



Early Care and Education
**PHYSICAL ACTIVITY &
NUTRITION**
TEMPLATES AND POLICIES







What's Inside?

Customizable policy templates that childcare providers can use in their entirety or adapt, and/or adopt portions of the templates as desired.

- **Physical Activity Template:** The physical activity (PA) template includes information specific to infants, toddlers, and preschoolers.
- **Nutrition Template:** The nutrition template includes general information for children ages zero to five.
- **Supportive Background Information**

Comments and Questions:

- **Email:** NEOPB@cdph.ca.gov, attention Policy, Partnerships, and Program Development Section.
- **Call:** 916-449-5400

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I. PHYSICAL ACTIVITY CUSTOMIZABLE POLICY TEMPLATE

The information in this template refers to a full day of care. Staff can modify the content to fit half-day programs. For children in child care for three to four hours, versus a full eight-hour day, cut the recommended minutes for PA by half.

[Insert the Name of the Child Care Program/Site Here]

All children need enough active playtime throughout each day to develop and practice gross motor and movement skills appropriate for their age. Active play includes moderate to vigorous activities such as rolling, crawling, scooting, running, climbing, dancing, hopping, galloping, skipping, and jumping. Staff should model healthy, active behaviors by participating in PA with the children as much as possible. When this is not feasible, staff should at least encourage children to participate in PA.

Infants (up to 12 months old)

Outdoor time is important for our infants. Staff shall model behavior that demonstrates that spending time outdoors is important. Consistent time spent outdoors can lead to an increase in PA once the infant becomes more mobile.

During each full day of care, and while awake, our infants who are not yet crawling spend multiple bouts, three to five minutes at a time (and more if they enjoy the activity), on their tummies interacting with staff and other infants. During our care, infants will get as much “tummy time” as they can tolerate.

We do not seat our infants for more than 15 minutes at a time, except when they are eating or sleeping, or secured safely in a car seat while traveling inside a vehicle.

We take our infants outdoors two to three times each day. Examples of infant outdoor or indoor play include:

- Playing on safe surfaces such as a large blanket spread on the ground with appropriately sized balls or other age-appropriate toys placed just out of reach, encouraging stretching and movement.
- Playing with toys designed for older infants to use to safely pull themselves to a standing position, crawling through a tube tunnel, and pushing toys across a safe surface. Older infants may use balls to push, lie on, or kick.
- Staff offering their hands to infants for pulling up; cycling the infant’s legs; or opening and closing both arms across an infant’s chest.

Note: Riding in a carriage or stroller - or swinging in an acceptable, secure infant swing - are not substitutes for gross motor play.

Screen time:

- Infants will not have any screen time.

Toddlers (12 months to three years old)

Each day, our toddlers participate in at least 30 minutes of structured (teacher-led) PA, and at least 60 minutes total of unstructured (free play) PA.

Our toddlers will not sit still for more than 60 minutes at a time while they are awake.

Each day, we give our children enough time and opportunity to explore and refine body movements that will help them develop emerging fundamental skills, including locomotor skills such as walking, running, and jumping; object control skills such as throwing, catching, and kicking; and stability skills such as bending, twisting, and rolling.

We use strollers, high chairs, and other similar equipment with toddlers only when necessary and only for a brief time.

Screen time:

- Toddlers ages one and two will not have any screen time. Children two years and older will not have more than 30 minutes of screen time per week while in the facility, and only for education or PA.
- We do not permit screen time during meals and snacks.

We post the daily schedule so that families know when their child's daily active playtime occurs.

We provide ready access to self-service water during both indoor and outdoor play.

Preschool-aged Children (three to five years old)

Each day, our children accumulate at least 60 minutes of structured (teacher-led) PA.

Each day, our children accumulate 60-90, or more, total minutes of unstructured (free play) PA. Note: The *Physical Activity Guidelines for Americans, 2nd Edition* (2018) calls for three hours of total daily PA for this age group.

Each day, we give our children time and opportunities to develop mature fundamental movement abilities including locomotor skills such as running, jumping, and hopping; object control skills such as throwing, catching, and kicking; and stability skills such as stretching, bending, twisting, and rolling.

Each day, unless limited by weather, we provide two to three sessions of outdoor play and take appropriate measures to ensure sun safety.

Our children rarely sit for more than 30 minutes at a time.

We encourage all children to try new activities and we celebrate with children when they participate at any skill level. We focus on self-challenges and find a new goal for each child according to his or her skill level. For example, we say, "Great effort! You did three hops on one foot! Now can you do four?"

We post the daily schedule so that families know when their child's daily active playtime occurs.

We do not withhold active play for children who misbehave.

We provide sufficient PA items (such as sponge or foam balls) to accommodate all children who are playing at a given time.

Screen time:

- Preschool-aged children will not have more than 30 minutes of screen time per week while in the facility, and then only for education or PA.
- We do not permit screen time during meals and snacks.

We provide free access to self-service water during both indoor and outdoor activity.

Safety

We ask that children wear clothing that is suitable for the weather, including appropriate seasonal clothing and footwear, so that they can participate fully, move freely, and play safely.

To prevent sunburn and overexposure to sunlight, we protect children with shade and we work with parents to provide sunscreen, protective clothing, and hats.

We provide safe indoor and outdoor play areas that meet or exceed recommended safety standards for performing large-muscle activities.

We keep activity and play areas clear of sharp objects, trash, and other things that can hurt children.

We always supervise children while they use playground equipment or otherwise participate in active play.

Parent Education, Staff Training, & Expectations

Staff annually provide parents of our infants, toddlers, and preschool-aged children with information on how to encourage PA in the home and the importance of active play for the growth and development of their children.

Our staff receive training and/or information on PA at least once per year.

Staff encourages and models PA behavior with all age groups by leading structured physical activities.

Staff are active during children's active play. Staff wear clothing and footwear that allow easy and safe movement.

Staff encourages physical activities that are appropriate and safe for children in the setting, (e.g., encourage running on the playground when it is safe to run).

Staff encourages children to hydrate during playtimes.

Our organization's site administrators and activity directors consult with an early childhood PA expert at least once per year to ensure our PA programming and implementation are appropriate and meet all applicable state and federal recommendations and guidelines.

Parent/Staff Printed Name: _____

Parent/Staff Signature: _____

Date: _____

II. NUTRITION CUSTOMIZABLE POLICY TEMPLATE

[Insert the Name of the Child Care Program/Site Here]

Research shows all children need a variety of nutrient-rich foods that include protein, carbohydrates, oils, vitamins, and minerals, with the appropriate number of calories necessary to prevent hunger, foster growth, and prevent obesity.

Staff Role

Staff will:

Eat and drink the same food and beverages served to children, unless there is a medical and/or health condition that requires otherwise.

Observe and support children's eating habits including honoring hunger and fullness cues.

Supervise and encourage children to serve themselves meals, beverages, and snacks.

Gently encourage children who are not eating, or are eating very little food, to eat and drink.

Provide children adequate time to eat meals and snacks, and to hydrate.

Be informed of all food allergies and take the necessary precautions to provide a safe diet to all children.

Staff will not:

Force or bribe children to eat and drink.

Use food and/or beverages as a reward or punishment.

Nutrition Education for Children

The nutrition education we provide gives children the knowledge and skills needed to make smart food choices.

We teach children to recognize correct portion sizes.

We implement nutrition education that reflects the children's culture.

Nutrition Guidelines for Children

We provide formal nutrition education to children at least twice per year that includes fun, hands-on activities based on the children's developmental stage. Informal "teachable moments" occur throughout the year.

Food offerings include:

- (1) Whole or minimally processed, nutrient-rich foods.
- (2) Age appropriate servings (portion sizes).
- (3) Foods that are low in fat, added sugars, and sodium.
- (4) A variety of fruits, vegetables, and whole grains.
- (5) Whole fruits and vegetables in place of juice.

We offer free access to self-service water throughout the day and at meal times.

We follow the American Academy of Pediatrics recommendations for introduction of solid foods, snacking, healthy beverages, and actions to foster self-feeding.

Special Dietary Concerns

We require that parents provide physician's documentation of any special needs related to a child's ability to eat and/or meet nutrition requirements.

We require that parents provide physician's documentation of any food allergies a child may have using the "Medical Statement to Request Special Meals and/or Accommodation" form available at <http://www.cde.ca.gov/ls/nu/sn/fm.asp>.

We encourage parents to share with us how their culture and/or religion may affect their child's food choices.

For non-medical diets, such as vegetarianism, our organization requires parents to provide written instructions on food choices, including both foods that can be eaten and those to avoid or eliminate from the child's diet. We may ask that parents provide supplemental food to accommodate these requests.

Foods Brought From Home

We provide parents/caregivers with guidance regarding foods and beverages they can bring from home.

Parents/caregivers must package foods and beverages brought from home in spill-proof containers that are clearly labeled with the child's name, date, and type of food.

Children shall not share foods and beverages brought from home with other children.

Except for religious or disability accommodation, we prohibit or limit foods brought from home. This helps to manage food safety, jealousy issues, and allergy concerns.

(Note: For sites that participate in CACFP, parents are only allowed to bring in one component for a nondisability in order for the site to be able to claim reimbursement. If it is due to a disability, parents can bring in all components except one, which the site must provide in order for the center/home to claim the meal.)

Celebrations

Celebrations/holidays will focus on non-food activities and instead focus on fun-filled activities, such as scavenger hunts, arts and craft projects, and/or field trips.

Celebrations that have food will include fruits, vegetables, and other healthy snacks and beverages. All food and beverages will adhere to the requirements set forth in this policy.

Staff will provide parents/caregivers with a list of approved healthy foods and beverages.

We celebrate birthdays during one monthly event. On these days, we honor children with special privileges, such as serving as the teacher's helper for the day.

Food Storage

We put away frozen and cold foods promptly after purchasing.

We store foods in covered containers. We label and date these foods.

We place thermometers in a visible location in refrigerators and freezers. We check the temperature daily and record these temperatures on a monthly temperature log.

- Keep refrigerator temperature between 32 degrees and 40 degrees F.
- Keep freezer temperature at 0 degrees or less.

We clean the refrigerator, freezer, and dry storage areas frequently.

We store foods in a locked cupboard that is separate from cleaning supplies.

Meal Preparation

Staff wash their hands with soap and hot water before beginning, and often during, food preparation.

Staff use specially designated cutting boards and separate utensils for raw meats. These cutting boards are not the same as those used for fruits, vegetables, and other foods.

We cook meats thoroughly. We use a food thermometer to ensure meats are cooked to the following internal temperatures:

- Poultry, casserole, leftovers—165 degrees F.
- Ground pork, beef, egg dishes—160 degrees F.

Field Trips

Meals served during field trips meet the requirements of the Child and Adult Care Food Program (CACFP), the *Dietary Guidelines for Americans*, and the California Department of Education, Nutrition Services.

We safely transport field trip foods.

- Hot items are kept hot, at or above 140 degrees F.
 - We use an insulated container to keep hot food hot for shorter periods.
- Cold items are kept cold at or below 40 degrees F.
 - We place food in insulated containers on ice.

We pack food in clean containers that we wash and sanitize after every use.

We use proper hand washing and sanitation methods for both children and staff.

We throw away all perishable foods that have been left out for more than 1 hour when the temperature is above 90 degrees F (e.g., when on a field trip).

We properly clean and sanitize containers and tools, etc. to reduce risk for foodborne illness.

Parent/Staff Printed Name: _____

Parent/Staff Signature: _____

Date: _____

III. PHYSICAL ACTIVITY AND NUTRITION POLICY BACKGROUND INFORMATION

These policies convey the importance of PA and nutrition for young children. Each contains the most current recommendations for children ages zero to five, sourced from nationally recognized experts, federal agencies, and organizations. We used the supportive background policy information in this section to populate the templates.

A. What are Early Care and Education Program Physical Activity and Nutrition Policies?

The PA and nutrition policies are statements that discuss why it is important to get children moving and eating healthy foods. The policies describe how each ECE program (childcare centers, preschools, family childcare homes, etc.) can successfully implement state-of-the-art PA and nutrition recommendations. A policy offers the opportunity for childcare providers to demonstrate a strong commitment to maintain and enhance the health of the children under their care.

The PA and nutrition policies provide age-specific information about the benefits of PA and good nutrition for young children from birth to age five. Suggestions for fun and safe active play and good nutrition practices are included. When writing, revising, customizing, and implementing the PA and nutrition education templates, it is important to

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maintain the focus on the benefits of child participation in the recommended amount and types of daily PA as well as meeting the recommendations for a healthy diet.

The benefits of regular moderate to vigorous PA (both indoors and outdoors) include¹:

- Enjoyment! At this age, people often refer to PA “play,” where children practice important movement skills and improve their fitness.
- Reduction in excess body fat.
- Social skill development (e.g., decision making, attention to tasks, conflict solving).



¹ American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*. 4th Edition. Itasca, IL: American Academy of Pediatrics; 2019. Available at <http://nrckids.org>. (See page 97.)

- Possible improved learning, attention, and focus for children during or immediately after bursts of PA.
- Setting the stage for a lifetime of PA, fitness, and confidence in movement skills.

According to the Centers for Disease Control and Prevention, the benefits of good nutrition include:

- Healthy, fit children.
- Support for optimal growth and development.
- Establishment of a positive relationship with food.
- Possible improvement in academic performance.
- Setting the stage for a lifetime of healthy nutrition practices.

<https://www.cdc.gov/healthyschools/nutrition/facts.htm>

B. Why is it Important to Have Physical Activity and Nutrition Policies?



Why Have a Policy?

PA and nutrition policies:

- Communicate a commitment to a higher level of program quality that ensures children have ready access to healthy food and active play.
- Inform staff and parents about the importance of:
 - Providing children healthy meals and snacks that meet the requirements set forth by the United States Department of Agriculture (USDA) as well as state and local requirements.
 - Ensuring indoor and outdoor PA and helping children to get the right kinds and amounts of PA every day.
- May improve the ECE site's marketability to parents.
- May contribute to the health and wellness of ECE program staff.

C. Who Should Have Physical Activity and Nutrition Policies?

According to CDC, implementing wellness policies and training caregivers in best practices for PA and nutrition can promote healthy weight for young children in childcare settings. Therefore, all ECE programs should have customized PA and nutrition policies that include the centers' PA and nutrition practices. Once adopted, make the policy easily accessible and available for everyone.

If anyone has difficulty reading the policies, arrange to review them in the appropriate languages or at the appropriate literacy level.

D. How Can I Use the Templates and the Policy to Promote Physical Activity and Good Nutrition?

Share the policies with staff and families. Make these policies an important part of your site:

- Display the finalized policies in a location that is visible for both staff and parents.
- Include the policies as part of the parent contract or handbook.
- Review the policies with parents when they register their children in your program so that parents understand what to expect.
- Give parents copies of the policies at the time of enrollment.
- Invite staff and parents to ask questions.
- If parents or staff are interested in the recommendations behind the policies, provide them with this policy overview.
- Encourage families to support active play at home by sharing information about low-cost or no-cost PA programs and activities (Appendix A)



How to Use the Policy and Templates

- Encourage families to support good nutrition practices at home by sharing information about nutrition assistance programs, low-cost nutritious foods, recipes, local farmer's markets, and kid-friendly kitchen activities (Appendix B).

IV. PHYSICAL ACTIVITY BACKGROUND AND CONSIDERATIONS

How much daily PA should young children have? There are guidelines that can answer this question. The guidelines below are from nationally recognized and respected organizations and resources. PA experts agree that all children, from birth to five years of age, should have enough daily active play to develop their movement skills and physical fitness. Every day, active play should include moderate to vigorous PA such as rolling, crawling, scooting, running, climbing, dancing, hopping, galloping, skipping, and jumping.

The PA policy template addresses the specific skills and levels of recommended activity for infants, toddlers, and preschoolers.

Recommended Amounts of PA per Age Group per 24 Hours^{2, 3}

<i>PA</i>	<i>Infants (Birth to 12 months)</i>	<i>Toddlers (12 months to age 3)</i>	<i>Preschoolers (ages 3-6)</i>
Tummy Time	Consider beginning with 3-5 minutes per session, working up to a total of 40-60 minutes daily. This includes time can be done in short sessions throughout the day, based on the baby's tolerance and needs. ⁴	Not applicable	Not applicable
PA—Structured	Not applicable	30 minutes per eight-hour day	60 total minutes per eight-hour day
PA—Unstructured (free play)	Not applicable	60 total minutes	60 total minutes per eight-hour day
Outdoor play (included in structured and unstructured play)	2-3 times per day (as tolerated by the infant)	60 to 90 total minutes	60 to 90 total minutes ⁵ Note: The recommended total time for all PA is 180 minutes

² American Academy of Pediatrics, American Public Health association, and National Resource Center for Health and Safety in child Care and Early Education. "Preventing childhood Obesity in Early Care and Education: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 4th Edition."

³ Active Start: A Statement of Physical Activity Guidelines for Children Birth-Age 5, America Society of Health and Physical Educators (SHAPE), 2009.

⁴ Establishing Tummy Time Routines to Enhance Your Baby's Development, Tips for Living Life to Its Fullest, The American Occupational Therapy Association, 2013.

⁵ U.S. Department of Health and Human Services. Physical Activity Guidelines for Americans, 2nd Edition. Washington, DC: 2018.

A. Make it Active, Fun, and Possible

Children are naturally very active. During the first six years of life, infants, toddlers, and preschoolers develop small and large muscle movement skills so they need a variety of daily opportunities to develop these skills. Provide daily outdoor time for PA whenever possible.

B. Active Play Every Day

Promote children’s active physical play every day and build it into the daily schedule of activities. As appropriate, all children should participate in:

- 1) Active, unstructured play outdoors, weather permitting.
- 2) Two or more structured play opportunities.
- 3) Frequent opportunities to develop and practice age-appropriate gross motor skills.



As a routine part of the day, PA should involve the adult staff and teachers as well. Activities should vary in type, amount, and setting (indoor/outdoor), and should offer opportunities for children to try new movements that will improve their skills.

C. Compliment and Encourage

Compliment children when they participate at any skill level. Focus on self-challenges and encourage a new goal for each child according to his or her skill-level. For example, say, “Good job! You did three hops on one foot. Now try to do four!” Do not withhold active playtime for children who misbehave. Instead, provide additional active playtime for good behavior.

D. Integrate Physical Activity Into All Aspects of the Day

Encourage Physical Activity

Integrate PA into educational programming and lessons designed to promote children’s cognitive and social development. Consider teaching through gardening and other movement activities that can help children with social-emotional development, language and literacy,

English-language development, and mathematics. A preschool example can be found in “Active Play!”. This activity, “Matching Numbers,” requires that the children run across a room or yard carrying a numbered card. They must find the pocket labeled with the same number, put the card in that pocket, and return to take another card. (See Appendix A)

E. Children with Special Needs

The following general teaching strategies are helpful in working with typically developing young children. Using these same general teaching strategies becomes even more important when working with young children with disabilities.

- Simplify instructions.
- Give visual, oral, and kinesthetic cues.
- Provide plenty of repetition.
- Adjust the challenge to enable success for four out of five attempts.
- Have role models.
- Use communication systems (computers, etc.), as needed.
- Avoid elimination games.
- Minimize waiting times.
- Use soft, safe objects.



Make activity modifications, as needed, to ensure that children of all abilities have the chance to play and interact during all physical activities. Studies have found the following benefits of inclusive child care⁶:

- Children with special needs develop increased social skills and self-esteem.
- Families of children with special needs gain social support and increasingly develop positive attitudes about their child.
- Children and families without special needs gain more understanding and acceptance of children with differences and disabilities.
- Caregivers and teachers learn from working with children, families, and service providers, and develop skills for individualizing care for all children.

**Children with
Special Needs**

F. Staff Support

Show staff support for PA by having staff encourage children to be active and by joining them in their play to the extent possible. Children learn from the modeling of healthy and

⁶ Policy Statement on Inclusion of children with Disabilities in the Early Childhood Programs, September 14, 2015, U.S. Department of Health and Human Services.

safe behaviors. Make sure the playground or play areas are safe, engaging, and encourage participation in PA.

Include, where possible:

- Stenciled games (e.g., hopscotch, four square, bull's eye toss, shapes, letters, numbers, animals, etc.) and other games or objects that encourage PA.
- Active play before mealtimes (not after) so that children will feel hungry for their meal rather than rushing through their meals and snacks to have more playtime⁷.
- Visible support for PA by displaying posters, pictures, and books that show children playing and moving. Include young children with special needs in PA.

G. Parent Involvement

Let families know that PA should be an important part of each day when children are in your care:

- Add PA messages to newsletters, educational materials, tip sheets, posters, and posted schedules.
- Provide PA demonstrations.
- Work with parents as a team to help children be active learners who will grow up to be healthy.
- Share ideas for activities that are fun for parents and children to do together at home.
- Send parents and children information with messages that convey being active is fun.
- Ask children to talk about their play activity during circle or pick up time. Then tell them to share their experience with their parents.



H. Training and Educational Opportunities

Training and Education

ECE programs should provide staff with PA training at least once per year so employees remain knowledgeable about current recommendations and techniques for encouraging active play. These trainings may include information about standardized curricula that teach ECE staff how to incorporate physical

⁷ Nutrition and Wellness Tips for Young Children: Provider Handbook for the Child and Adult Care Food Program, Promote Active Play Through Written Policies and Practices, USDA, Alexandria, VA, December 2012.

activities into the program's daily schedule. Examples of such standardized programs include *Eat Well Play Hard in Child Care Settings*; *Sports, Play, and Active Recreation for Kids (SPARK EC)*; *Coordinated Approach to Child Health (CATCH ECE)*; and *Color Me Healthy*. See Appendix A for more examples.

I. Painting Playgrounds for Movement and Learning

Painting playgrounds with games, shapes, letters and numbers, fruits, vegetables, and traffic signs provides opportunities for increased PA. In addition, painted stencils such as colors, shapes, and alphabet and counting games can help reinforce classroom concepts. Stencil kits are available for borrowing, free of charge, throughout California. With a relatively small budget for paint and a few supplies, ECE programs of all types can paint surfaces, such as



sidewalks, walls, and blacktops with designs to encourage children to move and participate in PA. See Appendix A for documents, accessed via a web site, describing the stencils and how to borrow them.

By implementing these types of structured activity programs, staff can help children practice their fundamental movement skills. ECE programs should also provide parents with regular opportunities to receive PA and obesity prevention education, tips, and resources. Involve parents in learning about and developing PA opportunities as much as possible so that they can reinforce these skills at home. Ensure that PA opportunities incorporate culturally appropriate activities as well (e.g., music in other languages, traditional games, etc.).

J. Screen Time

Screen time for children under the age of five must be restricted and monitored. Screens can affect nighttime sleep because of the arousing content and suppression of endogenous melatonin by blue light emitted from screens⁸. See the policy template for age-specific recommendations. Infants and toddlers between the ages of one and two should not be allowed any screen time. Children two to five years of age should not have more than 30 minutes of screen time each week while in child care, and this time should be used to support educational activities.

K. Safety

Each ECE program is responsible for the safety and well-being of the children in its care. All play and activity areas should meet or exceed recommended safety standards and remain

⁸ American Academy of Pediatrics, *Pediatrics*, November 2016, Volume 138 / Issue 5, Policy Statement <http://pediatrics.aappublications.org/content/138/5/e20162591.full.print>

clear of sharp objects, trash, or other things that can hurt children. ECE staff must supervise children and keep them safe while they are using playground equipment and engaging in active play. Make sure children have fresh drinking water available throughout the day, wear proper clothing and footwear to support active play, and follow appropriate sun-safety measures.

V. NUTRITION BACKGROUND AND CONSIDERATIONS

Centers and day care homes offering meals through the Child and Adult Care Food Program (CACFP) play a critical role in supporting the wellness, health, and development of children, older adults, and chronically impaired disabled persons through the provision of nutritious foods. Childcare providers, in particular, have a great opportunity to instill healthy habits in young children that can serve as a foundation for healthy choices throughout life.

The CACFP meal patterns listed below provide staff with guidance on what and how much to feed an infant and young child. Although your center or home may not be participating in CACFP, implementing the proposed changes would serve as a step towards more nutritious meals that improve the dietary habits of participants in day care.

A. Steps to Work Toward Early Childhood Education Nutrition Policies

There are many steps towards accomplishing change as it pertains to nutrition policy creation. Following are four steps your site can employ to support your creation of a policy: assessing, planning, taking action, and keeping it up! We will show you how each of these steps is important, how an ECE site can accomplish each task, and resources to support these steps.

- **Step 1. Assess:** Complete a self-assessment to identify potential areas that need improvement.
- **Step 2. Plan:** Using the assessment results, prioritize which changes the site is ready to make.
- **Step 3. Take Action:** Implement the site's changes!
- **Step 4. Keep It Up:** Celebrate progress, assess again, and plan your next move!

There are four nationally recognized tools for assessing an ECE site and making changes



(see Appendix B): Let's Move! Child Care; Creating Healthy Opportunities in Child Care; Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC); and Preschools Shaping Healthy Impressions through Nutrition and Exercise (SHINE).

B. CACFP Meal Standards

Centers and day care homes offering meals through the Child and Adult Care Food Program (CACFP) play a critical role in supporting the wellness, health, and development of children, older adults, and individuals with disabilities through the provision of nutritious foods. In particular, childcare providers have a strategic opportunity to instill healthy habits in young children that may serve as a foundation for healthy choices throughout their lives.

In April 2016, USDA made the first major changes to the CACFP nutrition standards since the program began in 1968. The updated nutrition standards went into effect on October 1, 2017. They will help safeguard the health of children early in their lives and improve the wellness of adults.

The CACFP nutrition standards for meals and snacks are based on the *Dietary Guidelines for Americans*, science-based recommendations made by the National Academy of Medicine, cost and practical considerations, and stakeholder input. Under these standards, meals and snacks served include a greater variety of vegetables and fruit, more whole grains, and less added sugar and saturated fat. In addition, the standards encourage breastfeeding and better align the CACFP with the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and with other child nutrition programs.

USDA provides guidance, resources, best practices, and training for CACFP centers and day care homes to support them in providing healthy, balanced meals and snacks to the children and adults they serve.

For questions about appropriate texture and or size of food pieces served to infants, toddlers, and young children, please reference “Developmental Stages in Infant and Toddler Feeding:” https://infantandtoddlerforum.org/wp-content/uploads/2015/08/3.5_Developmental_Stages_in_Infant_and_Toddler_Feeding_NE_W.pdf

Also note that though the CACFP meal guidelines do allow for 100% juice to be served, the American Academy of Pediatrics informs that fruit juice offers no nutrition benefits over whole fruit.

<https://www.healthychildren.org/English/healthy-living/nutrition/Pages/Where-We-Stand-Fruit-Juice.aspx>.

C. CACFP Infant Meal Pattern

The improvements made to the CACFP meal patterns are expected to: enhance the quality of meals served, help young children learn healthy eating habits and improve the wellness of adult participants.

<i>CACFP Infant Breakfast</i>	
Birth through 5 months	6 through 11 months
4-6 fluid ounces breast milk ¹ or formula ²	6-8 fluid ounces breast milk ¹ or formula ² ; and 0-4 tablespoons of one of the following items: <ul style="list-style-type: none"> • Infant cereal^{2,3} • Meat • Fish • Poultry • Whole egg • Cooked dry beans • Cooked dry peas or: 0-2 ounces of cheese, or 0-4 ounces (volume) of cottage cheese, or 0-8 ounces or 1 cup of yogurt ⁴ , or a combination of the above 5; and 0-2 tablespoons vegetable or fruit ³ or a combination of both ^{5,6}
<p>¹ Breast milk or formula, or portions of both, must be served; however, it is recommended that breast milk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered at a later time if the infant will consume more.</p> <p>² Infant formula and dry infant cereal must be iron-fortified.</p> <p>³ Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.</p> <p>⁴ Yogurt must contain no more than 23 grams of total sugars per 6 ounces.</p> <p>⁵ A serving of this component is required when the infant is developmentally ready to accept it.</p> <p>⁶ Fruit and vegetable juices must not be served.</p>	

CACPF Infant Lunch and Supper

Birth through 5 months	6 through 11 months
4-6 fluid ounces breast milk ¹ or formula ²	6-8 fluid ounces breast milk ¹ or formula ² ; and 0-4 tablespoons of one of the following items: <ul style="list-style-type: none"> • Infant cereal^{2,3} • Meat • Fish • Poultry • Whole egg • Cooked dry beans • Cooked dry peas, or 0-2 ounces of cheese, or 0-4 ounces (volume) of cottage cheese, or 0-8 ounces or 1 cup of yogurt ⁴ , or a combination of the above ⁵ , and 0-2 tablespoons vegetable or fruit ³ or a combination of both ^{5,6}

¹ Breast milk or formula, or portions of both, must be served; however, it is recommended that breast milk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered at a later time if the infant will consume more.

² Infant formula and dry infant cereal must be iron-fortified.

³ Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.

⁴ Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

⁵ A serving of this component is required when the infant is developmentally ready to accept it.

⁶ Fruit and vegetable juices must not be served.

CACFP Infant Snack

Birth through 5 months	6 through 11 months
4-6 fluid ounces breast milk ¹ or formula ²	2-4 fluid ounces breast milk ¹ or formula ² , and 0-½ slice bread ^{3,4} , or 0-2 crackers ^{3,4} , or 0-4 tablespoons infant cereal ^{2,3,4} , or ready-to-eat breakfast cereal ^{3,4,5,6} , and 0-2 tablespoons vegetable or fruit, or a combination of both ^{6,7}

¹ Breast milk or formula, or portions of both, must be served; however, it is recommended that breast milk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered at a later time if the infant will consume more.

² Infant formula and dry infant cereal must be iron-fortified.

³ Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.

⁴ A serving of grains must be whole grain-rich, enriched meal, or enriched flour.

⁵ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21 grams sucrose and other sugars per 100 grams of dry cereal).

⁶ A serving of this component is required when the infant is developmentally ready to accept it.

⁷ Fruit and vegetable juices must not be served.

D. CACFP Child Meal Pattern

CACFP Child Breakfast *Select all three components for a reimbursable meal*

Food Components and Food Items ¹	Ages 1-2	Ages 3-5
fluid milk ³	4 fluid ounces	6 fluid ounces
vegetables, fruits, or portions of both ⁴	¼ cup	½ cup
Grains (oz eq)^{5,6,7}		
whole grain-rich or enriched bread	½ slice	½ slice
whole grain-rich or enriched bread product, such as biscuit, roll or muffin	½ serving	½ serving
whole grain-rich, enriched or fortified cooked breakfast cereal ⁸ , cereal grain, and/or pasta	¼ cup	¼ cup
whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold) ^{8,9}		
flakes or rounds	½ cup	½ cup
puffed cereal	¾ cup	¾ cup
granola	⅓ cup	⅓ cup

¹ Must serve all three components for a reimbursable meal. Offer versus serve is an option for only adult and at-risk afterschool participants.

² Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.

³ Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six years old and older and adults.

⁴ Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

⁵ At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards meeting the grains requirement.

⁶ Meat and meat alternates may be used to meet the entire grains requirement a maximum of three times a week. One ounce of meat and meat alternates is equal to one ounce equivalent of grains.

⁷ Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.

⁸ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21 grams sucrose and other sugars per 100 grams of dry cereal).

⁹ Beginning October 1, 2019, the minimum serving size specified in this section for ready-to-eat breakfast cereals must be served. Until October 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereals is ¼ cup for children ages 1-2; 1/3 cup for children ages 3-5; ¾ cup for children 6-12; and 1 ½ cups for adults.

CACFP Child Lunch and Supper
Select all five components for a reimbursable meal

Food Components and Food Items ¹	Ages 1-2	Ages 3-5
fluid milk ³	4 fluid ounces	6 fluid ounces
Meat/Meat Alternates		
lean meat, poultry, or fish	1 ounce	1 ½ ounce
tofu, soy product, or alternate protein products ⁴	1 ounce	1 ½ ounce
Cheese	1 ounce	1 ½ ounce
large egg	½	¾
cooked dry beans or peas	¼ cup	⅜ cup
peanut butter or soy nut butter or other nut or seed butters	2 tbsp	3 tbsp
yogurt, plain or flavored unsweetened or sweetened ⁵	4 ounces or ½ cup	6 ounces or ¾ cup
the following may be used to meet no more than 50% of the requirement: peanuts, soy nuts, tree nuts, or seeds, as listed in program guidance, or an equivalent quantity of any combination of the above meat/meat alternates (1 ounces of nuts/seeds = 1 ounce of cooked lean meat, poultry, or fish)	½ ounce = 50%	½ ounce = 50%
vegetables ⁶	⅛ cup	¼ cup
fruits ^{6,7}	⅛ cup	¼ cup
Grains (oz. eq.)^{8,9}		
whole grain-rich or enriched bread	½ slice	½ slice
whole grain-rich or enriched bread product, such as biscuit, roll or muffin	½ serving	½ serving
whole grain-rich, enriched or fortified cooked breakfast cereal ¹⁰ , cereal grain, and/or pasta	¼ cup	¼ cup

- ¹ Must serve all five components for a reimbursable meal. Offer versus serve is an option for only adult and at-risk afterschool participants.
- ² Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.
- ³ Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six years old and older and adults.
- ⁴ Alternate protein products must meet the requirements in Appendix A to Part 226.
- ⁵ Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
- ⁶ Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.
- ⁷ A vegetable may be used to meet the entire fruit requirement. When two vegetables are served at lunch or supper, two different kinds of vegetables must be served.
- ⁸ At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards the grains requirement.
- ⁹ Beginning October 1, 2019, ounce equivalents are used to determine the quantity of the creditable grain.
- ¹⁰ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21 grams sucrose and other sugars per 100 grams of dry cereal).

CACFP Child Snack

Select two of the five components for a reimbursable snack

Food Components and Food Items ¹	Ages 1-2	Ages 3-5
fluid milk ³	4 fluid ounces	4 fluid ounces
Meat/Meat Alternates		
lean meat, poultry, or fish	½ ounce	½ ounce
tofu, soy product, or alternate protein products ⁴	½ ounce	½ ounce
Cheese	½ ounce	½ ounce
large egg	½	½
cooked dry beans or peas	⅛ cup	⅛ cup
peanut butter or soy nut butter or other nut or seed butters	1 tbsp	1 tbsp
yogurt, plain or flavored unsweetened or sweetened ⁵	2 ounces or ¼ cup	2 ounces or ¼ cup
peanuts, soy nuts, tree nuts, or seeds	½ ounce	½ ounce
vegetables ⁶	½ cup	½ cup
fruits ⁶	½ cup	½ cup
Grains (oz. eq.)^{7,8}		
whole grain-rich or enriched bread	½ slice	½ slice
whole grain-rich or enriched bread product, such as biscuit, roll or muffin	½ serving	½ serving
whole grain-rich, enriched or fortified cooked breakfast cereal ⁹ , cereal grain, and/or pasta	¼ cup	¼ cup
whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold) ^{9,10}		
flakes or rounds	½ cup	½ cup
puffed cereal	¾ cup	¾ cup
granola	⅓ cup	⅓ cup

¹ Select two of the five components for a reimbursable snack. Only one of the two components may be a beverage.

² Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.

³ Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six years old and older and adults.

⁴ Alternate protein products must meet the requirements in Appendix A to Part 226.

⁵ Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

⁶ Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

⁷ At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards meeting the grains requirement.

⁸ Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.

⁹ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21 grams sucrose and other sugars per 100 grams of dry cereal).

¹⁰ Beginning October 1, 2019, the minimum serving sizes specified in this section for ready-to-eat breakfast cereals must be served. Until October 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereals is ½ cup for children ages 1-2; ⅓ cup for children ages 3-5; ¾ cup for children 6-12; and 1 ½ cups for adults.

E. Breastfeeding Support and Expressed Milk Guidelines

The more breastfeeding support a mother receives from her ECE provider, the more likely it is that she will continue to breastfeed her child. To meet national standards for supporting breastfeeding, ECE centers and family homes can:

- Provide a private space for mothers to breastfeed or express milk.
- Allow and encourage mothers to breastfeed at the facility.
- Train all staff to prepare, feed, and store breast milk properly.
- Develop a breastfeeding-friendly feeding plan with each family.
- Feed nursing infants expressed breast milk at appropriate intervals.
- Teach families to properly store and label their breast milk for use in an ECE facility.

There are general guidelines for storing human milk at different temperatures. Various factors (milk volume, room temperature when milk is expressed, temperature fluctuations in the refrigerator and freezer, and cleanliness of the environment) can affect how long human milk can be safely stored.

See Appendix B for additional resources related to supporting breastfeeding at an ECE and for proper storage and preparation of breast milk in an ECE.

F. Special Dietary Needs—Food Allergies

To ensure the safety of children, it is important for both parents and ECE staff to understand requirements and protocols for diagnosing and accommodating food allergies. To qualify a food reaction as an allergy, ECE staff must receive a Medical Diet Modification Form showing diagnoses and determination of a food allergy by a physician, physician assistant, or nurse practitioner ([Medical Statement to Request Special Meals and/or Accommodations \(DOC\)](#)). Once this form is received, the allergy is to be treated as a disability, meaning accommodations for the allergy must be provided at no additional cost to the child or family.

If a food reaction is not determined to be a food allergy, but rather an intolerance causing uncomfortable yet non-life threatening reactions, the ECE program is not responsible for providing alternative options for the child. This means that, at the discretion of the ECE, ECE staff may request the parents or caregivers of the child to



provide the necessary modified diet. See Appendix B for additional resources related to the diagnoses of food allergies and best practices to ensure child safety in an ECE where allergens are present.

APPENDIX A — PHYSICAL ACTIVITY REFERENCES AND RESOURCES

1. **Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs.** American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2019. 4th Edition. Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association.
<https://nrckids.org/files/CFOC4%20pdf-%20FINAL.pdf>
2. **Model Child Care Health Policies.** Chapter of the American Academy of Pediatrics. Aronson SS, ed. 5th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2014.
<http://www.ecels-healthychildcarepa.org/>
3. **CHOICE Creating Healthy Opportunities in Child Care Environments.** Contra Costa Child Care Council, Child Health and Nutrition Program, 1035 Detroit Avenue, Suite 200, Concord, CA 94518.
<https://www.cocokids.org/child-health-nutrition/wp-content/uploads/sites/3/2013/08/CHOICE-Creating-Healthy-Opportunities-in-Child-Care-Environments-Manual.pdf>
4. **Active Play! Fun Physical Activities for Young Children.** D. Craft and C. Smith, 2008, Cortland, NY: Active Play Books.
www.activeplaybooks.com
5. **Policy Statement on Inclusion of children with Disabilities in the Early Childhood Programs.** September 14, 2015, U.S. Department of Health and Human Services.
<https://www2.ed.gov/policy/speced/guid/earlylearning/joint-statement-full-text.pdf>
6. **Physical Activity Resource Guide: Implementing Physical Activity Programming for SNAP-Ed Eligible Populations.** California Department of Public Health, Nutrition Education and Obesity Prevention Branch, 2015.
<https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/NEOPB/CDPH%20Document%20Library/Final%20PARG%206.2.18.pdf>



7. **Growing Fit Kit: Wellness Policies for Georgia’s Early Care Environments.** Georgia Department of Public Health. 2015.
https://dph.georgia.gov/sites/dph.georgia.gov/files/related_files/site_page/growing_fit_kit_v4.pdf
8. **Early Childhood Obesity Prevention Policies.** Institute of Medicine (IOM). 2011. Washington, DC: The National Academies Press.
<http://www.nationalacademies.org/hmd/Reports/2011/Early-Childhood-Obesity-Prevention-Policies.aspx>
9. **States Lack Physical Activity Policies in Child Care that are Consistent with National Recommendations.** Duffey, KJ, et al. 2014. *Childhood Obesity*, 10 [6], 491-500. Nemours Health & Prevention Services, *Best Practices for Physical Activity*, 2010.
<http://www.nemours.org/content/dam/nemours/www/filebox/service/preventive/nhps/paguide2010.pdf>.
10. **The Association Between School-Based Physical Activity, including Physical Education, and Academic Performance.** Centers for Disease Control and Prevention, Atlanta, GA: U.S. Department of Health and Human Services, 2010.
https://www.cdc.gov/healthyyouth/health_and_academics/pdf/pa-pe_paper.pdf
11. **Go NAP SACC: Nutrition and Physical Activity Self-Assessment for Child Care, Family Child Care Edition.** Center for Health Promotion and Disease Prevention and Department of Nutrition, University of North Carolina at Chapel Hill. Ward D, et. al., 2014.
www.gonapsacc.org
12. **Eat Well Play Hard in Child Care Settings.** New York State Department of Health.
https://www.health.ny.gov/prevention/nutrition/cacfp/ewphccs_curriculum/ewphccssp.htm
13. **CATCH Early Childhood (CEC).**
<http://www.catchinfo.org/programs/pre-k/>
14. **Color Me Healthy—State of North Carolina** (multiple partners).
<http://www.colormehealthy.com>
15. **SPARK Early Childhood (EC) Program.**
<https://sparkpe.org/curriculum/early-childhood/>
16. **Media and Young Minds.** American Academy of Pediatrics, *Pediatrics*, November 2016, Volume 138/Issue 5, Policy Statement, published online November 01, 2016.
<http://pediatrics.aappublications.org/content/138/5/e20162591.full.print>.
17. **Active Start: A Statement of Physical Activity Guidelines for Children Birth-Age 5.** American Society of Health and Physical Educators (SHAPE), 2009.
<https://www.amazon.com/Active-Start-Statement-Physical-Guidelines/dp/088314946X>

18. **Painting Playgrounds for Movement, Stencil Kit Guide.** California Department of Public Health/Nutrition Education and Obesity Prevention Branch.
https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/NEOPB/CDPH%20Document%20Library/STAS_PaintingPlaygroundsGuide.pdf
19. **Establishing Tummy Time Routines to Enhance Your Baby’s Development, Tips for Living Life to Its Fullest.** The American Occupational Therapy Association, 2013.
<https://www.aota.org/About-Occupational-Therapy/Patients-Clients/ChildrenAndYouth/Tummy-Time.aspx>
20. **Nutrition and Wellness Tips for Young Children: Provider Handbook for the Child and Adult Care Food Program, Promote Active Play Through Written Policies and Practices.** USDA, Alexandria, VA, December 2012.
<http://www.yoursforchildren.com/nutrition-resources/TeamNutrition/Nutrition%20%26%20Wellness%20Tips%20for%20Young%20Children%20--%20English.pdf>
21. **U.S. Department of Health and Human Services. Physical Activity Guidelines for Americans, 2nd Edition. Washington, DC: 2018.**
https://health.gov/paguidelines/second-edition/pdf/Physical_Activity_Guidelines_2nd_edition.pdf
22. **Early Care and Education: Physical Activity Toolkit for Preschool-Aged Children.** California Department of Public Health/Nutrition Education and Obesity Prevention Branch.
<https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/NEOPB/CDPH%20Document%20Library/300639-ECE-Toolkit.pdf>

APPENDIX B — NUTRITION REFERENCES AND RESOURCES

1. **The California Department of Education** explains the requirements for distinguishing between allergies that do or do not qualify as disabilities, as well as provides links to the Medical statement to request special meals and/or accommodation forms.
<https://www.cde.ca.gov/ls/nu/cr/documents/medstat.doc>
2. **Food Allergies: Think Smarter, Not Harder.** This resource is a presentation by Peggy Eller, RD, CD, and Julie Skolmowski, MPH, RD, SNS that explains in plain language the protocol for working with food allergies in schools/childcare centers. The presentation includes sources of hidden allergens as well as the importance of preventing cross-contamination/cross-contact with allergens.
[https://schoolnutrition.org/uploadedFiles/Presentations/ANC_2012_-_Denver\(1\)/1._Operations/071514%20at%2010%20-%20Food%20Allergies%20Think%20Smarter%20Not%20Harder.pdf](https://schoolnutrition.org/uploadedFiles/Presentations/ANC_2012_-_Denver(1)/1._Operations/071514%20at%2010%20-%20Food%20Allergies%20Think%20Smarter%20Not%20Harder.pdf)

3. The **Institute of Child Nutrition** provides facts sheets on each of the top 8 food allergens. Each fact sheet contains information on the symptoms of an allergic reaction to that particular allergen, which foods contain the allergen, hidden sources, appropriate substitutes for the allergen, as well as FAQs.

<https://theicn.org/icn-resources-a-z/food-allergy-fact-sheets>

4. This childcare fact sheet, provided by **The Institute of Child Nutrition**, describes the symptoms to look for in recognizing an allergic/anaphylactic food reaction, and how to respond to that reaction.

<https://theicn.org/icn-resources-a-z/food-allergies>

5. **Color Me Healthy—State of North Carolina** (multiple partners).

Color Me Healthy is an evidence-based program developed to reach children ages four and five with fun, interactive learning opportunities in PA and healthy eating. It is designed to stimulate all of the senses of young children: touch, smell, sight, sound, and taste. Through the use of color, music, and exploration of the senses, Color Me Healthy teaches children that healthy food and PA are fun.

<http://colormehealthy.com/>

6. **Eat Well Play Hard in Child Care Settings**—New York State Department of Health. This is a multi-component intervention that focuses on improving the nutrition and PA behaviors of preschool-age children and their parents/caregivers by using educational strategies and skill building activities to promote healthy behavior change. The intervention also builds social support within the childcare environment by including teachers and care providers in lessons and encouraging positive role-modeling and classroom reinforcement of nutrition and PA messages.

<http://centertrt.org/?p=intervention&id=1105>

7. **First Years in the First State: Improving Nutrition & Physical Activity Quality in Delaware Child Care**—State of Delaware (multiple partners).

A practical, "how-to" guide created to help childcare providers follow Delaware CACFP/Delaware childcare licensing nutrition and PA rules. Includes a variety of implementation tools as listed:

- Administrator's Guide
- Instructor's Guide
- Menu Planning Guide
- Partnering with Families



- Shopping Cheat Sheet Handout

<https://snaped.fns.usda.gov/library/materials/first-years-first-state-improving-nutrition-physical-activity-quality-delaware>

8. **Healthy and Active Preschoolers Nutrition Learning Center for Childcare Professionals**—California Department of Education, Nutrition Services Division. Offers a variety of free online courses and resources to improve nutrition and PA environments in childcare programs: nutrition and nutrition-related courses, classroom nutrition education curriculum, nutrition tips for childcare staff and parents, nutrition and PA songs and storybooks, and a nutrition and PA calendar of events.

<http://www.healthypreschoolers.com/>

9. **Healthy Habits for Life Child Care Resource Kit**—Sesame Workshop.

A comprehensive tool to help early care and education providers integrate nutrition and PA into the daily schedule.

<https://classroom.kidshealth.org/cc/GetMoving.pdf>

10. **Helping Kids Eat Well and Be Active**—Contra Costa Child Care Council.

This early childhood bulletin board resource contains information on important points to consider for the creation of bulletin boards. It includes nine sample themes with ideas for handouts and discussion points to use with parents.

<https://www.cocokids.org/wp-content/uploads/2013/11/Bulletin-Board-Toolkit.pdf>

11. **Incorporating MyPlate in the Child Care Classroom**—Institute of Child Nutrition (Formerly the National Food Service Management Institute). Power Point presentation about incorporating My Plate into the childcare classroom. It explains basic strategies for introducing MyPlate to young children, how to incorporate MyPlate into age appropriate activities, and ideas for introducing young children to the five food components.

<https://theicn.org/resources/382/2013-mealtime-memos/106232/february-2013-myplate-for-preschoolers.pdf>



12. **MyPlate for Preschoolers Webpage**—United States Department of Agriculture.

This section of the MyPlate website targets parents and caregivers of children two

through five years of age to help their preschoolers eat well, be active, and be healthy.

<https://www.choosemyplate.gov/browse-by-audience/view-all-audiences/children/health-and-nutrition-information>

13. Nutrition and PA in Childcare—eXtension.

eXtension is an Internet-based collaborative environment where Land Grant University content providers exchange objective, research-based knowledge to solve real challenges in real time. The nutrition and PA in childcare page contains links to articles that include specific information about feeding practices, healthy food choices, and ways to encourage PA in a childcare setting.

<http://www.extension.org/pages/25848/nutrition-and-physical-activity-in-child-care>

14. Potter the Otter Resources—Various Sources.

Potter the Otter: A Tale About Water: Website from First 5 Santa Clara County encouraging water consumption.

http://www.first5california.com/pdf/PottertheOtter-ebook-eng_spn.pdf

It's Picnic Day Potter: Website from Scholastic featuring the latest Potter book, which promotes a balanced diet and encourages children to play. Additional teaching resources available. <http://www.first5california.com/videos-downloads.aspx?id=29&page=book&book=63120948&booktitle=It%27s+Picnic+Day%2c+Potter>.

Download free PDFs of Potter the Otter activity sheets and other materials on the California Department of Public Health Nutrition Education and Obesity Prevention Branch (NEOPB) Rethink Your Drink Resources page:

<https://snapedtoolkit.org/interventions/programs/rethink-your-drink/>

15. Preventing Childhood Obesity in Early Care and Education Programs. 2019 – This includes selected standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs--National Resource Center for Health and Safety in Child Care and Early Education, 4th Edition. This includes the latest set of national standards describing evidence-based best practices in nutrition, PA, and screen time for early care and education programs. The standards are for ALL types of early care and education settings including centers and family childcare homes.

<https://nrckids.org/CFOC>

16. Promoting Good Nutrition and Physical Activity in Childcare Settings—Robert Wood Johnson Foundation, Healthy Eating Research. A research brief that addresses the state of nutrition and PA in U.S. childcare settings.

<https://healthyeatingresearch.org/research/promoting-good-nutrition-and-physical-activity-in-child-care-settings-a-research-brief/>

17. SNAP-Ed Interventions: A Toolkit for States—United States Department of Agriculture.

This toolkit includes a childcare-specific section with nutrition and PA strategies, examples, and additional resources starting on page 20. Link to Toolkit:

<https://snaped.fns.usda.gov/program-administration/snap-ed-toolkit-strategies-interventions>

18. Know Your Farmer Know Your Food (KYF2)—United States Department of Agriculture.

Designed to support the critical connection between farmers and consumers and to strengthen USDA's support for local and regional food systems. Through KYF2, USDA integrates programs and policies that: stimulate food- and agriculturally-based community economic development; foster new opportunities for farmers and ranchers; promote locally- and regionally-produced and processed foods; cultivate healthy eating habits and educated, empowered consumers; expand access to affordable fresh and local food; and demonstrate the connection between food, agriculture, community, and the environment.

<https://www.usda.gov/media/blog/2012/02/29/introducing-know-your-farmer-know-your-food-compass>

19. United States Department of Agriculture Farm to Preschool.

Designed by the USDA to promote farm to preschool efforts among its funded programs and partners.

<https://www.fns.usda.gov/cfs/farm-preschool>

20. Healthy Eating for Your Preschooler

Feeding toddlers and preschoolers can sometimes be a problem for parents. A toddler wants to be independent and will want to feed himself or herself, although sometimes will look for your help.

<https://wicworks.fns.usda.gov/wicworks/Topics/Preschooler.pdf>

21. Assessment Tools

A. Healthy Kids, Healthy Future.

This tool was built from the Let's Move! Program that was set up by then first lady Michelle Obama. This online tool is simple to use and can be accessed at

<https://healthykidshealthyfuture.org/> to support child care and early education providers' efforts to help children develop healthy habits for life.

B. CHOICE-Creating Healthy Opportunities in Child Care Environments

This tool was developed by the Contra Costa Child Care Council with support from USDA/Nutrition Education and Obesity Prevention funding. This manual was

developed to help individuals assess the childcare environment and, using best practices, successfully write and implement nutrition and PA guidelines. This tool is a little more detailed than the Let's Move Child Care assessment.

<https://www.cocokids.org/child-health-nutrition/wp-content/uploads/sites/3/2013/08/CHOICE-Creating-Healthy-Opportunities-in-Child-Care-Environments-Manual.pdf>

C. Go NAP SACC—Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC).

This resource was recently revamped and is now called “Go NAP SACC.” Go NAP SACC is based on a set of best practices — recommendations that stem from the latest research and guidelines in the field.

<https://gonapsacc.org/self-assessment-materials>

D. Wellness Child Care Assessment Tool (WellCCAT)

Once you have policies in place, you will want to assess them. The WellCCAT is a tool that offers a reliable means of assessing the comprehensiveness and strength of written policies. WellCCAT provides a standard method for the quantitative assessment of nutrition, PA, and wellness policies.

<http://www.uconnruddcenter.org/resources/upload/docs/what/communities/WellnessChildCareAssessmentToolForResearch.pdf>

22. Preschools SHINE-Shaping Healthy Impressions through Nutrition and Exercise. SHINE is a statewide recognition program run by the California Department of Education, Nutrition Services Division. The program showcases the outstanding work that many California childcare and development programs do every day to promote the health and well-being of young children, and allows. It consists of 10 elements that foster healthy habits during the early years of growth and development. For more information, refer to:

<https://www.cde.ca.gov/ls/nu/he/preschoolshine.asp>

23. CACFP Meal Patterns, Guidance and Technical Assistance. United States Department of Agriculture (USDA). This resource provides information on the current and updated CACFP meal patterns, best practices, and resources for CACFP centers and daycare homes to support them in providing healthy balanced meals and snacks to the children they serve.

<http://www.fns.usda.gov/cacfp/meals-and-snacks>

24. Food Safety For Children Under Five.

Children under the age of five are at an increased risk for foodborne illness and related health complications because their immune systems are still developing. This resource

provides food safety steps that will keep young children under five safe from foodborne illness. <https://www.foodsafety.gov/risk/children/index.html>

25. Model Policies for Creating a Healthy Nutrition and Physical Activity Environment in Child Care Settings. Missouri Department of Health and Senior Services.

This resource provides information on developing policies for creating a healthy nutrition and PA environment in childcare settings.

https://health.mo.gov/living/dnhs_pdfs/ChildCareModelPolicies.pdf

26. Breastfeeding and Early Care and Education.

This document helps ECE centers and homes to support breastfeeding moms.

<https://www.cdc.gov/breastfeeding/pdf/ece-breastfeeding-factsheet-508.pdf>

27. Proper Storage and Preparation of Breast Milk.

This document provides recommendations for breast milk storage and preparation techniques for nursing mothers and caretakers of breastfed infants and children so that they can maintain the safety and quality of expressed breast milk.

https://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm

APPENDIX C—GLOSSARY

- Active physical play—moderate to vigorous physical activities such as rolling, crawling, scooting, running, climbing, dancing, hopping, galloping, skipping, and jumping.
- Activities to encourage physical activity—children take advantage of everyday, spontaneous, or ordinary opportunities for exercise such as walks in the neighborhood, dancing, going through an obstacle course, playing ball games, hopscotch, pulling and riding on wheeled toys, and other activities.
- Early care and education programs—preschools, family childcare homes, childcare centers serving infants, toddlers, and preschoolers.
- Fundamental movement skills —these typically develop in children two to six years of age and there are three general categories:
 - Locomotor skills- including walking, running, jumping, hopping, galloping, sliding, leaping, and skipping.
 - Object control skills- including ball rolling, throwing, catching, kicking, striking, trapping, dribbling, and volleyball.

- Balance and stability (or non-locomotor) skills- including upright and inverted positions, stretches and poses (or “yoga”/upright and inverted balance moves), axial, and springing movements.
- Moderate to vigorous physical activity (MVPA)—children use large muscle groups causing an increased heart rate. During moderate PA, it is possible to easily engage in conversation. During vigorous PA, the exertion level is too intense to engage in conversation.
- Motor skills—
 - Gross motor skills relate to the larger movements of arms, legs, feet, or the entire body (crawling, running, and jumping).
 - Fine motor skills generally refer to the small movements of the hands, wrists, fingers, feet, toes, lips, and tongue. Examples include manipulating buttons and snaps, putting small objects together, and manipulating small objects such as coins, making crafts, and using scissors).
- Physical fitness—includes components of cardiovascular endurance, muscle strength and endurance, and flexibility.
- Structured play—staff and parents lead children in developmentally appropriate, planned activities that enable children to practice their motor skills (e.g., get the wiggles out, musical hoops, matching numbers, etc.).
- Unstructured play—children direct their own activities, often called “free play.”

APPENDIX D—USDA NONDISCRIMINATION STATEMENT

- A. All childcare programs that participate in the CACFP and distribute materials to parents, that mention the child nutrition program, must include the following statement on all materials, even if the program develops its own material:

“This institution is an equal opportunity provider.”

- B. All childcare programs that participate in the CACFP must also post the following statement in the facility:

“In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at **(202) 720-2600** (voice and TTY) or contact USDA through the Federal Relay Service at **(800) 877-8339.**"

Obtaining "And Justice for All" Posters:

Contact the state agency or program sponsor in the state you are located to order copies of the "And Justice for All" posters, which contain the statement listed above, for all programs administered with Food and Nutrition Services (FNS) funds. For other questions about the "And Justice for All" posters contact:

<https://nifa.usda.gov/resource/and-justice-all-poster>

Filing a Program Complaint of Discrimination:

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027), found online at http://www.ascr.usda.gov/complaint_filing_cust.html or at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992.

Submit your completed form or letter to USDA by:

1. Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410
2. Fax: 202-690-7442
3. E-mail: program.intake@usda.gov

