoolers:
 - Less than once a week
 - 1-2 times per week
 - 3-4 times per week
 - 1+ times per day
2. Toddlers and preschoolers are offered fruit that is fresh, frozen or canned in juice (not syrup):
 - Less than once a week
 - 1-2 times per week
 - 3-4 times per week
 - 1+ times per day
3. Toddlers and preschoolers are offered a variety of vegetables, such as dark green, orange, red and deep yellow vegetables (not including potatoes):
 - Less than once a week
 - 1-2 times per week
 - 3-4 times per week
 - 1+ times per day
4. Fried or pre-fried and then baked vegetables (e.g., French fries, tater tots, hash browns) are served:
 - Less than once a week
 - 1-2 times per week
 - 3-4 times per week
 - 1+ times per day
5. Cooked vegetables are prepared with added meat fat, margarine or butter:
 - Less than once a week
 - 1-2 times per week
 - 3-4 times per week
 - 1+ times per day
6. Our ECE program currently has at least one policy that supports and promotes eating of fruits and vegetables at our program:
 - No
 - Yes

Wellness Workbook for Early Care & Education (ECE)

Fruits and Vegetables – Program Assessment *continued*

7. Which of these model best practices for fruits and vegetables would you consider for your program's Wellness Policy? You may select practices you are already doing and/or practices you would like to introduce to your program.

All meals and snacks for children include a variety of fruits and vegetables, especially deeply colored ones.

Providers gently encourage children to try fruits and vegetables.

Providers gently offer children unfamiliar foods, knowing that a child may need to sample a new food 10 or more times before learning to like it.

Juice is rarely or never offered to children. Instead, children receive fruits cut up into small pieces. The fruits may be fresh, frozen, canned or dried.

When early childhood providers offer fruit and/or vegetable juices, they serve only 100% juice. No child is given more than 1/2 cup (4 oz.) in a day.

Ideally, foods high in saturated and trans fat, sugar, and sodium are not on the menus for meals or snacks. If they are served, they are offered less than once a week.

Fried or pre-fried and then baked vegetables (e.g., French fries, tater tots, hash browns) are served less than once per month.

Wellness Workbook for Early Care & Education (ECE)

Meats and Meat Alternatives – Program Assessment

1. Beans or lean meats (baked or broiled chicken, turkey or fish) are offered to toddlers and preschoolers:
 - 1+ times a day
 - 3-4 times per week
 - 1-2 times per week
 - Less than once a week
 - Never

2. Fried or pre-fried (frozen and breaded) meats (chicken nuggets) or fish (fish sticks) are offered to toddlers and preschoolers:
 - 1+ times a day
 - 3-4 times per week
 - 1-2 times per week
 - Less than once a week
 - Never

3. Processed meats (e.g., bologna, hot dogs, sausage) are served:
 - 1+ times a day
 - 3-4 times per week
 - 1-2 times per week
 - Less than once a week
 - Never

4. Processed cheese or cheese food is served:
 - 1+ times a day
 - 3-4 times per week
 - 1-2 times per week
 - Less than once a week
 - Never

5. Our ECE program currently has at least one policy about serving meat and meat alternatives at our program:
 - No
 - Yes

Wellness Workbook for Early Care & Education (ECE)

Meat and Meat Alternatives – Program Assessment *continued*

6. Which of these model best practices for meats and meat alternatives would you consider for your program's Wellness Policy? You may select practices you are already doing and/or practices you would like to introduce to your program.

Providers serve (or encourage parents to provide) a variety of foods that are protein sources such as seafood, fish, lean meat and poultry as well as offer eggs, beans, peas, soy products, such as tofu, and unsalted nuts and seeds.

Providers serve nutritious meat and meat alternates that contain less saturated and trans fat and sodium than processed meats like bologna, hot dogs, sausage and bacon.

Meats are prepared by grilling, broiling, poaching or roasting. Fried and baked pre-fried meats like chicken nuggets and fish sticks are provided less than once per month.

Providers serve only natural cheeses and choose low-fat or reduced-fat cheeses.

Wellness Workbook for Early Care & Education (ECE)

Grains and Breads – Program Assessment

1. Whole grain bread, oatmeal, brown rice or whole wheat tortillas are offered:
 - Never
 - Less than once a week
 - 1-2 times per week
 - 3-4 times per week
 - 1+ times per day
2. Sticky or sweet bread foods are served:
 - Never
 - Less than once a week
 - 1-2 times per week
 - 3-4 times per week
 - 1+ times per day
3. Our ECE program currently has at least one policy about serving grains and breads at our program:
 - No
 - Yes
4. Which of these model best practices for grains and breads would you consider for your program's Wellness Policy? You may select practices you are already doing and/or practices you would like to introduce to your program.
 - Providers serve a variety of grains daily and make sure at least half of grains served are whole grains.
 - Foods high in saturated and trans fat, sugar and sodium, especially from refined grains, are served less than one time per week or are not served.

Wellness Workbook for Early Care & Education (ECE)

Special Dietary Concerns – Program Assessment

1. Children with special dietary needs are considered when preparing, handling and serving food:
 - Rarely or never
 - Sometimes
 - Most times
 - All the time
2. Families are asked about any cultural, religious or vegetarian-type food preferences at time of enrollment:
 - Rarely or never
 - Sometimes
 - Most times
 - All the time
3. Families are notified and referred to their health care provider for further assessment to determine cause of pica, i.e., consumption of nonfood substances:
 - Rarely or never
 - Sometimes
 - Most times
 - All the time
4. Children's special dietary needs are met by working closely with the child's parents/guardians and health care provider:
 - Rarely or never
 - Sometimes
 - Most times
 - All the time
5. Our ECE program currently has at least one policy about special dietary concerns at our program:
 - No
 - Yes

Wellness Workbook for Early Care & Education (ECE)

Special Dietary Concern – Program Assessment *continued*

6. Which of these model best practices for special dietary concerns would you consider for your program's Wellness Policy? You may select practices you are already doing and/or practices you would like to introduce to your program.

Families are asked to report any possible food allergy or food intolerance their child may have.

Written instructions are requested from a health care provider about food(s) to be omitted and safe alternatives.

Cultural and religious aspects of foods are discussed thoroughly with families to avoid later conflict and confusion.

The preferences of families with a vegetarian diet are accommodated based on written instructions from parents or guardians on food choices including foods desired and foods to be avoided or eliminated from the child's diet, as well as an up-to-date health record from the child's health care professional.

Parents or guardians are notified if their child repeatedly places nonfood substances in his or her mouth and encouraged to seek advice from their health care provider.

3. Beverages

Drinking Water

- Children need to stay hydrated for good health and learning.
- Water is the best choice when children are thirsty during and between meals and snacks.
- Water can be served in addition to the required CACFP meal pattern components.

Milk

- Milk, milk products and milk alternatives are high in nutritional value and provide calcium, protein and vitamin D for bone growth and development.
- Skim (fat-free) and 1% (low-fat) milk contain as much calcium and vitamin D as 2% or whole milk but contain fewer calories and less saturated fat. The American Academy of Pediatrics recommends low-fat milk after 2 years of age.
- Flavored milk provides added sweeteners and sugars without providing additional nutrients, even if it is reduced fat.

Juice

- Whole fruit is more nutritious than fruit juice and provides dietary fiber. Even 100% fruit juice provides fewer nutrients and fiber than whole fruit.
- Parents commonly provide young children juice at home. Coordinate with families to limit juice to 4 – 6 ounces per day total.
- Drinks that are called fruit juice drinks, fruit punches, or fruit nectars contain less than 100% fruit juice and have lower nutritional value.

Sugar-Sweetened Beverages

Many children drink sugar-sweetened beverages, which contribute to tooth decay, weight gain and obesity. Sugar-sweetened beverages are commonly high in calories and low in key nutrients. High amounts of sugar-sweetened beverages and/or drinks that contain caffeine can also impact a child's sleeping pattern, resulting in children becoming disagreeable and overstimulated. Examples include:

- Soda (soft drinks)
- Sports drinks
- Energy drinks
- Flavored milks and waters
- Fruit juice drinks with added sugars (e.g., punch, juice that is less than 100% real fruit juice)
- Artificially sweetened beverages including diet soft drinks, teas, lemonade, etc.

Wellness Workbook for Early Care & Education (ECE)

Drinking Water – Program Assessment

- When **indoors**, drinking water is:
 - Not visible
 - Visible, but only available during designated water breaks
 - Easily visible and available upon request
 - Easily visible and available for self-serve
- When **outdoors**, drinking water is:
 - Not visible
 - Visible, but only available during designated water breaks
 - Easily visible and available upon request
 - Easily visible and available for self-serve
- Drinking water is available when children are outdoors:
 - Rarely or never
 - Sometimes
 - Most times
 - All the time
- At snack time, drinking water is provided:
 - Rarely or never
 - Sometimes
 - Most times
 - All the time
- Our ECE program currently has at least one policy about drinking water at our program:
 - No
 - Yes
- Which of these model best practices for drinking water would you consider for your program's Wellness Policy? You may select practices you are already doing and/or practices you would like to introduce to your program.
 - Safe, fresh drinking water is available and accessible for children to serve themselves at all times indoors and outdoors.
 - Providers offer water to children often and model drinking water throughout the day instead of drinking beverages such as soda, fruit drinks and sports drinks that are high in added sugar.

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Milk – Program Assessment

1. Milk served to children 2 years of age or older is usually:
 - Whole or regular
 - 2% (reduced fat)
 - 1% (low-fat)
 - Skim (fat free) or 1% (low-fat) milk

2. Flavored milk is served:
 - 1+ times a day
 - 3-4 times per week
 - 1-2 times per week
 - Less than once a week
 - Never

3. Our ECE program currently has at least one policy about milk at our program:
 - No
 - Yes

4. Which of these model best practices for milk would you consider for your program's Wellness Policy? You may select practices you are already doing and/or practices you would like to introduce to your program.
 - Skim (fat-free) or 1% (low-fat) milk is served to children 2 years and older (unless otherwise directed by the child's health care provider).

 - Flavored milk is not served, even if reduced fat.

Wellness Workbook for Early Care & Education (ECE)

Juice – Program Assessment

1. If fruit juice is offered, it is 100% juice:
 - Not applicable - Our program does not offer juice
 - All the time
 - Most times
 - Sometimes
 - Rarely or never
2. If fruit juice is offered, it is limited to 4–6 ounces per day:
 - Not applicable - Our program does not offer juice
 - All the time
 - Most times
 - Sometimes
 - Rarely or never
3. Our ECE program currently has at least one policy about juice at our program:
 - No
 - Yes
4. Which of these model best practices for juice would you consider for your program's Wellness Policy? You may select practices you are already doing and/or practices you would like to introduce to your program. (Select only one.)
 - No more than 4–6 ounces (oz) of pure (100%) fruit juice is provided to toddlers and preschoolers in a day.
 - Juice is not served to children. Water is encouraged for thirst.

Wellness Workbook for Early Care & Education (ECE)

Sugar Sweetened Beverages – Program Assessment

1. Sugar-sweetened beverages are served:
 - All the time
 - Most times
 - Sometimes
 - Rarely or never
2. Early childhood providers drink sugar-sweetened beverages in front of children:
 - All the time
 - Most times
 - Sometimes
 - Rarely or never
3. Our ECE program currently has at least one policy about sugar-sweetened beverages at our program:
 - No
 - Yes
4. Which of these model best practices for sugar-sweetened beverages would you consider for your program's Wellness Policy? You may select practices you are already doing and/or practices you would like to introduce to your program.
 - Sugar-sweetened beverages are not served to children.
 - Early childhood providers avoid drinking sugar-sweetened beverages when caring for children.
 - Only water, milk, or 100% juice is served.

4. Other Foods Served

Food Brought from Home*

Early childhood programs can guide families in sending meals and snacks from home that meet the program's nutritional and safety standards. Share information on nutrition and the dietary needs of children, as well as nutrition standards with families to support healthy food options.

**Some programs do not allow families to send food from home due to local health and/or licensing regulations.*

Celebrations

Children can have lots of fun and maintain healthy habits when adults help them celebrate in wholesome ways — with or without food.

Some celebrations can revolve around special games and activities. Not all festivities need to include food. However, if a celebration includes food, having nutritious food options will support classroom lessons about healthy eating habits. The earlier children learn to celebrate in healthy ways, the easier it is to help them learn that healthy celebrations can be fun.

Food sent from home for celebrations should be healthy foods or whole fruits and vegetables cut into bite-size pieces. Some examples include fruit kebobs, whole grain crackers and yogurt parfaits. Take all needed steps to make sure children with food allergies are safe by having food-free celebrations or offering safe alternative foods.

Healthy celebrations in the early childhood program can role-model and encourage families to move toward a healthier way of celebrating. Talk with families about reducing unhealthy foods, increasing fun physical activities and how healthy celebrations support lessons children are learning

Events and Meetings

The foods and beverages served at a program's events (e.g., early childhood provider's meetings, family activities) can give children, families, and early childhood providers the chance to practice making healthy choices.

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Food Brought from Home – Program Assessment

1. Parents are provided with guidelines for food brought from home:
 - Rarely or never
 - Sometimes
 - Most times
 - All the time
2. Foods brought from home for sharing during special occasions require prior approval:
 - Rarely or never
 - Sometimes
 - Most times
 - All the time
3. Our ECE program currently has at least one policy about food brought from home at our program:
 - No
 - Yes
4. Which of these model best practices for food brought from home would you consider for your program's Wellness Policy? You may select practices you are already doing and/or practices you would like to introduce to your program.
 - Written instructions are provided to families to guide selection of foods brought from home.
 - Foods that do not meet the program's standards for nutrition and food safety are returned home. The program will provide a substitute meal or snack.
 - Families clearly label all food brought from home. The labels include the child's full name, date and type of food.
 - Foods from home are stored at appropriate temperatures until they are eaten.
 - Foods sent from home for one child are not shared with other children.
 - When a child at the center has a serious food allergy, all families are asked to avoid bringing food that will trigger the allergy to the program.

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Celebrations – Program Assessment

- Special occasions and holidays are celebrated with foods that meet guidelines, non-food items (e.g., stickers) or activities:
 - Rarely or never
 - Sometimes
 - Most times
 - All the time
- Parents are provided guidelines for holidays/celebrations:
 - No
 - Yes
- Our ECE program currently has at least one policy about celebrations at our program:
 - No
 - Yes
- Which of these model best practices for celebrations would you consider for your program's Wellness Policy? You may select practices you are already doing and/or practices you would like to introduce to your program.
 - Special times are celebrated with fun-filled activities that involve learning and physical activity. Activities may include scavenger hunts, arts and craft projects, or trips to local playgrounds or parks, as an alternative to food-based celebrations.
 - Birthdays are recognized in a monthly celebration. Children are honored on their birthday with special privileges like serving as the teacher's helper for the day or the child choosing a special activity or song.
 - Celebrations that have food include fruits, vegetables and other healthy snacks. Families are provided with a list of approved healthy foods and beverages as well as suggestions for non-food activities.

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Events and Meetings – Program Assessment

1. Events and meetings offer healthy foods and beverages that meet nutrition standards for early childhood providers, children, and families:
 - Rarely or never
 - Sometimes
 - Most times
 - All the time
2. Our ECE program currently has at least one policy about foods and beverages at events and meetings at our program:
 - No
 - Yes
3. Which of these model best practices for events and meetings would you consider for your program's Wellness Policy? You may select practices you are already doing and/or practices you would like to introduce to your program.
 - All food and beverages served at program events and meetings meet the nutrition standards of the early childhood program, including serving fruits, vegetables and fresh drinking water. This applies to food and beverages that are provided by the early childhood program, brought from home or brought in by a caterer.
 - Water is always available and accessible by program staff and families

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B. Eating Environment

Children develop healthy eating habits when adults allow them to help prepare food, set it out and clean up after a meal. Meal time, including sitting down together, contributes to children's learning, development and socialization in important ways. Adults need to clearly communicate their expectations to children about mealtime behavior and provide predictable routines.

Section Content

- **Modeling Behavior**
- **Food and Beverage Rewards and Punishments**

Modeling Behavior

Young children naturally want to copy the adults who care for them. This includes paying attention to adults' eating and physical activity habits. Adults who eat healthy meals and are physically active teach key lessons about nutrition and physical activity, including the need to limit screen time.

Mealtimes are excellent opportunities to help children adopt positive attitudes toward healthy foods. By joining children at mealtime, adults can model good behaviors by eating healthy foods, showing the right serving sizes and talking about food choices. Adults can eat unfamiliar foods and encourage children to try them too. By talking with children at the table, adults help children to become better communicators.

Having child-size furniture, utensils and dishes helps children feel comfortable and confident when serving and passing food. * These materials also help them learn about appropriate serving sizes. Encourage children to recognize their own sense of hunger and fullness.

Positive eating environments in the program can support a healthy eating environment at home. Invite families to join their child at mealtime so they have the opportunity to observe skills their child has learned. Encourage families to work with their child to engage in tasks during mealtime at home.

* Many best practices like family style dining or inviting family members to join meals may need to be altered due to COVID-19 restrictions. Be sure to consult your local health department and/or CACFP agency for guidance on how to safely deliver meals and snacks in your ECE program.

Wellness Workbook for Early Care & Education (ECE)

Modeling Behavior – Program Assessment

1. Meal time is relaxed and calm:
 - Rarely or never
 - Sometimes
 - Most times
 - All the time

2. Toddler and preschooler meals are served family style (children encouraged to serve themselves with limited help):
 - Rarely or never
 - Sometimes
 - Most times
 - All the time

3. Early childhood providers sit with children during meals and talk informally about trying and enjoying healthy food:
 - Rarely or never
 - Sometimes
 - Most times
 - All the time

4. Early childhood providers help children learn to recognize hunger/fullness cues:
 - Rarely or never
 - Sometimes
 - Most times
 - All the time

5. Early childhood providers eat the same meals/snacks as the children and avoid unhealthy foods (e.g., soda, sweets, fast food)
 - Rarely or never
 - Sometimes
 - Most times
 - All the time

6. Our ECE program currently has at least one policy about modeling behavior at our program:
 - No
 - Yes

Wellness Workbook for Early Care & Education (ECE)

Modeling Behavior – Program Assessment *continued*

7. Which of these model best practices for modeling behavior would you consider for your program's Wellness Policy? You may select practices you are already doing and/or practices you would like to introduce to your program.

At meal time, at least one early childhood provider sits with children at the table and eats the same meals and snacks.

Providers encourage children to serve themselves meals and snacks with supervision.

Children have the opportunity to prepare the eating areas. They help set the table and clean up after the meal.

Children are allowed to pace their own eating, are not rushed to eat and are provided enough time to eat.

Wellness Workbook for Early Care & Education (ECE)

Food and Beverage Rewards and Punishments

When offered a variety of nutritious foods, children instinctively choose a balanced diet. Associating “clean your plate” policies with serving dessert or treats can have negative consequences. When adults use certain foods or beverages as rewards or withhold them as a punishment, children learn to place undue importance on food and beverages. As a result:

- Children often learn to ignore their feelings of hunger or fullness. This, in turn, may contribute to the onset of childhood obesity and eating disorders.
- Children may learn to eat for reasons that have nothing to do with hunger, such as comforting themselves, avoiding boredom or pleasing other people.
- A child may not learn to choose and enjoy healthy foods or beverages when adults use them as rewards.
- The use of food or beverages as a reward contradicts the nutrition principles children are learning in class.

Food and Beverage Rewards and Punishments – Program Assessment

1. Food or beverages are used as an incentive or reward:

All the time

Most times

Sometimes

Rarely or never

2. Food or beverages are withheld as punishment:

All the time

Most times

Sometimes

Rarely or never

3. Early childhood providers encourage children to finish their plate of food:

All the time

Most times

Sometimes

Rarely or never

4. Our ECE program currently has at least one policy about food and beverage rewards and punishments at our program:

No

Yes

Wellness Workbook for Early Care & Education (ECE)

Food and Beverage Rewards and Punishments – Program Assessment *continued*

5. Which of these model best practices for modeling behavior would you consider for your program's Wellness Policy? You may select practices you are already doing and/or practices you would like to introduce to your program.

Providers encourage, but do not force or bribe, children to eat.

Food or beverages are not used as a reward or punishment.

Wellness Workbook for Early Care & Education (ECE)

C. Nutrition Education

Before teaching children about healthy nutrition, early childhood providers need training in this area. With a good background in healthy eating practices, early childhood providers are better able to use a wellness program to instruct children.

Overall key goals for nutrition education for early childhood providers should include:

- Knowledge of Breastfeeding promotion and support, infant feeding and promotion of healthy eating in young children.

Section Content

Nutrition Education for Early Childhood Professionals

Breastfeeding promotion and support includes:

- Benefits of Breastfeeding for families and baby
- Promoting Breastfeeding and supporting Breastfeeding families
- Proper storage and handling of breast milk
- Bottle-feeding a breast-fed baby
- Identifying community organizations and resources that support Breastfeeding

Infant feeding and nutrition includes:

- Introducing age-appropriate solid foods and new foods
- Infant development related to feeding and nutrition
- Using responsive feeding techniques
- Avoid propping feeding bottles

Promotion of healthy eating in young children includes:

- Training that introduces lessons around nutrition that are appropriate to the developmental stages of children and for their cultures
- Using teaching methods that offer children nutrition education in creative, lively ways
- Teaching basic nutrition concepts to children, including dietary recommendations
- Activities to teach the importance of healthy eating for children's overall well-being and school success
- Strategies to promote positive health messages where children live, learn, and play

Building partnerships with families through education is important in promoting healthy eating and nutrition habits. Parent/Guardian education includes:

- Sharing information about nutrition and infant feeding policies when they enroll their children
- Incorporating nutrition messaging into activities and resources shared with families
- Offering nutrition education activities to families
- Communicating about cultures, customs, and special health needs

Wellness Workbook for Early Care & Education (ECE)

Nutrition Education for Early Childhood Professionals – Program Assessment

1. Early childhood providers are offered in-service training on nutrition for children (other than food safety and food program guidelines): **This can include information presented at staff meetings, and in-person or online training.*

Rarely or never

Less than 1 time per year

1 time per year

2+ times per year

2. Early childhood providers receive professional development* on promoting and supporting Breastfeeding: **This can include information presented at staff meetings, and in-person or online training.*

Not applicable - we do not serve infants in our program

Rarely or never

Less than 1 time per year

1 time per year

2+ times per year

3. Early childhood providers receive professional development* on infant feeding and nutrition: **This can include information presented at staff meetings, and in-person or online training.*

Not applicable - we do not serve infants in our program

Rarely or never

Less than 1 time per year

1 time per year

2+ times per year

4. Current nutrition education policies for providers in your program also include:

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Nutrition Education for Early Childhood Professionals – Program Assessment *continued*

5. Which of these model best practices for Nutrition Education for Providers would you choose to focus on for your Center?

Early childhood providers participate in professional development activities two or more times per year in order to effectively teach children about nutrition.

Early childhood providers' professional development includes orientation to state standards and available materials used to teach a basic knowledge of nutrition to children.

If applicable, early childhood providers receive professional development on Breastfeeding promotion and support two or more times per year.

If applicable, early childhood providers receive professional development on infant feeding and nutrition two or more times per year.

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Screen Time

While it is challenging to keep young children away from computers and television, too much screen time has a lot of harmful effects on children. During the first two years of life, a child's brain and body experience important growth and development, and exposure to screen time detracts from important social interactions with care givers. With continued exposure, including the preschool years, excess screen time is associated with language delays, obesity, attention problems and even aggression, especially if the content is violent. Screen time can also interfere with a child's sleep pattern. Try to avoid screen time use before or during rest or downtime. Some children watch television before and after attending ECE. Limiting or eliminating screen time in the early childhood setting can help families come closer to meeting the recommended goal of less than one hour of screen time daily.

**Screen time includes TV, videos, DVDs, computers, video games and handheld devices (e.g., smart phones and tablets).*

Screen Time – Program Assessment

1. The amount of screen time allowed for children under 2 years old (as participant or observer) is:
 - More than 60 minutes per week
 - 31-60 minutes per week
 - 30 minutes or less per week
 - Rarely or never allowed
 - Not applicable - our program does not serve children under 2 years
2. If used, children 18-24 months engage in high quality, educational and interactive screen time with an adult:
 - More than 60 minutes per week
 - 31-60 minutes per week
 - 30 minutes or less per week
 - Rarely or never allowed
 - Not applicable - our program does not serve children 18-24 months
3. The amount of screen time allowed for preschool children (as participant or observer) is:
 - More than 2 hours per week
 - 61-120 minutes per week
 - 31-60 minutes per week
 - 30 minutes or less per week

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Screen Time – Program Assessment *continued*

4. TV/DVD viewing includes:

- All types of programming and videos with little coordination with the curriculum
- Educational and some commercial programming and videos, some of which are integrated into the curriculum
- Mostly educational, age-appropriate programming and videos, many of which are integrated with the curriculum
- Only commercial-free, age-appropriate educational programming that is integrated with the curriculum

5. Amount of screen time allowed is:

- Unlimited per child
- 30-45 minutes a day per child
- 15-29 minutes a day per child
- Less than 15 minutes a day per child

6. Children watch TV, videos or play electronic games while in our care:

- All the time
- Most times
- Sometimes
- Rarely or never

7. TV/DVD viewing occurs during meals or snack time:

- All the time
- Most times
- Sometimes
- Rarely or never

8. Screen time is used as a reward in class:

- All the time
- Most times
- Sometimes
- Rarely or never

9. Our ECE program currently has at least one policy on screen time for infants at our program:

- No
- Yes

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Screen Time – Program Assessment *continued*

10. Which of these model best practices for screen time would you consider for your program's Wellness Policy? You may select practices you are already doing and/or practices you would like to introduce to your program.

- If applicable, children under 18 months and younger old are not exposed to screen time.
- Among children two and older, screen time is limited to no more than 30 minutes per week. Only quality, educational or physical activity programming is shown under direct supervision.
- Providers encourage families to limit screen time at home to no more than one to two hours daily.
- Screen time is not allowed during snack or meal time.
- Screen time is not used as a reward.

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Engaging Families

Practicing healthy behaviors where children live, learn and play helps those behaviors “stick” as children grow older. Programs that build strong, lasting relationships with families are best able to engage those families as partners that support healthy habits.

Engaging Families – Program Assessment

1. Families receive information about the program’s nutrition, physical activity, screen time, and infant feeding policies when they enroll their children:
 - Rarely or never
 - Sometimes
 - Most times
 - All the time
2. Regular communication with families about food and physical activity choices of their children while in child care occurs:
 - Rarely or never
 - Sometimes
 - Most times
 - All the time
3. Families are offered education through printed materials, trusted websites and in-person workshops or special programs on:
 - Breastfeeding support and infant feeding
 - Rarely or never
 - Sometimes
 - Most times
 - All the time
4. Families are offered education through printed materials, trusted websites and in-person workshops or special programs on:
 - Toddler and preschooler nutrition
 - Rarely or never
 - Sometimes
 - Most times
 - All the time

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Engaging Families – Program Assessment *continued*

5. Families are offered education through printed materials, trusted websites and in-person workshops or special programs on:

• Physical Activity

Rarely or never

Sometimes

Most times

All the time

6. Families are offered education through printed materials, trusted websites and in-person workshops or special programs on:

• Screen time

Rarely or never

Sometimes

Most times

All the time

7. Our ECE program currently has at least one policy on engaging families at our program:

No

Yes

8. Which of these model best practices for family engagement would you consider for your program's Wellness Policy? You may select practices you are already doing and/or practices you would like to introduce to your program.

Center staff and parents partner to create healthy environments at the center and at home. All families are welcomed and encouraged to participate in program activities. Creative ways are used to share messaging to reinforce healthy lifestyles at home.

Education on healthy lifestyles is offered to parents at least twice yearly. Materials are written in a language and at a level the families can understand.

In all communications with parents/guardians/families, the early childhood providers show respect for the families' cultures and customs.

At least one parent/guardian participates in the program's Wellness Advisory Council.

Education is provided for families encouraging play and learning through physical activities.

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Staff Wellness

In order to truly shift the environment in your early care and education program, it's important to engage your center staff (teachers, foodservice staff, etc.) in making healthy changes in their own lives. Young children look to adults as role models, and what the center staff eat, drink, say and do in front of children can shape children's perceptions and choices. You might like to consider providing educational information on nutrition and physical activity to empower staff to make healthy choices, or offering a workplace health program for staff to participate in. Studies show that employers implementing a workplace health program can increase productivity, reduce absenteeism, lower turnover, and reduce healthcare costs.

Staff Wellness – Program Assessment

1. Staff is provided information on individual health self-assessment(s), or center conducts a staff wellness assessment.
 No
 Yes
2. Center staff has opportunities to participate in physical activities. This can include activities with the children or staff only.
 No
 Yes
3. Center staff has opportunities to participate in healthy eating programs.
 No
 Yes
4. Current policies on center staff wellness at your program also include:

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Staff Wellness – Program Assessment *continued*

5. Which of these model best practices for Staff Wellness would you consider for your program's Wellness Policy? You may select practices you are already doing and/or practices you would like to introduce to your program.

Center staff is provided information on individual health assessments, or the center conducts a staff wellness assessment in order to increase staff awareness of personal health status.

Center staff has opportunities to participate in physical activities, with the children at their center and in staff-only experiences.

Center staff has opportunities to participate in healthy eating programs. Centers might consider partnering with local organizations to provide staff discounts on nutrition counseling or with farmers markets to get discounted rates on fresh fruits and vegetables.

Center staff is provided resources related to nutrition and physical activity to encourage staff wellness.

Center is committed to promoting a healthy eating environment for staff. All snacks and meals provided at staff meetings and events include healthy foods and beverages.

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Partnering with Your Community

Community partnerships (professional organizations, businesses, faith-based groups, libraries, educational institutions, health departments, healthcare groups, and others) can contribute activities and resources that promote good habits. Community partners can help with a wide range of health initiatives such as nutrition workshops for providers and families, research opportunities, health fairs and screenings, community gardening and activity events.

Partnering with Your Community – Program Assessment

1. Partnering with community organizations to promote healthy lifestyles for children occurs:
 - Rarely or never
 - Sometimes
 - Most times
 - All the time
2. We partner with local organizations to provide wellness programs for children, families, and early childhood providers:
 - Rarely or never
 - Sometimes
 - Most times
 - All the time
3. Our ECE program currently has at least one policy on community partnerships:
 - No
 - Yes
4. Which of these model best practices for community partnerships would you consider for your program's Wellness Policy? You may select practices you are already doing and/or practices you would like to introduce to your program.
 - Our ECE program partners with local organizations, groups or businesses to provide healthy messages and support activities that promote healthy lifestyles for providers, children and families.
 - Providers, children and their families participate in local health and wellness events such as health fairs, 5K walks/runs and community gardens.

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Action Planning

An Action Plan is a starting point, not an ending to improve the quality of your program. Developing an action plan means turning ideas raised during the assessment process into reality. The Action Plan helps you and your staff implement and sustain change. The Wellness Workbook resources include Action Plan templates and samples to support you in developing your own Action Plan.

An Action Plan should include answers to questions such as who, what, when, and how.

What

- What actions or changes will occur?
- What is the desired goal?
- What is needed to carry out these changes?
- What support is needed carry out the changes?

When

- When will we begin the process?
- When will the changes occur?
- When will we finish?

Who

- Who is responsible for completing the action steps?
- Who has the ability to complete the action steps?

How

- How will the changes happen?
- How will we involve children and families?

Steps to Develop an Action Plan

Step 1: Choose a content you would like to work on

The Wellness Policy Workbook provides the best practices in each content section to assist you defining and achieving a goal.

Step 2: Choose a completion date for when you would like to complete your goal.

Timelines are important. It allows you to check your progress and hold yourself and others accountable for completing the action steps based on your deadline.

Step 3: Develop action steps needed to implement these changes.

Outline action steps based on the policy you chose. It is helpful to include action steps in specific focus areas.

- **Child** – this column lists actions staff can take to encourage and guide children’s learning. Plan activities that help children learn to make healthy choices.
- **Family** – this column outlines ways that staff can support families in understanding the reason for making healthy changes in the program.
- **Program Staff** – this column details activity for staff that increase children’s learning and family support, plus their own knowledge of healthy changes.
- **Program Environment** – this column lists steps that will help move your program towards meeting your goal based on your environment.

Step 4: Identify Individuals responsible for completing the tasks

Each Action Step should have an individual responsible for ensuring successful completion of

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the task. Work with those staff who are engaged and onboard with making changes. Try using this as an opportunity to motivate staff to take the lead in making healthy changes in their program.

Step 5: Identify the resources needed to implement your policy

As you develop your Action Plan, think about what you will need to complete your steps successfully. Think about the resources you already have and those you may need to get. This will help to reduce or even eliminate costs associated with implementation.

Monitoring Your Action Plan

Once you begin implementing your Action Plan, be sure to monitor your progress. Use the Action Plan Template to document how you are doing against your goals. Intentionally tracking your program's progress toward your goals is an important part of program monitoring. This process will help you identify challenges and solutions to making your Wellness Policy a reality.

Activities

This column is used to input all the activities you did in your program to complete your action step. Be as specific as possible so if there are areas of improvement you will know where they occurred.

Resources

Highlight what resources you used to complete the task. This is helpful when you complete additional action steps, so you can see previous resources used and how you can use them again in other areas.

Challenges

It is important to write down the challenges you faced during implementation. This is helpful as you re-evaluate your program and continue to make changes. Use the challenges you write down as a learning experience for future changes.

Success

Successes are helpful because they tell you what worked! This is an opportunity to see how the activities worked and to think about how you can apply them to other areas.

Next Steps

After you have identified your activities, resources, challenges and successes, write down what you would like to do next. Look at what you have done and think of how you can continue to make changes. Next steps do not have to be permanent, and you can always use the Action Plan Tracking Worksheet to monitor the effectiveness of the new steps you would like to implement.

Sample Action Plan Worksheet

Program Name: **Little Friends Child Development Center**

Wellness Policy Goal: **Providers gently encourage children to try fruits and vegetables**

Completion Date: **April 1, 2024**

Child	Family	Program Staff	Program Environment
<p>1. Children will learn a new fruit or vegetable weekly.</p> <p>2. Children will engage in a 'taste test' monthly with a new fruit/vegetable.</p>	<p>1. Families will receive copies of the program's menus to encourage new foods at home.</p> <p>2. The program will have families bring in their favorite fruits/vegetables to share with the class.</p>	<p>1. Staff will sit and eat fruits/vegetables during meals family-style.</p> <p>2. Staff will read stories about a fruit/vegetable to the children weekly.</p>	<p>1. Only fruits and vegetables that are low in calories and prepared without saturated or trans-fat or sugars will be served during meals.</p> <p>2. Pictures of fruits/vegetables will be placed throughout the classroom and around the eating area to promote awareness.</p>
<p>Person Responsible: Bunny Classroom Staff</p>	<p>Person Responsible: Director</p>	<p>Person Responsible: Director</p>	<p>Person Responsible: Ms. Linda and Mr. Joseph</p>
<p>Resources Needed: Fresh fruits/vegetables</p>	<p>Resources Needed: Updated menus, parent letters</p>	<p>Resources Needed: Library books, updated staff policy handout</p>	<p>Resources Needed: Pictures of fruits/vegetables,</p>

Action Plan Template

ECE Program Name:

Wellness Policy Goal:

Start Date:

Target Completion Date:

Child	Family	Program Staff	Program Environment
1. [Enter action step to reach goal]	1. [Enter action step to reach goal]	1. [Enter action step to reach goal]	1. [Enter action step to reach goal]
2. [Enter action step to reach goal]	2. [Enter action step to reach goal]	2. [Enter action step to reach goal]	2. [Enter action step to reach goal]
Person Responsible: [Name the staff that will lead the action step.]	Person Responsible: [Name the staff that will lead the action step.]	Person Responsible: [Name the staff that will lead the action step.]	Person Responsible: [Name the staff that will lead the action step.]
Resources Needed: [List any materials, supplies, or other resourced needed to complete the action]	Resources Needed: [List any materials, supplies, or other resourced needed to complete the action]	Resources Needed: [List any materials, supplies, or other resourced needed to complete the action]	Resources Needed: [List any materials, supplies, or other resourced needed to complete the action]



Action Planning Tool

Best Practice:					
Goal:					
Action Steps	Resources	Needs	Person Responsible	Target Date	Notes/Comments



Incorporating Physical Activity into Your Program—Sample Action Planning Tool

Best Practice: Toddlers should participate in 60-90 minutes of physical activity daily.

Goal: Toddler children will participate in 60 minutes of physical activity daily during outdoor and indoor play and transitions.

Action Steps	Resources	Needs	Person Responsible	Target Date	Notes/Comments
Structured physical activities are included on the daily schedule 2x/day	Staff planning time	Music CDs, a few children's books to move along with	Director Susan and Miss Kesha	February 4 th	Brainstorm toddler activities at next staff meeting. Susan to purchase 4 music CDs for toddler room.
Teachers will use active movements during transitions at least 2x/day	Staff planning time, time to create activity cards	List of quick transition ideas, note cards	Miss Kesha	March 1 st	Kesha will create the cards using online resources and interests of the children in her room.
Outdoor play will be provided 2x a day to toddlers	Schedule change	Planning time	Director Susan	March 15 th	Susan will adjust the playground schedule so toddlers have outdoor play in the afternoons as well as the mornings and notify parents about upcoming change immediately.
Acquire portable play equipment that supports toddler movement for outdoor play	6 additional push toys, 6 small balls and other items	Identify other low cost/free items for play	Director Susan and Miss Kesha	March 1 st	Susan to purchase a shelf for storing the toddler play equipment. Kesha to brainstorm low cost items. After implementation, assess changes.
Policy/handbooks updated to reflect changes	Staff time		Director Susan	May 1 st	Update parent handbook, staff handbook and policy manual.

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Creating a Wellness Policy

A Wellness Policy communicates your programs values and principles regarding healthy habits. A policy sets the standards in a clear and consistent manner.

Defining a program's policies around day-to-day practices can:

- Help child care providers and families act as role models for children by practicing healthy habits themselves.
- Set a standard that is clear and consistent (which avoids future misunderstandings).
- Help guide those teaching children about the importance of these healthy habits.

Use your Wellness Workbook self-assessment results to select the best practices under each topic area for your custom Wellness Policy. You can select as many best practices as you like but we encourage you to start small.

When you have drafted best practice statements for your policy, share them with staff and families and ask for their input. This can be done in staff meetings, surveys or in conversations. Staff can help identify needs, such as training, or challenges to successful implementation that you can address in your action plan. Families may help prioritize practices based on their goals for their children. Share information about the wellness policy with children in ways are age appropriate.

Consider including best practice statements in your staff and family handbooks and materials such as registration packets, family newsletters and job descriptions.

Plan to review and revise the policy each year to include new best practices, new regulations, and your experiences when using the policies in your program.

Use the results of your self-assessments to create your policy. Wellness Policy statement can also be found in staff handbooks and job descriptions, family handbooks and registration materials.

A wellness policy may contain the following sections:

- A Title
- A Rationale statement which addresses the intention or values that lead to the development of the policy
- A statement sharing who the policy applies to and who is responsible for adhering to the statement
- Information on how the policy is shared with staff and families
- Policy statements that are in place. Statements may reflect some or all areas of the wellness workbook.

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Wellness Policy Template

Title: *ECE Program Name Wellness Policy*

Rationale: Our program has the following practices in place to support the optimal growth and development of young children and to support the health of our staff. We recognize that children need opportunities to build healthy habits in the places they live, learn and play.

This policy applies to all staff, families, and children in our program. It is communicated with families upon enrollment and annually. Components of our policy are also found in the family handbook. Staff receive this policy in the staff handbook when hired and are responsible for following all policy statements.

Physical Activity

Our program provides environments and opportunities for children to participate in physical activity opportunities that are age appropriate and fun.

- List out the policy statements from your program assessments

Child Nutrition

In order to support growth and development and optimal eating habits our program follows the following practices relating to meals, snacks, beverages and the eating environment.

- List out the policy statements selected from your program assessments

Screen Time

Recognizing that young children learn best through interactions with adults and peers, our program follows the following practices related to screen time:

- List out the policy statements selected from your program assessments