



# CHOICE

Creating Healthy Opportunities In Child Care Environments



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**CHOICE** Creating Healthy Opportunities In Child Care Environments  
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# CHOICE

Creating Healthy Opportunities In Child Care Environments



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This material was produced, in part, by the California Department of Public Health's *Network for a Healthy California* in partnership with Contra Costa Child Care Council using funds from USDA SNAP, known in California as CalFresh (formerly Food Stamps). These institutions are equal opportunity providers and employers. CalFresh provides assistance to low-income households and can help buy nutritious foods for better health. For CalFresh information, call 877-847-3663. For important nutrition information, visit [www.cachampionsforchange.net](http://www.cachampionsforchange.net).



# INTRODUCTION

A CHILD'S EARLY YEARS are a critical time for physical and mental development. It is also during the early years that eating and activity habits of a lifetime are formed. This CHOICE manual has been developed to help child care homes and centers more easily and successfully write and implement nutrition and physical activity policy. The *Best Practices for Child Nutrition and Physical Activity Environments* can be used to enhance the quality of a program's nutrition and physical activity, and initiate a change in how one thinks about nutrition and physical activity in child care.

Whether working on single or multiple policies, the following information can be used as a guide to set your goals, monitor your progress and individualize written policy for your program. When policy is well written and implemented, it provides an educational resource for staff and parents, and clear and consistent guidelines that will help you solve and/or avoid problems. It will express your child care home's or center's commitment to providing and supporting nutrition and physical activity practices that promote good health for the children in your care.

This revised CHOICE manual was developed to help you assess your child care environment and, using best practices, successfully write and implement nutrition and physical activity guidelines. The materials were created to provide you with simple step-by-step directions, detailed explanations, worksheets with sample policies, and an easy-to-follow process to help you achieve this goal.



# CONTENTS

THIS IS A TOOL KIT to help you through the process of developing and implementing comprehensive written nutrition and physical activity policies for your child care center or child care home. Whether you are working on single or multiple policies, use the following outline as a guide to set your goals, monitor your progress, and achieve individualized written and implemented policy for your program.



## Assessment ..... 3

How to Start: First Steps ..... 3

Readiness Assessment ..... 5



## Best Practices for Child Care Nutrition & Physical Activity Environments ..... 9

*Self Assessment Questionnaire (SAQ)* ..... 15

*Best Practices Manual* ..... 21



## Writing and Implementing Nutrition & Physical Activity Policy ..... 55

Writing Policy for Child Care Environments ..... 55

A Case Study: Policy Development ..... 55

Best Practices Work Sheets ..... 57

Tracking Progress for Policy Development and Implementation ..... 93

Decision Check List ..... 95

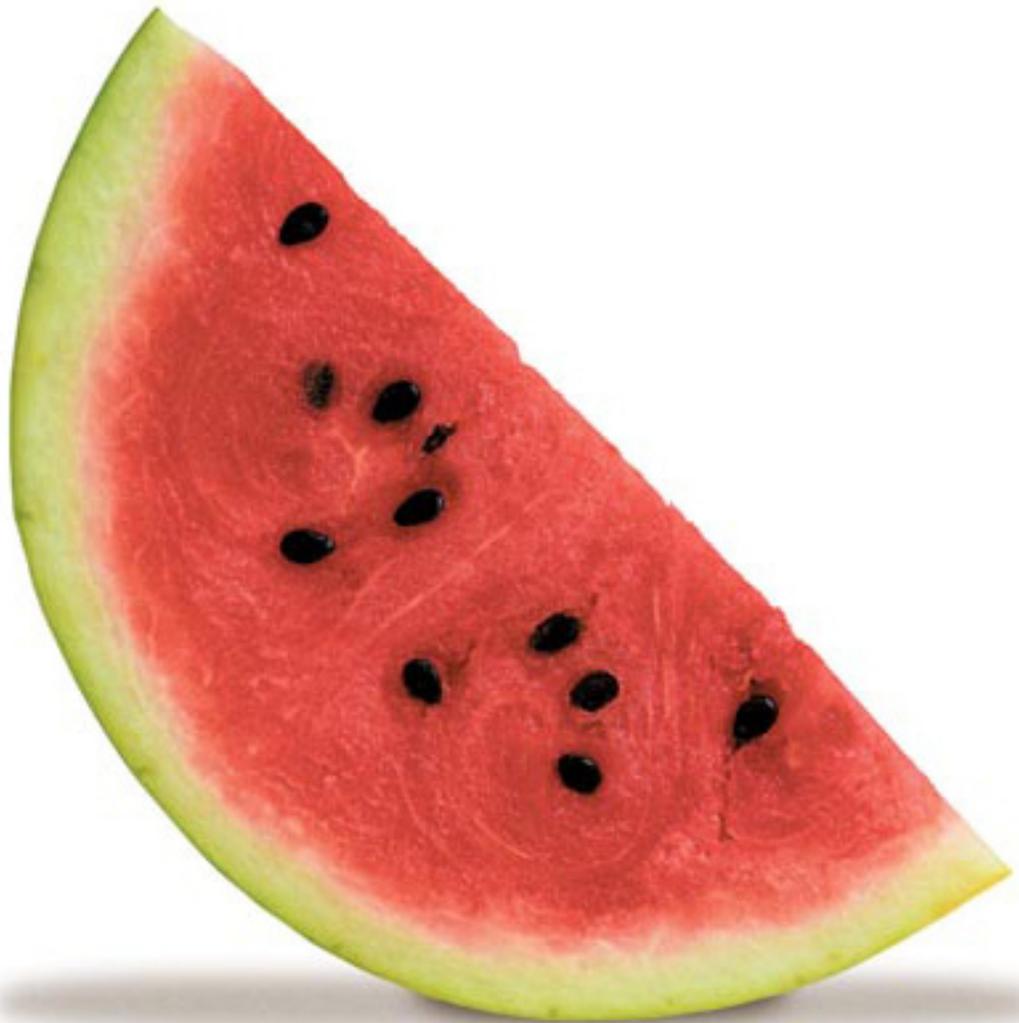


## Additional Resources ..... 99



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# Assessment







## How to Start: First Steps

### 1<sup>st</sup> Step

#### Plan and Organize

1. Assess your organization's readiness to change
2. Identify and resolve barriers to change
3. Share with staff and parents that a nutrition and/or physical activity policy is being developed
4. Develop a plan of action that will include staff and parents.

### 2<sup>nd</sup> Step

#### Assess/Determine and Prioritize Needs

1. Meet with parents/staff to open the discussion
  - A. Conduct assessment using Self Assessment Questionnaire
  - B. Refer to Best Practices Manual, licensing requirements, observations, staff and parent comments, and Early Childhood Environment Rating Scale (ECERS)
2. Begin with an area of mutual concern to staff and parents
  - A. Assess barriers, constraints (i.e. time, staff, and money)
  - B. Set priorities
  - C. Determine who is responsible
3. Develop time frame/action plan check list
  - A. Set dates
  - B. Personnel assignment
    - Who will research Best Practices?
    - Who will write policies?
    - Who will review?
    - Who will approve policies?
    - When are the target dates for completion?
  - C. Methods of implementation
    - How will information be disseminated (handbook, parent/staff orientation, posted on site, parent flyer?)
  - D. Training/information sharing
  - E. Ongoing assessment of effectiveness of policy
    - Decide how you will know if policy is effective
    - Review and reevaluate at least every two years





## Readiness Assessment

To help you recognize your current level of commitment, these are the questions you should ask yourself. You are most likely to be successful when you have reached level 3, 4 or 5.

### Circle the choice below that best describes you:

- 1 I have not given any thought to writing or implementing nutrition and physical activity policies in our home/center.  
**(Pre-contemplation)**
- 2 Occasionally I think about developing nutrition/physical activity policies, but then decide to forget about it.  
**(Contemplation)**
- 3 I keep meaning to do something to improve our home/center nutrition and physical activity policies, but have not gotten around to it.  
**(Preparation)**
- 4 From time to time I write or implement a nutrition and physical activity policy but sometimes go back to old methods of doing things.  
**(Action)**
- 5 I have been consciously implementing nutrition and physical activity policies in our home/center for 6 months or more.  
**(Maintenance)**

A scale of 3, 4 or 5 indicates that you are ready to begin, and likely to be successful.



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# **Best Practices for Child Care Nutrition & Physical Activity Environments**







# Best Practices for Child Care Nutrition and Physical Activity Environments

A Guide for Self-Assessment and Policy Development







# Table of Contents

**Introduction** . . . . . 13

**Using the *Self-Assessment Questionnaire (SAQ)* and *Best Practices Manual*** . . . . . 13

***Self-Assessment Questionnaire (SAQ)*** . . . . . 15

How to Use the *Self Assessment Questionnaire*

*Self Assessment Questionnaire*

***Best Practices Manual*** . . . . . 21

Nutrition: Feeding Practices

Nutrition: Food Served

Physical Activity: Active Play Practices

Staff and Parent Training: Nutrition and Physical Activity

**Supportive Documents & Additional Resources** . . . . . 47

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## Introduction

Through partial funding from two grants (Network for Healthy California and the Vitamin Cases Consumer Settlement Fund), the Contra Costa Child Care Council, Child Health and Nutrition Program, has developed the *Self-Assessment Questionnaire (SAQ)* and the *Best Practices Manual* to help you through the process of developing and implementing comprehensive written nutrition and physical activity policies for your child care center or child care home. The SAQ is a list of 35 best practices for child care nutrition and physical activity environments. The four sections address nutrition, child feeding practices, foods served, physical activity, and staff and parent training.

Whether working on single or multiple policies, using the following information as a guide to set your goals will help you monitor your progress and individualize written policy for your program. When policy is well written and implemented, you will have an educational resource for staff and parents, plus clear and consistent guidelines that will help you solve and/or avoid problems. It will express your center's or child care home's commitment to providing and supporting nutrition and physical activity practices that promote good health for the children in your care.

The information in this manual is consistent with standards and recommendations of the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Centers for Disease Control and Prevention (CDC), and American Academy of Pediatrics (AAP). Each resource is assigned a number that is referenced throughout this manual to help the reader find the sources and additional information for each point.

## Using the *Self-Assessment Questionnaire (SAQ)* and *Best Practices Manual*

### **Who will use the SAQ and Best Practices Manual**

The SAQ and *Best Practices Manual* were designed to be used by child care center directors, staff, and family child care providers to help plan, implement, and assure good nutrition and physical activity practices consistently.

### **Why use the SAQ and Best Practices Manual**

Written and implemented nutrition and physical activity policies are a measurement of quality in child care. Leadership and commitment are needed to achieve this goal. Using the SAQ and *Best Practices Manual* is voluntary, simple, and it can assist in your writing and implementing nutrition and physical activity policies to improve the health of the children in your care.

### **How to use the SAQ and Best Practices Manual**

The completed SAQ will help to identify the strengths and weaknesses of the existing nutrition and physical activities at a child care site and then facilitate goal setting. This leads to the development of individualized comprehensive nutrition and physical activity policies that are individualized for your center.





# SAQ

*Self-Assessment Questionnaire*





## How to Use the Self Assessment Questionnaire (SAQ)

The *Self Assessment Questionnaire (SAQ)* is meant to be used by child care center directors, staff, and family child care providers as a **first step** to help develop and implement nutrition and physical activity policy. It is designed to be brief, easy to use, understand and interpret. It is meant to be a “snap shot” of your child care environment at the moment you are answering the questions.

1. The SAQ has 35 Best Practice statements, arranged in four categories:
  - Nutrition: Feeding Practices
  - Nutrition: Food Served
  - Physical Activity
  - Staff and Parent Training
2. The statements in three of the categories can be answered by choosing one of the four options:
  - Already doing
  - Making progress in doing
  - Planning to do
  - Not planning to do
3. The statements in the category titled Nutrition: Food served, reflect some common foods served in child care that are of particular concern or significance. The answers to these statements reflect frequency of times served, or kind of milk served to children 2 years and older. Mark only one box.
4. There is no right or wrong answer. Answer each question as it applies to your situation.

The completed SAQ will help to identify the strengths and weaknesses of the existing nutrition and physical activity at a child care site and then facilitate goal setting. After completing the SAQ, begin policy development using the *Best Practices Manual*. Using the SAQ with the Best Practices Manual is simple, and can motivate and assist in writing and implementing nutrition and physical activity policy to improve the health of the children in care.



## Self-Assessment Questionnaire (SAQ)

Please mark the box that describes your current practice.

<b>NUTRITION: Feeding Practices</b>	<b>Already doing</b>	<b>Making progress in doing</b>	<b>Planning to do</b>	<b>Not planning to do</b>
1. Parents receive written nutrition policies upon enrollment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Parents are informed about what their children are eating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If food is brought from home, parents are provided with guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Menus are posted for parents to see.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Meals and snacks are scheduled at regular times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Portion sizes are age appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Mealtimes are relaxed, calm and with shared conversation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Children decide which foods they will eat from the foods offered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Children are not required to eat all the food on their plates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Children serve themselves from serving dishes at mealtime.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Children with special needs have their nutrition needs taken into account.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Food is served in a form that young children can eat with minimum assistance and without choking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Adults sit with children at mealtime.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Adults eat the same foods as children at mealtime.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Foods are served that reflect the ethnicity and cultures of all children in the center/home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Special occasions and holidays are celebrated with mostly healthy foods or with non-food treats.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Parents are provided a supportive breastfeeding environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Water is freely available both indoors and outdoors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>NUTRITION: Food Served</b>				
19. 100% fruit juice is offered:	<input type="checkbox"/> 1 time per day	<input type="checkbox"/> 2 times per day	<input type="checkbox"/> 3–4 times per day	<input type="checkbox"/> Never
20. Chicken nuggets, fish sticks, hot dogs, corn dogs, bologna or other lunch meat, sausage or bacon are offered:	<input type="checkbox"/> 1 time per week	<input type="checkbox"/> 2 times per week	<input type="checkbox"/> 3 or more times per week	<input type="checkbox"/> Never
21. Whole grain bread, oatmeal, whole grain cereal, brown rice, whole wheat tortillas, corn tortillas or other whole grains are offered:	<input type="checkbox"/> 1 time per day	<input type="checkbox"/> 2 times per day	<input type="checkbox"/> 3 times per day	<input type="checkbox"/> Never
22. Vegetables including fresh, frozen or canned, are served:	<input type="checkbox"/> 1 time per day	<input type="checkbox"/> 2 times per day	<input type="checkbox"/> 3 times per day	<input type="checkbox"/> Never
23. Fruit, including fresh, canned in water or own juice, frozen or dried is served:	<input type="checkbox"/> 1 time per day	<input type="checkbox"/> 2 times per day	<input type="checkbox"/> 3 times per day	<input type="checkbox"/> Never
24. Milk served to children ages 2 years and older is:	<input type="checkbox"/> whole or regular	<input type="checkbox"/> 2% reduced fat	<input type="checkbox"/> 1% reduced fat	<input type="checkbox"/> skim or non-fat
<b>PHYSICAL ACTIVITY</b>	<b>Already doing</b>	<b>Making progress in doing</b>	<b>Planning to do</b>	<b>Not planning to do</b>
25. Parents receive written physical activity policy upon enrollment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Daily play and planned movement experiences both indoors and outdoors are provided to children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Information is provided to parents about their children's physical activity choices while in child care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Staff participate in physical activities with children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Restriction of play time is not used as a disciplinary tool.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Activities, equipment and outside play areas are developmentally appropriate and safe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Media time for children is used only for educational purposes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>STAFF AND PARENT TRAINING</b>	<b>Already doing</b>	<b>Making progress in doing</b>	<b>Planning to do</b>	<b>Not planning to do</b>
32. Training opportunities are provided for staff on physical activity for children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Training opportunities are provided for staff on child nutrition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Parents are provided information that encourages physical activity at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Parents are provided information on child nutrition and healthy eating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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The project was made possible in part by a grant from the Vitamin Cases Consumer Settlement Fund. Created as a result of an antitrust class action, one of the purposes of the Fund is to improve the health and nutrition of California consumers.



# ***Best Practices Manual***





## NUTRITION: Feeding Practices

**1** Parents receive written nutrition policies upon enrollment.

Best Practice	Rationale
Support parents' efforts to evaluate the quality of child care by providing information on nutrition, physical activity policies and meal schedules.	A statement of policy and practice can inform parents and provide them with a way to assess quality of child care.
<p><b>TALKING POINTS</b></p> <ul style="list-style-type: none"> <li>• Nutrition Policy (NP) that is written and implemented, provides guidance for staff and aids in communication with parents</li> <li>• NP prevents problems, provides solutions and is a measure of quality for a child care program</li> <li>• NP can be used in provider's newsletters or parent handbook</li> </ul> <p>Reference: (1, 2, 3, 6, 8, 11, 12, 17)</p>	

## NUTRITION: Feeding Practices

**2** Parents are informed about what their children are eating.

Best Practice	Rationale
Daily information is provided to parents about their child's activities and needs including eating and physical activity.	Children benefit when parents and caregivers share information about how to maintain complementary support for healthy choices at home and in the child care or preschool setting.
<p><b>TALKING POINTS</b></p> <ul style="list-style-type: none"> <li>• Shared information helps parents recognize the variety of foods offered to their children while in child care</li> <li>• Provides an opportunity to learn what foods their children enjoy in child care and those not eaten or offered at home</li> <li>• Helps parents plan meals at home that do not duplicate what a child has been served that same day in child care</li> <li>• More acceptance of new foods when eating with peers</li> </ul> <p>Reference: (1, 2, 3, 8, 9, 11, 12, 17) Apoyar los esfuerzos de los padres para evaluar la calidad del cuidado infantil dando información de políticas de nutrición, actividad física y horario de comidas.</p>	

## NUTRITION: Feeding Practices

**3** If food is brought from home, parents are provided with guidelines.

Best Practice	Rationale
A policy about food brought from home addresses food safety and nutrition and requires prior approval of any foods brought for sharing.	Although parents may wish to bring foods to celebrate special events, health risks associated with serving food prepared in an unknown environment must be considered.

### TALKING POINTS

- Assists parents in understanding what foods are acceptable to bring from home and those that are not appropriate
- Guidelines provide clarity and prevent embarrassment for parents who want to help, but need some direction for choosing healthy foods
- Provides an opportunity to address food safety as well as food choices

Reference: (1, 2, 3, 8, 9, 11, 12, 17)

## NUTRITION: Feeding Practices

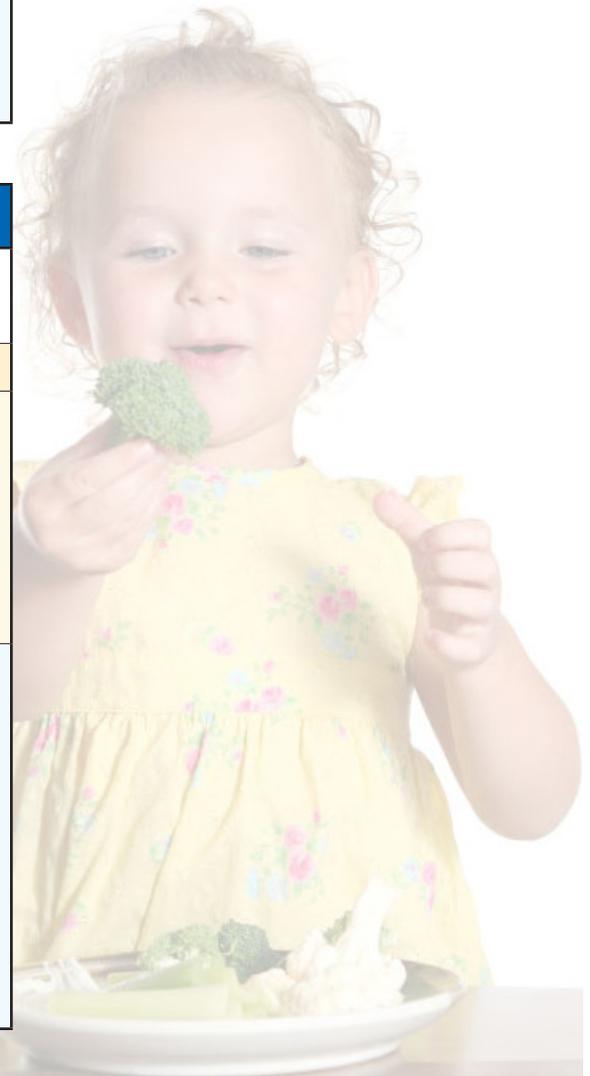
**4** Menus are posted for parents to see.

Best Practice	Rationale
Daily information is provided to parents about their child's activities and needs including eating and physical activity.	Children benefit when parents and caregivers share information about how to maintain complementary support for healthy choices at home and in the child care or preschool setting.

### TALKING POINTS

- Provides a bridge for conversation between provider and parent, including which foods are favorites and which foods are new to their child
- Visually shows a planned menu with the components of a well-balanced meal or snack, which can be a teaching aid for parents
- Some parents like to see the daily menus in child care, so that they don't duplicate those foods at home that same day

Reference: (1, 2, 3, 8, 9, 11, 12, 17)





Network for a Healthy California

<b>NUTRITION: Feeding Practices</b>	
<b>5</b> Meals and snacks are scheduled at regular times.	
Best Practice	Rationale
Meals and snacks are scheduled at a regular time. Either a meal or a snack is offered to children at least every 2-3 hours.	Children have small stomachs and need many chances during the day to eat. A regular schedule also reduces children’s anxiety so they can focus on learning how to eat.
<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 20px;">  <p><b>TALKING POINTS</b></p> </div> <div> <ul style="list-style-type: none"> <li>Snacks are an important part of a child’s nutrition, providing 20% of daily nutrition and calories</li> <li>When children know they will be offered a snack between meals, or a meal about 2 hours after a snack, they do not have to think about being hungry</li> <li>Regular meals and sit-down snacks are planned into the daily schedule, and children love and thrive on reliable routine</li> </ul> <p>Reference: (1, 2, 3, 8, 9, 11, 12, 17)</p> </div> </div>	

<b>NUTRITION: Feeding Practices</b>	
<b>6</b> Portion sizes are age appropriate.	
Best Practice	Rationale
Meals and snacks meet the requirements of the Child and Adult Care Food Program (CACFP) and the Dietary Guidelines for Americans.	These guidelines reflect the most recent research available on healthy food choices for people of all ages.
<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 20px;">  <p><b>TALKING POINTS</b></p> </div> <div> <ul style="list-style-type: none"> <li>Serving sizes have been distorted in the past 50 years, becoming much larger than needed and may lead to childhood obesity</li> <li>When serving sizes are too large, they are likely to reduce children’s appetites or encourage them to eat too much</li> <li>Seeing appropriate serving sizes at child care, teaches a child the amount of food to serve to themselves</li> <li>Having a serving and if still hungry requesting a second, helps children to be in touch with their own hunger and fullness</li> </ul> <p>Reference: (1, 2, 3, 8, 9, 11, 12, 17)</p> </div> </div>	

## NUTRITION: Feeding Practices

**7** Mealtimes are relaxed, calm and with shared conversation.

Best Practice	Rationale
<ul style="list-style-type: none"> <li>• Quiet time precedes meals to promote relaxed eating.</li> <li>• Meal schedules are long enough to allow for conversation and passing food several times.</li> </ul>	<ul style="list-style-type: none"> <li>• Quiet time before meals prepares young children to focus on the developmental and sometimes frustrating tasks of learning how to eat.</li> <li>• Children need time to serve themselves. Adequate time overall reduces the pressure which may surround meal times.</li> </ul>

### TALKING POINTS

- When an adult shares the meal or snack with children, it becomes more calm and relaxed, conflicts are lessened and everyone enjoys a pleasant eating experience
- The adult can easily offer individual help, direct conversation, and role model good manners and eating behaviors
- Children need time to learn the tasks of feeding themselves and eventually serving themselves

Reference: (1, 2, 3, 8, 9, 11, 12, 17)

## NUTRITION: Feeding Practices

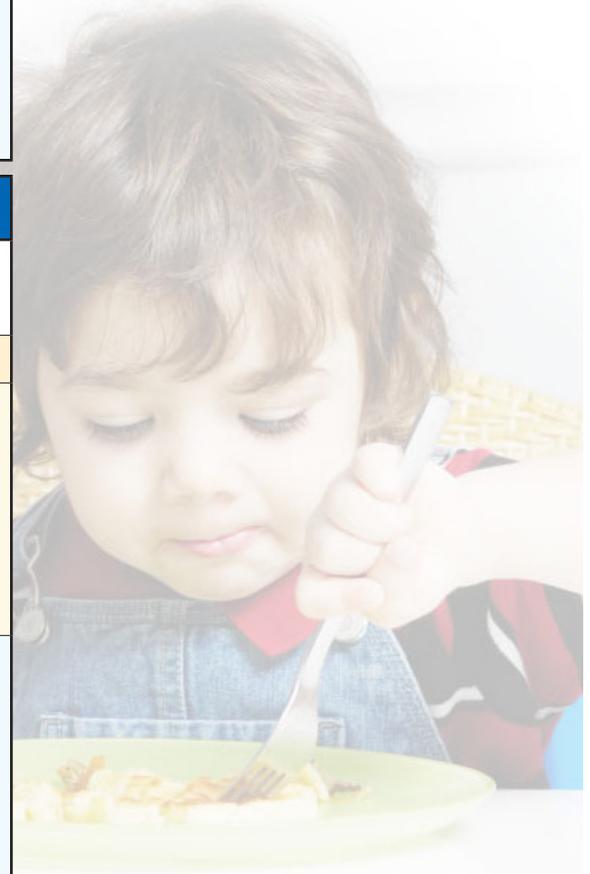
**8** Children decide which foods they will eat from the foods offered.

Best Practice	Rationale
Food is served in a manner that allows children to select amounts and varieties of foods they will eat.	Family meal service allows children to serve themselves so they determine which foods to take and how much. Adults should determine what foods are served and how they are served.

### TALKING POINTS

- Children know how much to eat, but need help in choosing foods that will help them learn and grow...that is why adults are responsible for planning and preparing meals and snacks
- All foods offered should be healthy, so whatever the child chooses will be healthy
- Snacks should be mini-meals, with components as healthy as mealtime choices

Reference: (1, 2, 3, 8, 9, 11, 12, 17)





### NUTRITION: Feeding Practices

**9** Children are not required to eat all the food on their plates.

Best Practice	Rationale
Food is served in a manner that allows children to select amounts and varieties of foods they will eat, and to stop eating when they are full.	Family meal service allows children to serve themselves so they determine which foods to take and how much. Children need the opportunity to recognize their own feeding cues for hunger and fullness, and to learn to eat amounts appropriate for them. Feeding problems arise when adults interfere with the child's decisions about how much or if they want to eat.
<p><b>TALKING POINTS</b></p> <ul style="list-style-type: none"> <li>• Many things affect appetite, such as activity level, time of year, preparation for a growth spurt, onset or recovery from illness, or use of medications</li> <li>• Children need to be trusted to know how much they want to eat and to be allowed to say “no” to foods</li> <li>• Children have the ability to self regulate the amount of food they choose to eat, which teaches them to recognize their own hunger and fullness</li> </ul> <p>Reference: (1, 2, 3, 8, 9, 11, 12, 17)</p>	

### NUTRITION: Feeding Practices

**10** Children serve themselves from serving dishes at mealtime.

Best Practice	Rationale
Food is served in a manner that allows children to select amounts and varieties of foods they will eat.	Family meal service allows children to serve themselves so they determine which foods to take and how much. Adults should determine what foods are served and how they are served.
<p><b>TALKING POINTS</b></p> <ul style="list-style-type: none"> <li>• Family meal service can be adapted to the ages of the children in care, from partially self-served to fully self-served</li> <li>• Assistance may be necessary, since pouring, scooping and passing may be new skills</li> <li>• Developmentally, children should be encouraged and helped to be successful in whatever self-feeding and self-serving they are capable of doing</li> </ul> <p>Reference: (1, 2, 3, 8, 9, 11, 12, 17)</p>	

## NUTRITION: Feeding Practices

**11** Children with special needs have their nutrition needs taken into account.

### Best Practice

A written description of nutrition or feeding needs is required from a child's physician. Parents and staff discuss how these needs will be met while a child is in care.

### Rationale

Special needs must be identified so that dietary modifications may be made.

#### TALKING POINTS

- Recognize the need for adaptations of food, feeding equipment and environment for special needs children
- Learn from parents' experiences and suggestions
- Share your experiences and ideas with parents, so they can also learn from you

Reference: (1, 2, 3, 8, 9, 11, 12, 17)

## NUTRITION: Feeding Practices

**12** Food is served in a form that young children can eat with minimum assistance and without choking.

### Best Practice

Children serve themselves during meals and snacks with adult supervision. Food is cut and prepared appropriately. Consider the child's ability to chew, pick up foods and use utensils when planning meals and snacks.

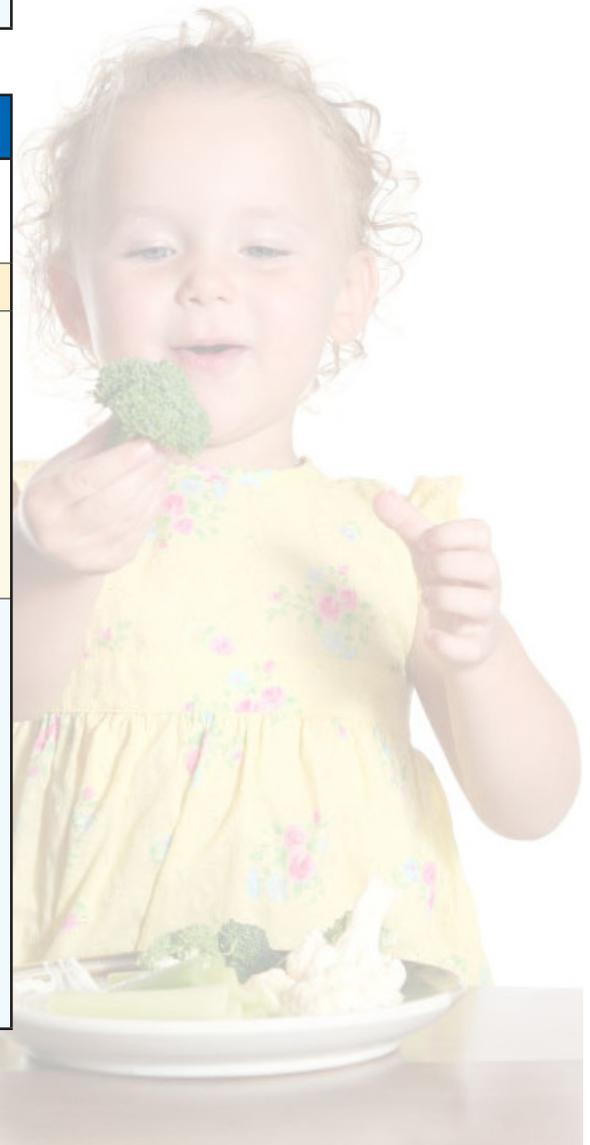
### Rationale

Children gain mastery in eating and appreciation of what they eat if they can eat successfully on their own.

#### TALKING POINTS

- Consider children's developmental abilities, not just their age, so that they can be safe as well as successful in self-feeding
- Consider texture of food, size of pieces, small utensils, plates and cups, whatever needs a child may have to be able to safely and successfully feed themselves
- Children should be sitting when eating meals and snacks
- Children need to be carefully supervised when eating, because choking is quiet and help may be needed immediately

Reference: (1, 2, 3, 8, 9, 11, 12, 17)





Network for a Healthy California

## NUTRITION: Feeding Practices

### 13 Adults sit with children at mealtime.

Best Practice	Rationale
Adults sit with children and supervise the mealtime environment.	When adults sit with children, they can assure that mealtime is relaxing and social and that appropriate eating behaviors are modeled. Adults can help children with utensils and dishes, talk with children about food during the mealtime, and prevent a situation that might lead to choking, spreading of germs or conflict among children.
<p><b>TALKING POINTS</b></p> <ul style="list-style-type: none"> <li>• When an adult shares the meal or snack with children, it becomes more calm and relaxed, conflicts are lessened and everyone enjoys a pleasant eating experience</li> <li>• The adult can easily offer individual help, direct conversation, and role model good manners, eating behaviors and healthy choices</li> </ul> <p>Reference: (1, 2, 3, 8, 9, 11, 12, 17)</p>	

## NUTRITION: Feeding Practices

### 14 Adults eat the same foods as children at mealtime.

Best Practice	Rationale
Adults eat with children and share the same foods while supervising the mealtime environment.	When adults eat the same food with the children, they are role models for eating a variety of foods. In addition, they can more personally talk about the foods that are served and model healthy choices.
<p><b>TALKING POINTS</b></p> <ul style="list-style-type: none"> <li>• The adult is a role model for enjoying the same foods the children are served</li> <li>• The adult shares the same food, as well as the pleasant mealtime experience</li> </ul> <p>Reference: (1, 2, 3, 8, 9, 11, 12, 17)</p>	

## NUTRITION: Feeding Practices

**15** Foods are served that reflect the ethnicity and cultures of all children in the center/home.

### Best Practice

Child care providers learn about food customs of all children in the program and serve meals and snacks consistent with this knowledge.

### Rationale

Adults have an important role to play in modeling acceptance of a variety of foods so they must be knowledgeable about foods and customs.

#### TALKING POINTS

- Learning about foods from other cultures includes tasting new foods and flavors
- The educational experience can be expanded to include books with stories and pictures about children in another country, describing lifestyles, clothing, and food preparation
- By learning about new food, children increase their knowledge of the world around them, and the likelihood that they will choose a more varied, better balanced diet in later life

Reference: (1, 2, 3, 8, 9, 11, 12, 17)

## NUTRITION: Feeding Practices

**16** Special occasions and holidays are celebrated with mostly healthy foods or with non-food treats.

### Best Practice

A policy about food brought from home addresses food safety and nutrition and requires prior approval of any foods brought for sharing.

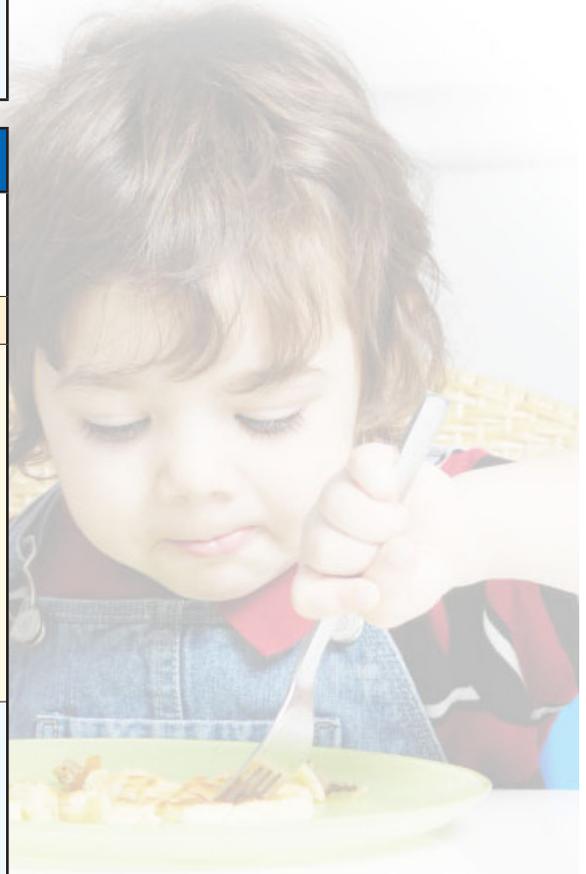
### Rationale

Although parents may wish to bring foods to celebrate special events, health risks associated with serving food prepared in an unknown environment must be considered. Nutrition policy can provide suggestions and guidelines for celebration foods to help parents make healthy choices.

#### TALKING POINTS

- Parents will welcome this guidance, since it will help them in planning, while also helping to prevent celebrations from becoming competitions to outdo one another
- Food safety needs to be addressed, along with suggestions of healthy foods
- Celebration foods should not compete with regular meals and snacks
- Non-food treats can be a pleasant alternative to birthday sweets

Reference: (1, 2, 3, 8, 9, 11, 12, 17)





**NUTRITION: Feeding Practices**

**17** Parents are provided a supportive breastfeeding environment.

Best Practice	Rationale
<p>Written nutrition policy should include guidelines for correct labeling, storing, handling, thawing, warming of breast milk, as well as, holding and feeding the breast fed infant. Ideally a quiet corner can be provided for the mother who is able to visit to breast feed her baby.</p>	<p>Breast milk is the ideal source of nutrition for infants for at least the first year of life, because it is easy to digest, has just the right amount of nutrients needed for a healthy start, and helps baby and mother develop a special closeness.</p>



- Breast milk needs to be stored and handled safely to keep it from spoiling. Remind mothers to label, date, and chill or refrigerate their breast milk right after they express it.
  - Breastfed babies will usually eat every 1½–3 hours in the first few months, and every 3–4 hours after that.
  - Breast milk helps protect babies from infections and delays allergies, so babies will be sick less often
  - Breast fed babies have less colic and spitting up
  - Breast feeding may protect against childhood obesity
- Reference: (1, 2, 3, 8, 9, 11, 12, 17)

## NUTRITION: Feeding Practices

**18** Water is freely available both indoors and outdoors.

### Best Practice

### Rationale

Water is easily accessible for children. Drinking fountains are installed at appropriate levels (for centers). Water coolers are brought outside and on field trips. Pitchers of water and single-service cups are available to children if drinking fountain or sink is not conveniently located.

Water is essential to health and should be promoted as a drink of choice.

### TALKING POINTS

- Whether cold, room temperature, with ice or sliced fruit, help children learn to like drinking water
- Teach children to drink water when thirsty, rather than choosing fruit juices or fruit juice flavored drinks; water quenches thirst better than any other liquid
- Water helps children stay cool and healthy
- The provider can be a role model for frequent water drinking and encourage the children to join her
- Help children to drink water by having it readily available and easy to serve in their own or disposable cups

Reference: (1, 2, 3, 8, 9, 11, 12, 17)





NUTRITION: Food Served	
<b>19</b> 100% fruit juice	
Best Practice	Rationale
Only 100% juice should be served. Juice should be limited to no more than 4–6 ounces a day.	Juice can reduce a child’s appetite for other nutritious foods required for growth and development, which may result in feeding problems and overweight/obesity.
<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 20px;">  <p><b>TALKING POINTS</b></p> </div> <div> <ul style="list-style-type: none"> <li>• Too much juice is filling and may decrease desire for other nutritious foods</li> <li>• Juice lacks the fiber of the whole fruit and contributes to dental caries when sipped throughout the day</li> <li>• Do not put juice in a baby bottle or sippy cup that allows a child to transport and consume juice throughout the day...bathing baby teeth in sugar leads to Baby Bottle Tooth Decay</li> <li>• Read labels before purchasing juice because not all “juice” products” are 100% juice. In addition, 100% vitamin C is not the same as 100% juice</li> <li>• Excessive fruit juice consumption may be associated with malnutrition (over nutrition and under nutrition), diarrhea, flatulence and abdominal distention</li> </ul> <p>Reference: (1, 4, 10, 12, 16, 17, 19)</p> </div> </div>	

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## NUTRITION: Food Served

**20** Chicken nuggets, fish sticks, hot dogs, corn dogs, bologna or other lunch meat, sausage or bacon

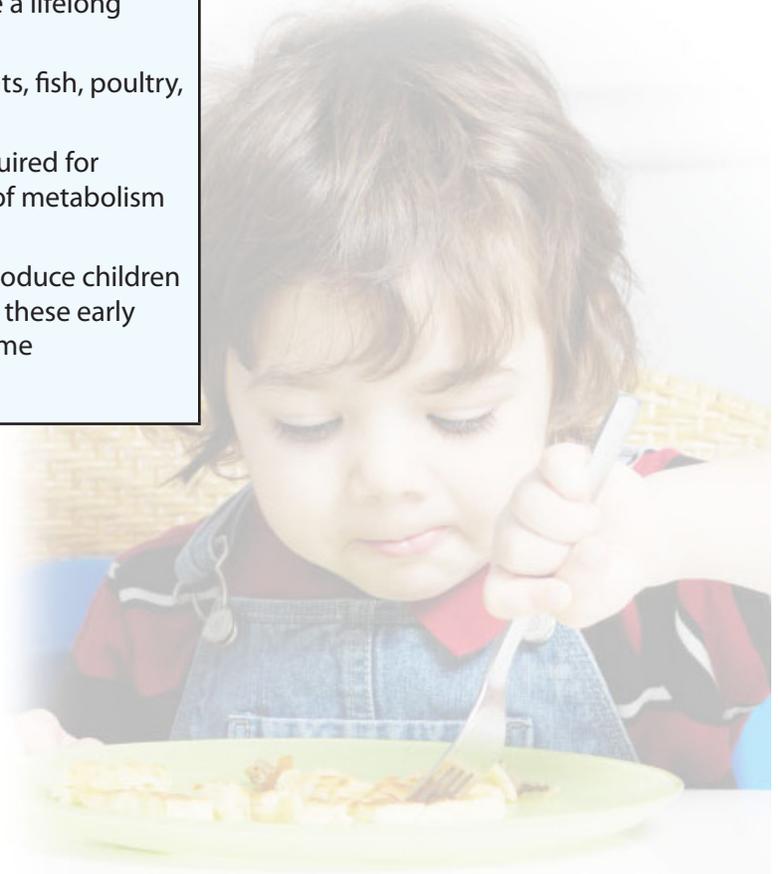
Best Practice	Rationale
High fat, high salt, fried or processed sources of protein should be offered to children no more than two times per week.	Protein is an important part of a healthy diet. Healthy protein choices are lean meats, poultry, fish, eggs, beans, lentils, nuts and seeds. Protein requirements are based on energy needs and growth rates.

**TALKING POINTS**

- High-fat, high-salt processed sources of protein are “sometime foods,” not meant to be eaten daily or more than 2 times per week
- Fried foods and high-fat, high-salt processed meats may contribute to high blood pressure, elevated cholesterol, heart disease, and even type 2 diabetes if frequent intake of these high calorie foods become a lifelong habit contributing to overweight
- Choose healthy proteins such as lean meats, fish, poultry, eggs, beans, lentils, nuts and seeds
- Protein needs to be eaten daily and is required for growth, regulation of hormones, control of metabolism and repair of body cells

Child care is the perfect opportunity to introduce children to a variety of healthy proteins and to use these early years to develop healthy habits for a lifetime

Reference: (1, 4, 10, 12, 16)





## NUTRITION: Food Served

**21** Whole grain bread, oatmeal, whole grain cereal, brown rice, whole wheat tortillas, corn tortillas or other whole grains

### Best Practice

Make at least half your grains whole grains. Look for whole grain to be listed as the first ingredient. Choose foods that are highest in fiber (cereals, breads, pastas, etc.). Baked goods that are high in sugar and fat should be avoided or limited, such as cinnamon rolls, toaster pastries, muffins, and donuts. Baked snacks that are high in sugar or fat should be avoided or limited, such as cookies, cakes, and rice treats. Cereals that have more than 6 grams of sugar per serving are not recommended.

### Rationale

Whole grains are an important part of a healthy diet. Whole grains and products made from whole grains are good sources of carbohydrates, B-vitamins, minerals like iron, zinc, and magnesium and fiber.

### TALKING POINTS

- Most Americans eat only half the recommended amount of dietary fiber each day
- Since getting enough fiber is important for life-long good health, give young children many opportunities each week to have fiber-rich foods in meals and snacks
- About 85% of dietary fiber comes from whole grains, fiber-rich fruits, vegetables and dried beans...easy and delicious foods to include in menus
- Grains are important sources of many nutrients, including dietary fiber, several B vitamins, and minerals. Dietary fiber from whole grains, as part of an overall healthy diet, helps reduce blood cholesterol levels and may lower risk of heart disease. Fiber is important for proper bowel function

Reference: (1, 4, 10, 12, 16, 17)



## NUTRITION: Food Served

### 22

Vegetables including fresh, frozen or canned

Best Practice	Rationale
<ul style="list-style-type: none"> <li>Serve a variety of vegetables throughout the day at meals and snack time.</li> <li>Daily recommended serving: Age 1 year is <math>\frac{3}{4}</math> cup, 2–3 years is 1 cup, 4–8 years is <math>1\frac{1}{2}</math> cups, 9–12 years is <math>2\frac{1}{2}</math> cups.</li> </ul>	<p>Vegetables are an essential part of a healthy diet. Vegetables provide vitamins, minerals, fiber and phytonutrients.</p>

TALKING POINTS

- Raw or cooked vegetables provide a variety of textures, temperatures, colors and flavors that complement many other foods
- Vegetables are convenient and delicious for any meal or snack, and are also a good source of fiber
- It is not unusual for young children to prefer the sweeter vegetables such as sweet potatoes, corn and carrots, or the less strongly flavored vegetables like white potatoes and broccoli, rather than green beans and peas which may taste bitter to a small child
- Tastes change as children get older, so give them the opportunity to learn to enjoy vegetables
- It generally takes multiple exposures (8–15 times) for children to accept new foods. Foods should be presented in a matter of fact way without outside pressure of any kind

Reference: (1, 4, 10, 12, 16, 17, 19, 20)





NUTRITION: Food Served	
<p><b>23</b> Fruit, including fresh, canned in water or own juice, frozen or dried</p>	
Best Practice	Rationale
<ul style="list-style-type: none"> <li>Serve a variety of fruits throughout the day at meals and snack time.</li> <li>Daily recommended serving: Age 1 year is 1 cup, 2–3 years is 1 cup, 4–8 years is 1½ cups, and 9–12 years is 1 ½ cups.</li> </ul>	<p>Fruits are an essential part of a healthy diet. Fruits provide vitamins, minerals, fiber and phytonutrients.</p>
<div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block; margin-bottom: 10px;"> <p style="margin: 0;"><b>TALKING POINTS</b></p> </div>	<ul style="list-style-type: none"> <li>Raw, dried or cooked fruits provide a variety of textures, temperatures, colors and flavors that complement so many other foods</li> <li>Since we are born with a strong liking for sweetness, fruits are usually more easily accepted by young children than vegetables</li> <li>Fruit is convenient and delicious for any meal, snack or dessert, and is also a good source of fiber</li> </ul> <p>Reference: (1, 4, 10, 12, 16, 17, 19, 20)</p>

Network for a Healthy California

## NUTRITION: Food Served

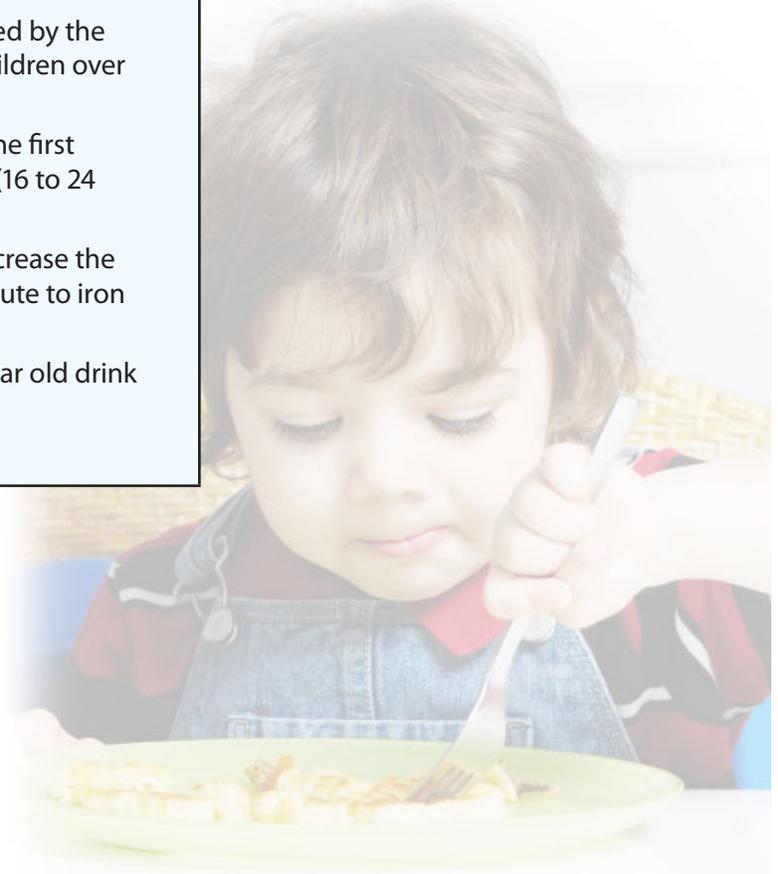
### 24 Milk served to children ages 2 years and older

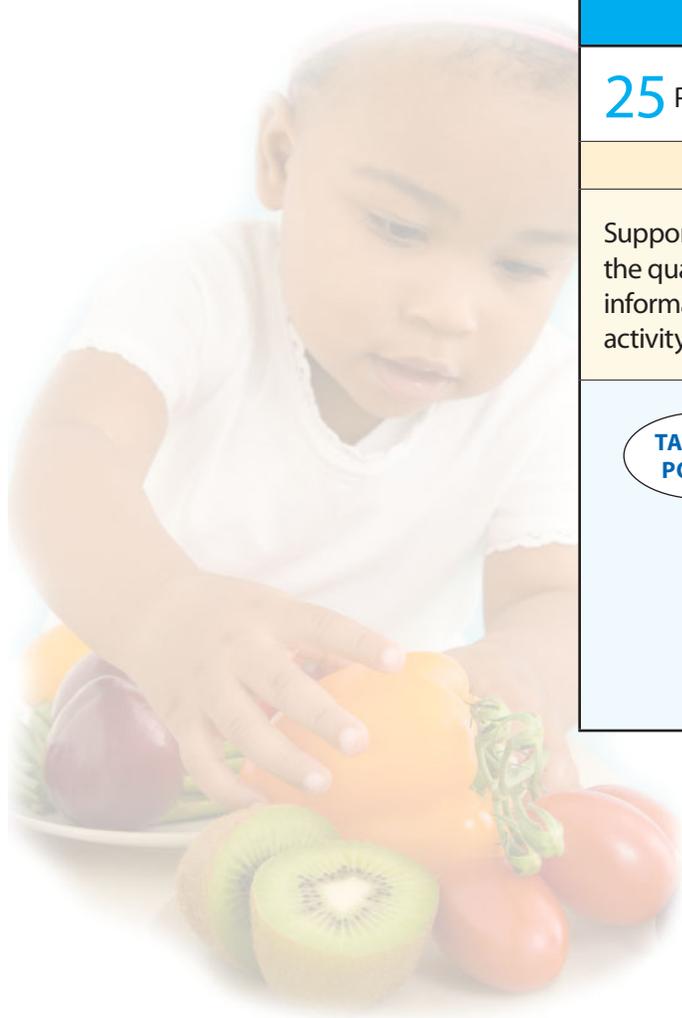
Best Practice	Rationale
<ul style="list-style-type: none"> <li>All milk served to children 2 years or older should be 1% or fat free milk. Milk or a milk substitute must be offered at each meal.</li> <li>Daily recommended serving: Age 1–8 years is 2 cups; 9–13 years is 3 cups.</li> </ul>	<p>Milk is an invaluable component of a child’s diet because it provides large amounts of many nutrients, including protein calcium, vitamin B-6, vitamin D, vitamin B-12 and magnesium. After age 2, children need less fat in their diets, and using lower fat milk is an easy way to reduce fat yet keep all the good nutrition provided by milk.</p>

TALKING POINTS

- Non-fat and low-fat milk have better nutrition and the same amount of Vitamin D as Reduced-fat and Whole milk
- Non-fat and low-fat milk are recommended by the American Academy of Pediatrics for all children over 2 years old
- In general, it is recommended that after the first birthday, 2 to 4 servings of milk each day (16 to 24 ounces total), depending on age
- Drinking too much milk each day may decrease the desire for other healthy foods and contribute to iron deficiency anemia in children
- It is recommended that children over 1 year old drink from a cup and not from a baby bottle

Reference: (1, 4, 10, 12, 16, 17)





**PHYSICAL ACTIVITY**

**25** Parents receive written physical activity policy upon enrollment.

Best Practice	Rationale
Support parents’ efforts to evaluate the quality of child care by providing information on nutrition, physical activity policies and meal schedules.	A statement of policy and practice can inform parents and provide them with a way to assess quality of child care.

**TALKING POINTS**

- Physical Activity (PA) policy that is written and implemented provides guidance for staff and aids in communication with parents
- PA policy prevents problems, provides solutions and is a measure of quality for a child care program
- PA policy can be used in provider’s newsletters and parent handbook

Reference: (1, 2, 3, 6, 8, 10, 12, 13, 14, 15, 17)

## PHYSICAL ACTIVITY

**26** Daily play and planned movement experiences both indoors and outdoors are provided to children.

### Best Practice

Structured physical activity is scheduled throughout the day as recommended by the National Association for Sport and Physical Education in the physical activity guidelines for infants, toddlers, and preschoolers. Unstructured playtime and planned movement experiences, both indoor and outdoor, are included in the daily schedule.

### Rationale

Children learn important motor skills during both structured and unstructured physical activity. A balance of each of these activities supports child development.

#### TALKING POINTS

- Children need to be active frequently throughout each day
- Physical activity is developmentally necessary for learning, growth and good health
- Large muscle development and balance are enhanced by both structured (directed by an adult) and unstructured play
- Toddlers should engage in a total of at least 30 minutes of structured physical activity each day, and at least 60 minutes and up to several hours per day of unstructured physical activity, and should not be sedentary for more than 60 minutes at a time, except when sleeping
- Preschoolers should accumulate at least 60 minutes of structured physical activity each day and engage in at least 60 minutes and up to several hours of unstructured physical activity each day, and should not be sedentary for more than 60 minutes at a time, except when sleeping (National Association for Sports and Physical Education)

Reference: (1, 3, 7, 12, 13, 14, 15, 16, 17, 19)





PHYSICAL ACTIVITY	
<p><b>27</b> Information is provided to parents about their children’s physical activity choices while in child care.</p>	
Best Practice	Rationale
<p>Daily information is provided to parents about their child’s activities and needs including eating and physical activity.</p>	<p>Children benefit when parents and caregivers share information about how to maintain complementary support for healthy choices at home and in the child care or preschool setting.</p>
<p><b>TALKING POINTS</b></p>	<ul style="list-style-type: none"> <li>• Shared information keeps parents aware of the activities children enjoy and participate in at child care</li> <li>• This communication may give parents some ideas for active play to be enjoyed with their child at home</li> <li>• Peers also influence a child’s activity and play experiences</li> </ul> <p>Reference: (1, 3, 7, 12, 13, 14, 15, 17, 19)</p>

PHYSICAL ACTIVITY	
<p><b>28</b> Staff participate in physical activities with children.</p>	
Best Practice	Rationale
<p>Adults join children in physical activity and demonstrate movement during structured play while supervising children.</p>	<p>Staff can role model and share the physical activity, while also demonstrating that being active is fun.</p>
<p><b>TALKING POINTS</b></p>	<ul style="list-style-type: none"> <li>• Child care providers can be role models for activity and structured (directed by an adult) play experiences with children</li> <li>• Children can see and experience that being active is fun for everyone</li> </ul> <p>Reference: (1, 3, 7, 12, 13, 14, 15, 17, 19)</p>

## PHYSICAL ACTIVITY

**29** Restriction of play time is not used as a disciplinary tool.

### Best Practice

Children should not be denied scheduled physical education, physical activity or play as a punishment. Physical activity should never be used as a reward or incentive.

### Rationale

Children enjoy and need to be active, which sometimes leads adults to use activity time as a tool for changing behavior. An inappropriate consequence is that children who are not compliant may be denied physical education or recess. This is counter to optimal child development.

#### TALKING POINTS

- Children need to be active throughout the day and should not be deprived of that opportunity while in child care
- Children who are acting out may be in greater need of an activity break from the classroom routine

Reference: (1, 3, 7, 12, 13, 14, 15, 17, 19)

## PHYSICAL ACTIVITY

**30** Activities, equipment and outside play areas are developmentally appropriate and safe.

### Best Practice

Activities and equipment are age appropriate, and all children, regardless of age, have equipment to play with and on that provides them the chance to have fun and be active.

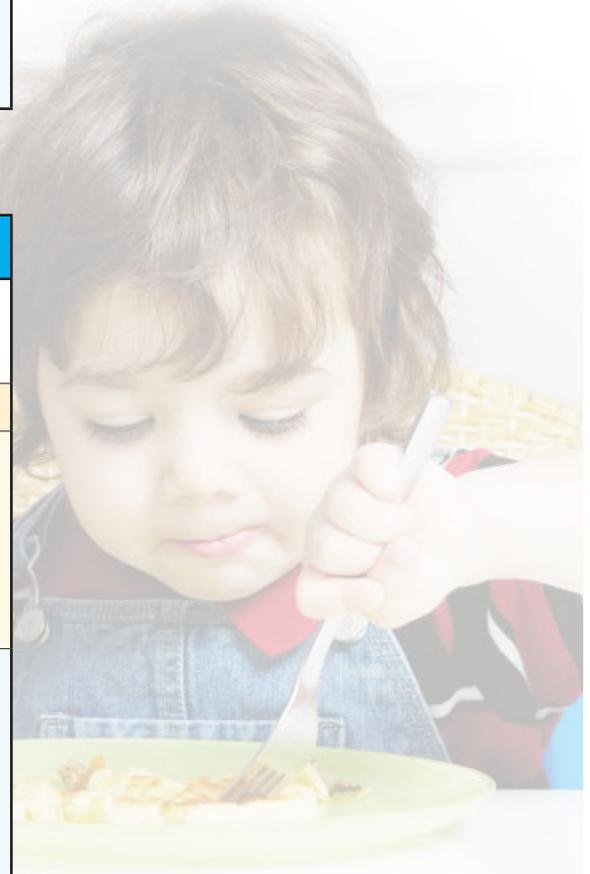
### Rationale

Young children are best served with separate facilities, equipment, and activities, which are designed specifically for their age group.

#### TALKING POINTS

- Age appropriate equipment is required for success in participating in physical activity outdoors, and is also essential for being safe while being active
- Having several different riding toys, balls of different sizes or rebound, and a variety of climbing equipment, allows each child the opportunity to practice and develop

Reference: (1, 3, 7, 12, 13, 14, 15, 17, 19)





**PHYSICAL ACTIVITY**

**31** Media time for children is used only for educational purposes.

Best Practice	Rationale
Restrict media (television, video, computer use and games) time that is not part of the educational plan. No media should be used by children under the age of 2. The American Academy of Pediatrics recommends no more than two hours of total screen time a day for older children.	Children in the last 30 years have become more inactive, due in part to the time they spend with media.

**TALKING POINTS**

- Media (television, videos, computer use and games) time in child care should be rare or never, but if used at all, always thoughtfully and meaningfully chosen in connection with educational goals
- Children spend much time being sedentary at home, often because parks are not nearby, unsafe neighborhoods prohibit outdoor play, and supervision may not be available
- Child care is a place where playing and being active is safe and freely available
- Child care settings provide care givers and teachers the opportunity to model the limitation of media and computer time, and to educate parents about alternative activities that families can do with their children

Reference: (1, 10, 12, 13, 15, 16, 19)

## STAFF AND PARENT TRAINING

**32** Training opportunities are provided for staff on physical activity for children.

Best Practice	Rationale
Staff is provided with education on physical activity and written policy regarding supervision and participation in physical activity with children, including the importance of developmentally appropriate activities and role modeling.	Staff who understand the need and importance of physical activity for children, will actively role model and teach these skills.

### TALKING POINTS

- Providers need to learn and understand the importance of active play while keeping children safe
- Providers need ideas for active play
- Providers who role model activity are teaching by “doing” and not just “saying”
- It is important to understand that physical activity helps children become competent movers and learn to enjoy being active

Reference: (3, 7, 8, 12, 13, 15, 16, 17, 18, 19)

## STAFF AND PARENT TRAINING

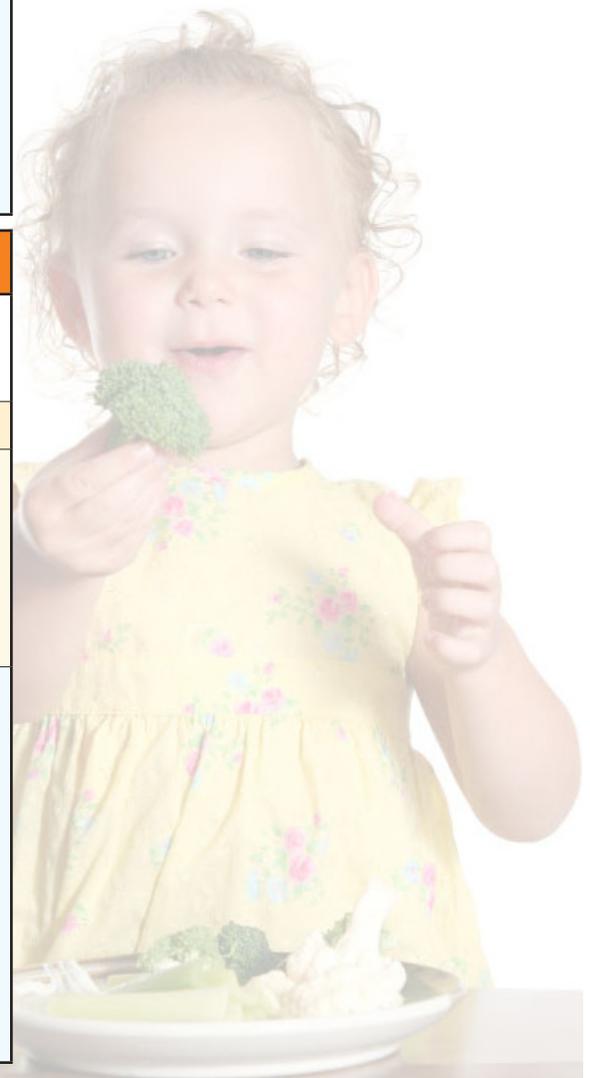
**33** Training opportunities are provided for staff on child nutrition.

Best Practice	Rationale
Staff is provided with education on child nutrition and written policy regarding sitting with children at mealtimes, sharing the same foods and being important role models.	Staff who understand the need and importance of good nutrition for children will actively role model and teach these skills.

### TALKING POINTS

- Providers need to learn and understand child nutrition and its importance to good health
- Providers who role model good nutrition, are teaching by “doing” and not just “saying”
- Teaching should also include the broader message that healthy eating makes you feel good and helps you stay well
- Providers need ideas for teaching simple nutrition to preschoolers and older children in care

Reference: (1, 3, 4, 6, 7, 8, 9, 10, 11, 12, 16, 17, 18, 19, 20)





## STAFF AND PARENT TRAINING

**34** Parents are provided information that encourages physical activity at home.

Best Practice	Rationale
Daily information is provided to parents about their child's favorite activities at school with ideas and suggestions for physical activity at home.	Children benefit when parents and caregivers share information about how to maintain complementary support for healthy choices at home and in the child care or preschool setting.
<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 20px;"> <p><b>TALKING POINTS</b></p> </div> <ul style="list-style-type: none"> <li>• Good communication between the child care provider and parent makes you a team, working together to help the child be active, learn and grow up to be healthy</li> <li>• Share ideas for activities that are fun for parents and children to do together at home</li> <li>• The information to parents and children should include the message that being active is fun</li> </ul> <p>Reference: (1, 4, 5, 7, 10, 12, 14, 16, 17, 18, 19)</p> </div>	

## STAFF AND PARENT TRAINING

**35** Parents are provided information on child nutrition and healthy eating.

Best Practice	Rationale
Information is provided about meals and snacks served in care, by posting daily menus with nutrition education resources and tips, to encourage healthy eating at home. Parents are also provided with information about how to access CalFresh, WIC, Summer Lunch, and other programs to help with access to nutritious foods.	Parents are responsible for planning, purchasing and preparing food for their children and families. Parents who are more knowledgeable about child nutrition and healthy eating will make better food choices for their children and families at home.
<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 20px;"> <p><b>TALKING POINTS</b></p> </div> <ul style="list-style-type: none"> <li>• Good communication between the child care provider and parent makes you a team, working together to help the child eat well, learn and grow up to be healthy</li> <li>• Share ideas for feeding children well, such as recipes that the children enjoy, child nutrition information from newsletters or CACFP, and suggestions for adults cooking with children</li> <li>• Gardening and grocery or farmer's market shopping are great ways to learn about foods</li> </ul> <p>Reference: (4, 5, 7, 8, 9, 10, 12, 16, 17, 18, 19, 20)</p> </div>	





## NUTRITION: Feeding Practices / Food Served

Resource	Topic Areas
1. American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education <a href="http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf">http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf</a>	Preventing Childhood Obesity in Early Care and Education Programs—selected Standards from Caring for Our Children: National Health and Safety Performance Standards
2. American Dietetic Association <a href="http://www.eatright.org/About/Content.aspx?id=8366">http://www.eatright.org/About/Content.aspx?id=8366</a>	Benchmarks for Nutrition Programs in Child Care Settings – American Dietetic Association
3. California Department of Education <a href="http://www.cde.ca.gov/ls/nu/he/documents/keepchildhealexecsumm.pdf">http://www.cde.ca.gov/ls/nu/he/documents/keepchildhealexecsumm.pdf</a>	Keeping Children Healthy in California’s Child Care Environments: recommendations to improve nutrition and increase physical activity
4. California Women, Infants and Children Supplemental Nutrition Program (WIC) <a href="http://www.wicworks.ca.gov">www.wicworks.ca.gov</a> <a href="http://www.cdph.ca.gov/programs/wicworks/Pages/WICHealthyHabitsCampaign.aspx">http://www.cdph.ca.gov/programs/wicworks/Pages/WICHealthyHabitsCampaign.aspx</a> <a href="http://www.cdph.ca.gov/programs/wicworks/Pages/WICBreastfeeding.aspx">http://www.cdph.ca.gov/programs/wicworks/Pages/WICBreastfeeding.aspx</a>	a. General information and resource links b. Healthy Habits Campaign c. Breastfeeding
5. California Head Start Association <a href="http://www.caheadstart.org/HeadStartGardenGuide07.pdf">http://www.caheadstart.org/HeadStartGardenGuide07.pdf</a>	Growing, Eating, Living: A Garden Guide for Head Start
6. Children’s HealthWatch Policy Action Brief <a href="http://www.childrenshealthwatch.org/upload/resource/cacfp_brief_jan10.pdf">http://www.childrenshealthwatch.org/upload/resource/cacfp_brief_jan10.pdf</a>	Child Care Feeding Programs Support Young Children’s Healthy Development
7. Color Me Healthy <a href="http://www.colormehealthy.com/professional/index.html">http://www.colormehealthy.com/professional/index.html</a>	Interactive learning opportunities on physical activity and healthy eating

## NUTRITION: Feeding Practices / Food Served (continued)

Resource	Topic Areas
8. Contra Costa Child Care Council	
<a href="http://www.cocokids.org/health-and-nutrition/nutr/serve-kids/">http://www.cocokids.org/health-and-nutrition/nutr/serve-kids/</a>	a. Best practices for serving food to kids
<a href="http://www.cocokids.org/health-and-nutrition/nutr/choice/">http://www.cocokids.org/health-and-nutrition/nutr/choice/</a>	b. Developing Nutrition and Physical activity policies
<a href="http://www.cocokids.org/health-and-nutrition/nutr/role-model/">http://www.cocokids.org/health-and-nutrition/nutr/role-model/</a>	c. Healthy Role Models
<a href="http://www.cocokids.org/health-and-nutrition/nutr/feed-well/">http://www.cocokids.org/health-and-nutrition/nutr/feed-well/</a>	d. Feeding Children Well
9. Ellyn Satter R.D., M.S., M.S.S.W.	
<a href="http://www.ellynsatter.com/ellyn-satters-division-of-responsibility-in-feeding-i-80.html">http://www.ellynsatter.com/ellyn-satters-division-of-responsibility-in-feeding-i-80.html</a>	a. Feeding Relationships
<a href="http://www.ellynsatter.com/how-to-feed-i-24.html">http://www.ellynsatter.com/how-to-feed-i-24.html</a>	b. Child Development
10. First 5	
<a href="http://www.f5ac.org/nutrition/doc.aspx?id=4">http://www.f5ac.org/nutrition/doc.aspx?id=4</a>	a. Nutrition and Physical Activity for Children Birth to 5
<a href="http://www.first5la.org/files/WIC-Preventing-overweight-PHFE-Data%20Mining2.pdf">http://www.first5la.org/files/WIC-Preventing-overweight-PHFE-Data%20Mining2.pdf</a>	b. Preventing Early Childhood Overweight
<a href="http://www.cafc.ca.gov/Help/ntp.asp">http://www.cafc.ca.gov/Help/ntp.asp</a>	c. Nutrition and Exercise – Tips for Parents and Caregivers
11. Laurel J. Branen, PhD, R.D. L.D., Janice Fletcher, Ed.D. University of Idaho	
<a href="http://www.ag.uidaho.edu/feeding/pdfs/1_2%20Best%20Practices.pdf">http://www.ag.uidaho.edu/feeding/pdfs/1_2%20Best%20Practices.pdf</a>	a. Best Practices for Serving Foods to Groups of Children
<a href="http://www.cals.uidaho.edu/feeding/pdfs/BMER.pdf">http://www.cals.uidaho.edu/feeding/pdfs/BMER.pdf</a>	b. Building Mealtime Environment and Relationships: An Inventory for Feeding Young Children in Group Settings



## NUTRITION: Feeding Practices / Food Served (continued)

Resource	Topic Areas
12. USDA Food and Nutrition Service: Nutrition Education	
<a href="http://www.fns.usda.gov/fns/nutrition.htm">http://www.fns.usda.gov/fns/nutrition.htm</a>	a. Center for Nutrition Policy and Promotion
<a href="http://www.fns.usda.gov/tn/">http://www.fns.usda.gov/tn/</a>	b. Team Nutrition
<a href="http://teamnutrition.usda.gov/Resources/eatsmartmaterials.html">http://teamnutrition.usda.gov/Resources/eatsmartmaterials.html</a>	c. Eat Smart. Play Hard: Materials and Resources
<a href="http://teamnutrition.usda.gov/Resources/growit.html">http://teamnutrition.usda.gov/Resources/growit.html</a>	d. Grow It, Try It, Like It! Preschool Fun with Fruits and Vegetables is a garden-themed nutrition education kit for child care center staff that introduces children to fruits and vegetables
<a href="http://www.fns.usda.gov/tn/resources/nibbles.html">http://www.fns.usda.gov/tn/resources/nibbles.html</a>	e. Nibbles for Health: Nutrition Newsletters for Parents of Young Children
<a href="http://teamnutrition.usda.gov?Resources/eatsmartactivitiesheets.html">http://teamnutrition.usda.gov?Resources/eatsmartactivitiesheets.html</a>	f. Eat Smart Play Hard Campaign Lesson Plans and Masters for children at 2 age ranges: 4 & 5, 11-12 years. Includes coloring sheets, stickers, placemats, posters, web site, parent information
<a href="http://teamnutrition.usda.gov/Resources/MPFK_preschool.pdf">http://teamnutrition.usda.gov/Resources/MPFK_preschool.pdf</a>	g. My Pyramid for Preschoolers: parent handouts, posters, WIC Fact Sheets, Flyers – USDA
<a href="http://teamnutrition.usda.gov/kids-pyramid.html">http://teamnutrition.usda.gov/kids-pyramid.html</a>	h. My Pyramid for Kids: Nutrition and Physical Activity Standards
<a href="http://www.fns.usda.gov/fns/corenutritionmessages/Maximizing.htm">http://www.fns.usda.gov/fns/corenutritionmessages/Maximizing.htm</a>	i. Food and Nutrition Service Core Nutrition Messages
<a href="http://www.letsmove.gov/">http://www.letsmove.gov/</a>	j. Let's Move Helpful tips and step-by-step strategies for families, schools and communities to help kids be more active, eat better, and grow up healthy.
<a href="http://teamnutrition.usda.gov/Resources/feedinginfants-ch3.pdf">http://teamnutrition.usda.gov/Resources/feedinginfants-ch3.pdf</a>	k. Feeding Infants
<a href="http://www.fns.usda.gov/cnd/care/tools.htm">http://www.fns.usda.gov/cnd/care/tools.htm</a>	l. Child and Adult Care Food Program

## PHYSICAL ACTIVITY

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Resource	Topic Areas
13. Centers for Disease Control and Prevention	
<a href="http://www.cdc.gov/physicalactivity/everyone/guidelines/children.html">http://www.cdc.gov/physicalactivity/everyone/guidelines/children.html</a>	a. Physical Activity Guidelines for Children
<a href="http://www.cdc.gov/youthcampaign/pressroom/article/decreasing-screen.htm">http://www.cdc.gov/youthcampaign/pressroom/article/decreasing-screen.htm</a>	b. Decreasing Screen Time
14. Contra Costa Child Care Council	
<a href="http://www.cocokids.org/health-and-nutrition/child-fit/">http://www.cocokids.org/health-and-nutrition/child-fit/</a>	Child Fitness
15. National Association for Sport and Physical Education	
<a href="http://www.aahperd.org/naspe/standards/nationalGuidelines/ActiveStart.cfm">http://www.aahperd.org/naspe/standards/nationalGuidelines/ActiveStart.cfm</a>	a. Active Start: A Statement of Physical Activity Guidelines for Children From Birth to Age 5, 2nd Edition
<a href="http://www.aahperd.org/naspe/standards/nationalGuidelines/PAGuidelines.cfm">http://www.aahperd.org/naspe/standards/nationalGuidelines/PAGuidelines.cfm</a>	b. Physical Activity for Children: A Statement of Guidelines for Children 5 – 12, 2nd Edition
<a href="http://www.aahperd.org/naspe/standards/upload/Physical-Activity-as-Punishment-to-Board-12-10.pdf">http://www.aahperd.org/naspe/standards/upload/Physical-Activity-as-Punishment-to-Board-12-10.pdf</a>	c. Physical Activity used as Punishment and/or Behavior Management-position statement
<a href="http://www.aahperd.org/headstartbodystart/">http://www.aahperd.org/headstartbodystart/</a>	d. HeadStart Body Start





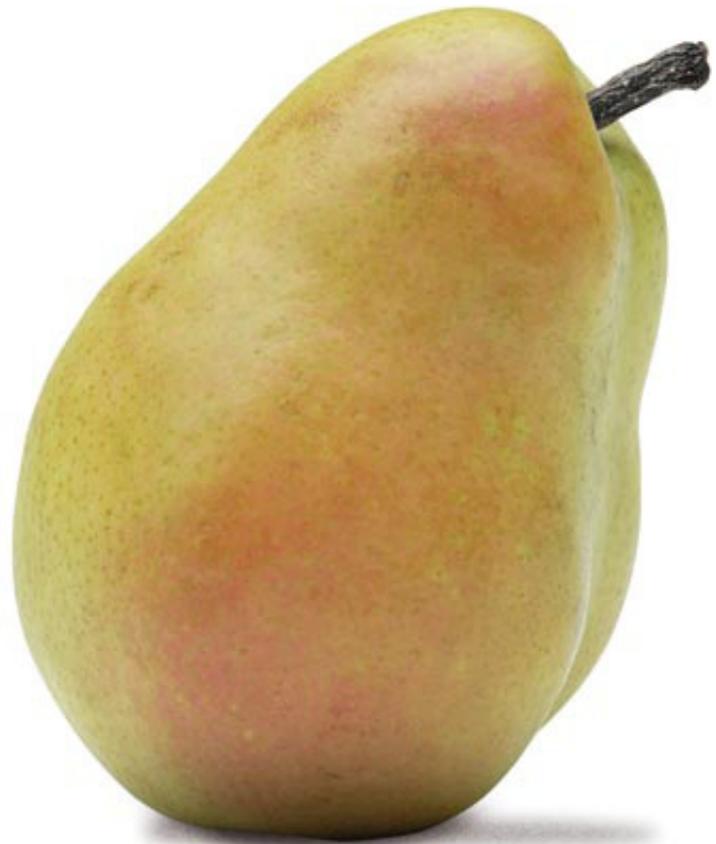
## STAFF AND PARENT TRAINING

Resource	Topic Areas
16. American Academy of Pediatrics <a href="http://www.aap.org/healthtopics/physact.cfm">http://www.aap.org/healthtopics/physact.cfm</a> <a href="http://www.aap.org/healthtopics/overweight.cfm">http://www.aap.org/healthtopics/overweight.cfm</a>	a. Physical Activity b. Childhood Overweight and Obesity
17. Centers for Disease Control and Prevention <a href="http://www.cdc.gov/nutrition/index.html">http://www.cdc.gov/nutrition/index.html</a> <a href="http://www.cdc.gov/obesity/childhood/index.html">http://www.cdc.gov/obesity/childhood/index.html</a> <a href="http://www.cdc.gov/physicalactivity/everyone/guidelines/children.html">http://www.cdc.gov/physicalactivity/everyone/guidelines/children.html</a>	a. Nutrition b. Overweight and Obesity c. Physical Activity and Exercise
18. Contra Costa Child Care Council <a href="http://www.cocokids.org/health-and-nutrition/nutr/">http://www.cocokids.org/health-and-nutrition/nutr/</a> <a href="http://www.cocokids.org/health-and-nutrition/child-health/">http://www.cocokids.org/health-and-nutrition/child-health/</a> <a href="http://www.cocokids.org/health-and-nutrition/child-fit/">http://www.cocokids.org/health-and-nutrition/child-fit/</a>	a. Child Nutrition b. Child Health c. Child Fitness
19. Network for Healthy California <a href="http://www.cdph.ca.gov/programs/cpns/Pages/Links.aspx">http://www.cdph.ca.gov/programs/cpns/Pages/Links.aspx</a> <a href="http://www.network-toolbox.net/en/index.asp">http://www.network-toolbox.net/en/index.asp</a> <a href="http://www.cachampionsforchange.net/en/index.php">http://www.cachampionsforchange.net/en/index.php</a> <a href="http://www.banpac.org/resources_sugar_savvy_drink_otter.htm">http://www.banpac.org/resources_sugar_savvy_drink_otter.htm</a>	a. Resource Links for Fruit, Vegetable, Physical Activity b. Fruit, Vegetable and Physical Activity Tool Box for Community Educators c. Champions for Change-resources \ d. Drink Water Said The Otter - book for preschool aged children that encourages drinking water
20. Orange County Department of Education <a href="http://healthycalifornia.ocde.us/For_Educators/Pre-K.htm">http://healthycalifornia.ocde.us/For_Educators/Pre-K.htm</a>	Harvest of the Month-resources designed for use in early childhood settings for teachers and parents



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# **Writing and Implementing Nutrition & Physical Activity Policy**







## Writing Policy for Child Care Environments

Having a written and implemented nutrition and physical activity policy is a measurement of quality in child care. It will contribute to improving the health of the children in care because it:

- defines the *guidelines* that are the framework of your child care center or home
- creates a basis for staff training and parent education
- translates standards and practices into a useable form
- provides consistency and continuity, improving communication with staff and parents

## Using the SAQ and Best Practices Manual

These two documents work together to provide the necessary tools to write and implement nutrition and physical activity policy for your child care home/center.

1. Complete the SAQ and identify the areas found in the SAQ that you would like to include in your nutrition or physical activity policy
2. Refer the *Best Practices Manual* to learn more about the best practice, its rationale, and talking points in order to compose a policy statement that best reflects your desired nutrition and/or physical activity policy goal.
3. Choose each area you want to include in your policy and use the *best practice work sheets* and sample language for policy as a start to writing your policy in your own words to suit your child care environment.

## A Case Study: Nutrition and Physical Activity Policy Development

A family child care home/center has decided to develop nutrition and physical activity guidelines. After completing the *Self Assessment Questionnaire*, several areas in each of the four domains were of interest to include in the policy for the parent handbook and used to train new assistants. In the *Nutrition: Feeding Practices section*, the provider wanted to include the following best practices: menus are posted for parents to see (#4); and portions

sizes are age appropriate (#6). In the *Nutrition: Foods Served* section, milk served to children 2 years and older (#24); in the *Physical Activity* section, media time for children is used only for education purposes (#31); and in the *Staff and Parent Training* section, parents are provided information on child nutrition and healthy eating (#35). Using the sample policy statements given in the *best practices worksheets* as a guide, the provider wrote the following guideline (policy) for her child care center/home.

## A Case Study: Child Care Nutrition and Physical Activity Guidelines

As a commitment to your child's health, this child care program follows these guidelines in feeding your children and promoting physical activity.

- Menus are posted so that parents will have daily information about their children's nutrition. (Best Practice #4)
- Meals and snacks served to children meet the USDA Child and Adult Care Food Program (CACFP) age appropriate portion and meal pattern and requirements. We serve a variety of foods and encourage their acceptance by offering new foods along with more familiar foods. (Best Practice #6)
- Whole milk is served to children between the ages of 1 and 2. At 2 years, we will serve only 1% or fat-free milk which is a best practice as recommended by the American Academy of Pediatrics. (Best Practice #24)
- Media time (television, videos, and computer use) is always thoughtfully and meaningfully chosen in connection with education goals. (Best Practice #31)
- Parents are provided with information on child nutrition and healthy eating, offered ideas and recipes to use at home, given information about their children's nutrition while in care, and helped to understand that they are important role models for their children's healthy eating. (Best Practice #35)



## NUTRITION: Feeding Practices

**Best Practice #1** – Parents receive written nutrition policies upon enrollment.

To incorporate this best practice into a written and implemented policy, these are some ideas to consider:

- promotion of healthy options and restriction of unhealthy options
- guidelines on food brought from home
- meals and snacks scheduled at regular times
- children decide which foods they will eat from foods offered
- adults sit with children at mealtime
- adults eat the same foods as children at mealtime
- menus posted
- children serve themselves from serving dishes
- allergies and other special needs taken into account
- foods provided by the site or avoided, such as peanuts

### Sample policy:

*Food served to children meet the USDA CACFP requirements, promote an acceptance of a variety of foods by offering new foods along with more familiar foods, and are culturally appropriate, respecting all children's food customs.*

**Your ideas to consider:**

**Your existing policy:**

**Changes and additions:**

**Proposed new policy:**

**Steps for implementing new policy:**

# NUTRITION: Feeding Practices

**Best Practice #2** – Parents are informed about what their children are eating.

To incorporate this best practice into a written and implemented policy, these are some ideas to consider:

- how are parents informed—written or verbally
- what information do they receive
- how often do parents receive this information
- menus are posted
- support parents so they are healthy role models for their children

## Sample policy:

*Information is provided to parents about their children’s daily nutrition by posting menus, having ongoing conversations with teachers, and as part of regularly scheduled parent meetings.*

**Your ideas to consider:**

**Your existing policy:**

**Changes and additions:**

**Proposed new policy:**

**Steps for implementing new policy:**



## NUTRITION: Feeding Practices

**Best Practice #3** – If food is brought from home, parents are provided with guidelines.

To incorporate this best practice into a written and implemented policy, these are some ideas to consider:

- clear, easy to understand and simply written
- include promotion of healthy options and restriction of unhealthy foods
- consider food safety—preparation, serving, storing, and hand washing
- consider prior approval of foods brought for special occasions
- determine how parents will receive the guidelines

### Sample policy:

Food that is brought from home must follow the written guidelines, and be approved in advance for special occasions and holidays.

**Your ideas to consider:**

**Your existing policy:**

**Changes and additions:**

**Proposed new policy:**

**Steps for implementing new policy:**

# NUTRITION: Feeding Practices

## **Best Practice #4** – Menus are posted for parents to see.

To incorporate this best practice into a written and implemented policy, these are some ideas to consider:

- menus provide daily information to a parent about their child’s nutrition
- menus are a visual example of the components of a healthy meal or snack
- posted menus may include descriptive information, such as **whole grain** cereal, **fresh** fruit, **1%** milk
- snacks are mini-meals and should include the same healthy foods as served at regular meals
- parents are partners in providing good nutrition

### **Sample policy:**

*Menus are posted so that parents will have daily information about their children’s nutrition.*

### **Your ideas to consider:**

### **Your existing policy:**

### **Changes and additions:**

### **Proposed new policy:**

### **Steps for implementing new policy:**



## NUTRITION: Feeding Practices

**Best Practice #5** – Meals and snacks are scheduled at regular times.

To incorporate this best practice into a written and implemented policy, these are some ideas to consider:

- mealtime scheduling—either a meal or snack is offered to children at least every 2–3 hours
- consider including specific serving times of meals and snacks
- mealtime scheduling should allow for relaxed eating and conversation

### Sample policy:

*Either a meal or a snack is offered every 2–3 hours.*

**Your ideas to consider:**

**Your existing policy:**

**Changes and additions:**

**Proposed new policy:**

**Steps for implementing new policy:**

# NUTRITION: Feeding Practices

## **Best Practice #6** – Portion sizes are age appropriate.

To incorporate this best practice into a written and implemented policy, these are some ideas to consider:

- meals and snacks meet the requirements and portion size recommendations of the Child and Adult Care Food Program (CACFP)
- children serve themselves during meals and snacks with adult supervision
- food is served in a manner that allows children to select age appropriate portions from a variety of foods offered

## **Sample policy:**

*Meals and snacks meet the portion size recommendations of the CACFP.  
Food is served, using child-sized utensils and dishes, in a manner that allows children to select age appropriate amounts from a variety of foods offered.*

## **Your ideas to consider:**

## **Your existing policy:**

## **Changes and additions:**

## **Proposed new policy:**

## **Steps for implementing new policy:**



## NUTRITION: Feeding Practices

**Best Practice #7** – Mealtimes are relaxed, calm and with shared conversation.

To incorporate this best practice into a written and implemented policy, these are some ideas to consider:

- quiet time precedes meals to promote relaxed eating
- meal schedules are long enough to allow for relaxed eating and
- sharing pleasant conversation

### Sample policy:

*A brief quiet time precedes each meal, and meal schedules allow adequate time for passing, serving food, eating and sharing pleasant conversation.*

**Your ideas to consider:**

**Your existing policy:**

**Changes and additions:**

**Proposed new policy:**

**Steps for implementing new policy:**

# NUTRITION: Feeding Practices

**Best Practice #8** – Children decide which foods they will eat from the foods offered.

To incorporate this best practice into a written and implemented policy, these are some ideas to consider:

- children serve themselves during meals and snacks with adult supervision
- food is served in a manner that allows children to select age appropriate portions from a variety of foods offered

## Sample policy:

*Children naturally choose a balanced diet when presented with a variety of healthy foods.*

**Your ideas to consider:**

**Your existing policy:**

**Changes and additions:**

**Proposed new policy:**

**Steps for implementing new policy:**



## NUTRITION: Feeding Practices

**Best Practice #9** – Children are not required to eat all the food on their plates.

To incorporate this best practice into a written and implemented policy,

- these are some ideas to consider:
- the Division of Responsibility for feeding children is that the adult is responsible for *what, when, where*, and the child is responsible for *how much and whether*
- menu planning takes into consideration children's ability to eat successfully on their own

### Sample policy:

*Children are responsible for how much and whether they will eat, while the adult is responsible for what, when, and where.*

**Your ideas to consider:**

**Your existing policy:**

**Changes and additions:**

**Proposed new policy:**

**Steps for implementing new policy:**

# NUTRITION: Feeding Practices

## **Best Practice #10** – Children serve themselves from serving dishes at mealtime

To incorporate this best practice into a written and implemented policy, these are some ideas to consider:

- children serve meals and snacks to themselves with adult supervision
- food is served in a manner that allows children to select age appropriate portions from a variety of foods offered
- utensils and serving dishes are child sized
- adults eat with children to role model appropriate food handling and insure that assistance is nearby

### **Sample policy:**

*Children serve themselves during meals and snacks with adult supervision. Foods are served in a manner that allows children to select amounts and varieties of foods they will eat with minimal assistance. Furniture, utensils and dishes are child-sized.*

### **Your ideas to consider:**

### **Your existing policy:**

### **Changes and additions:**

### **Proposed new policy:**

### **Steps for implementing new policy:**



## NUTRITION: Feeding Practices

**Best Practice #11** – Children with special needs have their nutrition needs taken into account.

To incorporate this best practice into a written and implemented policy, these are some ideas to consider:

- written description of special nutritional needs
- family and professional consultations as needed
- clearly post a list of foods to omit and foods to substitute
- monitor to assure menu and eating skills are progressing appropriately
- maximum self-feeding is encouraged

### Sample policy:

*Children with special needs have meals planned with professional and family consultation. A written description of feeding needs is required from a child's physician before entering care.*

**Your ideas to consider:**

**Your existing policy:**

**Changes and additions:**

**Proposed new policy:**

**Steps for implementing new policy:**

# NUTRITION: Feeding Practices

**Best Practice #12** – Food is served in a form that young children can eat with minimum assistance and without choking.

To incorporate this best practice into a written and implemented policy, these are some ideas to consider:

- food is prepared and served appropriately, with consideration for each child’s ability to chew, swallow, pick up foods and use utensils
- food is modified as children get older, increasing texture appropriately

## Sample policy:

*Food is prepared and served with consideration for each child’s ability to chew, swallow and feed themselves.*

**Your ideas to consider:**

**Your existing policy:**

**Changes and additions:**

**Proposed new policy:**

**Steps for implementing new policy:**



## NUTRITION: Feeding Practices

### **Best Practice #13** – Adults sit with children at mealtime.

To incorporate this best practice into a written and implemented policy, these are some ideas to consider:

- adults model appropriate mealtime behaviors that contribute to a relaxing and social mealtime experience
- adults help with serving and feeding, are part of the conversation, and prevent choking, spreading of germs or conflict among children

### **Sample policy:**

*Adults sit with the children so that mealtime is relaxing and social, that behaviors are modeled and assistance is nearby.*

### **Your ideas to consider:**

### **Your existing policy:**

### **Changes and additions:**

### **Proposed new policy:**

### **Steps for implementing new policy:**

# NUTRITION: Feeding Practices

**Best Practice #14** – Adults eat the same foods as children at mealtime.

To incorporate this best practice into a written and implemented policy, these are some ideas to consider:

- adults model appropriate eating behaviors by enjoying the same foods as the children, while supervising the mealtime environment and sharing the mealtime conversation
- adults help with serving and feeding, and prevent choking, spreading of germs or conflict among the children

## Sample policy:

*Adults eat the same foods as the children in order to be role models for good nutrition, appropriate mealtime behaviors and also provide assistance.*

**Your ideas to consider:**

**Your existing policy:**

**Changes and additions:**

**Proposed new policy:**

**Steps for implementing new policy:**



## NUTRITION: Feeding Practices

**Best Practice #15** – Foods are served that reflects the ethnicity and cultures of all children in the center/home.

To incorporate this best practice into a written and implemented policy, these are some ideas to consider:

- new foods are offered with familiar foods
- foods are culturally appropriate
- introduction of unfamiliar foods and flavors

### Sample policy:

*Foods served promote acceptance of a variety of foods by regularly offering new foods along with more familiar foods, and are culturally appropriate, respecting all children's food customs.*

**Your ideas to consider:**

**Your existing policy:**

**Changes and additions:**

**Proposed new policy:**

**Steps for implementing new policy:**

# NUTRITION: Feeding Practices

**Best Practice #16** – Special occasions and holidays are celebrated with mostly healthy foods or with non-food treats.

To incorporate this best practice into a written and implemented policy, these are some ideas to consider:

- provide guidelines for food brought from home
- consider food safety: hand washing, preparation, serving, and storing
- suggestions for non-food celebration ideas
- scheduling of celebrations
- prior approval for parent requested celebrations

## Sample policy:

*For celebrations and holiday parties, please provide non food treats or healthy foods, especially fruits and vegetables.*

**Your ideas to consider:**

**Your existing policy:**

**Changes and additions:**

**Proposed new policy:**

Steps for implementing new policy:



## NUTRITION: Feeding Practices

**Best Practice #17** – Parents are provided a supportive breastfeeding environment.

To incorporate this best practice into a written and implemented policy, these are some ideas to consider:

- provide a quiet and private space for parent to breastfeed or express breast milk
- accurately label all breast milk and store in the refrigerator
- sensitivity to breastfeeding mothers and their babies schedules
- staff trained in handling human milk
- breastfeeding information and resources available

### Sample policy:

*Breastfeeding mothers are provided a private and comfortable place to breastfeed their babies or express their milk. Sensitivity will be shown to breastfeeding mothers and their babies' schedules.*

**Your ideas to consider:**

**Your existing policy:**

**Changes and additions:**

**Proposed new policy:**

**Steps for implementing new policy:**

# NUTRITION: Feeding Practices

**Best Practice #18** – Water is freely available both indoors and outdoors.

To incorporate this best practice into a written and implemented policy, these are some ideas to consider:

- children always have access to safe drinking water
- children are encouraged to drink water throughout the day
- adults model frequent drinking of water

## Sample policy:

*Children always have access to safe drinking water and are encouraged to drink water frequently throughout the day.*

**Your ideas to consider:**

**Your existing policy:**

**Changes and additions:**

**Proposed new policy:**

**Steps for implementing new policy:**



## NUTRITION: Food Served

### **Best Practice #19** – 100% juice

To incorporate this best practice into a written and implemented policy, these are some ideas to consider:

- limit unsweetened 100% juice to 4 fluid ounces each day
- compare nutrient content of juice with the same fruit portion size
- sugar sweetened beverages not served
- water is visible and available for self serving in and outdoors

### **Sample policy:**

*Only 100% juice is served and is limited to no more than 4 ounces each day.*

**Your ideas to consider:**

**Your existing policy:**

**Changes and additions:**

**Proposed new policy:**

**Steps for implementing new policy:**

## NUTRITION: Food Served

**Best Practice #20** – Chicken nuggets, fish sticks, hot dogs, corn dogs, bologna or other lunch meat, sausage or bacon

To incorporate this best practice into a written and implemented policy, these are some ideas to consider:

- offer fried or pre-fried meats or fish less than once a week or never
- offer beans or lean meats or fish at least once a day

### **Sample policy:**

*Fried or baked pre-fried foods such as chicken nuggets and fish sticks, or high fat and high sodium items such as sausage, bacon and bologna are offered no more than two times per week.*

**Your ideas to consider:**

**Your existing policy:**

**Changes and additions:**

**Proposed new policy:**

**Steps for implementing new policy:**



## NUTRITION: Food Served

**Best Practice #21** – Whole grain bread, oatmeal, whole grain cereal, brown rice, whole wheat tortillas, corn tortillas or other whole grains

To incorporate this best practice into a written and implemented policy, these are some ideas to consider:

- offer breads, pastas, and grains made from whole grains
- serve whole grain cereals containing 6 grams of sugar or less

### **Sample policy:**

*At least half of the breads, cereals and grains offered are whole grains.*

**Your ideas to consider:**

**Your existing policy:**

**Changes and additions:**

**Proposed new policy:**

**Steps for implementing new policy:**

# NUTRITION: Food Served

**Best Practice #22** – Vegetables including fresh, frozen or canned.

To incorporate this best practice into a written and implemented policy, these are some ideas to consider:

- serve vegetables at least twice a day
- offer a variety of vegetables, other than potatoes and corn, daily
- include healthy foods (fruits and vegetables) for celebrations and special occasions

## Sample policy:

*Fresh, frozen or canned vegetables are served at least twice a day, and at celebrations and special occasions.*

**Your ideas to consider:**

**Your existing policy:**

**Changes and additions:**

**Proposed new policy:**

**Steps for implementing new policy:**



## NUTRITION: Food Served

**Best Practice #23** – Fruit, including fresh, canned in water or own juice, frozen or dried

To incorporate this best practice into a written and implemented policy, these are some ideas to consider:

- offer a variety of fruit at least twice a day
- include healthy foods (fruits and vegetables) for celebrations and special occasions

### **Sample policy:**

*Fruit is served at least three times a day, and at celebrations and special occasions.*

**Your ideas to consider:**

**Your existing policy:**

**Changes and additions:**

**Proposed new policy:**

**Steps for implementing new policy:**

# NUTRITION: Food Served

## **Best Practice #24** – Milk served to children ages 2 years and older

To incorporate this best practice into a written and implemented policy, these are some ideas to consider:

- serve fat free or 1% milk to children 2 years and older (American Academy of Pediatrics recommendation)
- serve whole milk to children between 1 year and up to their 2<sup>nd</sup> birthday

### **Sample policy:**

*1% or fat free milk is served to children who are 2 years and older, and whole milk is served to 1 year olds.*

**Your ideas to consider:**

**Your existing policy:**

**Changes and additions:**

**Proposed new policy:**

**Steps for implementing new policy:**



## PHYSICAL ACTIVITY

**Best Practice #25** – Parents receive written physical activity policy upon enrollment.

To incorporate this best practice into a written and implemented policy, these are some ideas to consider:

- provide frequent information to parents about their child’s physical activity
- recognize parents as partners in fostering physical activity
- support parents and staff as role models for physical activity

### **Sample policy:**

*Parents are partners in encouraging physical activity for children, and are supported in being healthy role models for their children.*

**Your ideas to consider:**

**Your existing policy:**

**Changes and additions:**

**Proposed new policy:**

**Steps for implementing new policy:**

# PHYSICAL ACTIVITY

**Best Practice #26** – Daily play and planned movement experiences both indoors and outdoors are provided to children

To incorporate this best practice into a written and implemented policy, these are some ideas to consider:

- amount of time appropriate for toddlers and preschoolers
- regularly scheduled structured and unstructured playtime
- adult role modeling of active behavior
- no more than 60 minutes of sedentary time

## Sample policy:

*Structured physical activity is provided each day to include 30 minutes for toddlers and 60 minutes for preschoolers. Unstructured indoor and outdoor play times are also included daily. There is never more than 60 consecutive minutes of sedentary time during the day.*

**Your ideas to consider:**

**Your existing policy:**

**Changes and additions:**

**Proposed new policy:**

**Steps for implementing new policy:**



## PHYSICAL ACTIVITY

**Best Practice #27** – Information is provided to parents about their children’s physical activity choices while in child care.

To incorporate this best practice into a written and implemented policy, these are some ideas to consider:

- parents are partners and role models for physical activity
- knowledge of activities enjoyed while in child care may help parents engage their children in physical activity on weekends

### Sample policy:

*Information is regularly provided to parents about their child’s daily physical activity while in care. Parents are provided with ideas for being active with their children on weekends, and support for being healthy role models for their children.*

**Your ideas to consider:**

**Your existing policy:**

**Changes and additions:**

**Proposed new policy:**

**Steps for implementing new policy:**

# PHYSICAL ACTIVITY

**Best Practice #28** – Staff participate in physical activities with children.

To incorporate this best practice into a written and implemented policy, these are some ideas to consider:

- adults demonstrate movement during structured play while supervising children
- adults role model being active
- adults joining children in physical activity demonstrate that being active is fun

## **Sample policy:**

*Staff is a partner in encouraging healthy physical activity for children and in role modeling that being active is fun.*

**Your ideas to consider:**

**Your existing policy:**

**Changes and additions:**

**Proposed new policy:**

**Steps for implementing new policy:**



## PHYSICAL ACTIVITY

**Best Practice #29** – Restriction of play time is not used as a disciplinary tool.

To incorporate this best practice into a written and implemented policy, these are some ideas to consider:

- children need to be active throughout the day
- restriction of playtime is an inappropriate and ineffective disciplinary tool

### **Sample policy:**

*Children are never denied physical activity or play as punishment.*

**Your ideas to consider:**

**Your existing policy:**

**Changes and additions:**

**Proposed new policy:**

**Steps for implementing new policy:**

# PHYSICAL ACTIVITY

**Best Practice #30** – Activities, equipment and outside play areas are developmentally appropriate and safe.

To incorporate this best practice into a written and implemented policy, these are some ideas to consider:

- children need to be safe while having fun and being active
- equipment meets the National Association for Sport and Physical Education Guidelines for Young Children
- adult supervision and role modeling

## **Sample policy:**

*Activities and equipment are age appropriate, and all children will have a safe environment to have fun and be active.*

**Your ideas to consider:**

**Your existing policy:**

**Changes and additions:**

**Proposed new policy:**

**Steps for implementing new policy:**



## PHYSICAL ACTIVITY

**Best Practice #31** – Media time for children is used only for educational purposes.

To incorporate this best practice into a written and implemented policy, these are some ideas to consider:

- viewing of TV, videos and use of other screen time are restricted, unless they are part of the educational plan
- physical activity is part of daily activity
- adults join children in physical activity and role model that being physically active is fun

### Sample policy:

*Viewing of television, videos and use of other screen time may occasionally be used as part of an educational plan to teach children about healthy eating and the fun of being active.*

**Your ideas to consider:**

**Your existing policy:**

**Changes and additions:**

**Proposed new policy:**

**Steps for implementing new policy:**

# STAFF AND PARENT TRAINING

**Best Practice #32** – Training opportunities are provided for staff on physical activity for children.

To incorporate this best practice into a written and implemented policy, these are some ideas to consider:

- staff needs to understand the importance of physical activity for children
- staff needs ideas for implementing physical activity with children during structured play
- staff must understand the importance of their being role models for having fun while being physically active
- recognize parents as partners
- support parents as role models for physical activity

## Sample policy:

*Staff is provided with training on physical activity for children, that includes ideas for activities to use during structured play, understanding the importance of being a healthy role model for physical activity and supporting parents as partners in being active with their children.*

**Your ideas to consider:**

**Your existing policy:**

**Changes and additions:**

**Proposed new policy:**

**Steps for implementing new policy:**



## STAFF AND PARENT TRAINING

**Best Practice #33** – Training opportunities are provided for staff on child nutrition.

To incorporate this best practice into a written and implemented policy, these are some ideas to consider:

- staff needs to be taught basic child nutrition
- staff needs to understand the importance of their being role models for choosing and eating healthy foods and teaching healthy habits.
- recognize parents as partners
- support parents as role models for good nutrition

### Sample policy:

*Staff is provided with training on child nutrition that includes the importance of being a role model for eating healthy foods, teaching healthy habits, and supporting parents as partners in providing good nutrition for their children.*

**Your ideas to consider:**

**Your existing policy:**

**Changes and additions:**

**Proposed new policy:**

**Steps for implementing new policy:**

# STAFF AND PARENT TRAINING

**Best Practice #34** – Parents are provided information that encourages physical activity at home.

To incorporate this best practice into a written and implemented policy, these are some ideas to consider:

- parents are partners in helping children to be active
- provide parents with ideas for being physically active with their children
- support parents as role models for physical activity being fun
- regularly provide information to parents about their children’s physical activities while in care

## Sample policy:

*Parents are provided with information on physical activity for children, the kinds of activities their children enjoy while in care, ideas for being active with their children at home, and the importance of their being healthy role models for physical activity.*

**Your ideas to consider:**

**Your existing policy:**

**Changes and additions:**

**Proposed new policy:**

**Steps for implementing new policy:**



## STAFF AND PARENT TRAINING

**Best Practice #35** – Parents are provided information on child nutrition and healthy eating.

To incorporate this best practice into a written and implemented policy, these are some ideas to consider:

- parents are partners for healthy eating
- parents are important role models for their children's food choices
- provide ideas, including recipes, to help parents practice healthy nutrition at home
- regularly provide parents with information about their children's nutrition while in care

### **Sample policy:**

*Parents are provided with information on child nutrition and healthy eating, offered ideas and recipes to use at home, given information about their children's nutrition while in care, and helped to understand that they are important role models for their children's healthy eating.*

**Your ideas to consider:**

**Your existing policy:**

**Changes and additions:**

**Proposed new policy:**

**Steps for implementing new policy:**









# Decision Check List

## Language

	person responsible	completion date	comments
English			
Spanish			
Other			

## Presentation/content/interpretation

	person responsible	completion date	comments
Reading level			
Graphics			
Related handouts			

## Distribution and implementation

	person responsible	completion date	comments
Flyer/bulletin board			
Parent handbook			
Orientation materials			
Verbal/individual			
Email/web site			
In-service training			
Parent meeting			
Staff meeting			
Other			



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# Additional Resources







## **NUTRITION / PHYSICAL ACTIVITY**

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### **California Department of Education**

Healthy and Active Preschoolers is a nutrition learning center for child care professionals that offers a variety of online courses and resources to improve the nutrition and physical activity environment in child care programs

<http://www.healthypreschoolers.com>

### **California Healthy Kids Resource Center**

The California Healthy Kids Resource Center maintains a comprehensive collection of reviewed health education materials for use by teachers, administrators, university faculty, and other professionals who work with preschool through 12th grade students in school settings and after-school programs.

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

### **Best Practices for Healthy Eating: A Guide To Help Children Grow Up Healthy**

This guide provides information to child care providers and parents on how to help children in their care grow up healthy. Healthy food guidelines, portion sizes based on CACFP reimbursable meal guidelines, rationale for recommendations and sample policies are included in this resource.

<http://www.nemours.org/content/dam/nemours/www/filebox/service/preventive/nhps/heguide.pdf>

### **Best Practices for Physical Activity: A Guide To Help Children Grow Up Healthy.**

This guide promotes and supports quality physical activity for children and youth. Physical activity guidelines for children from birth to 18 years of age are provided along with examples that support guidelines.

[www.nemours.org/filebox/service/preventive/nhps/paguidelines.pdf](http://www.nemours.org/filebox/service/preventive/nhps/paguidelines.pdf)

### **Let's Move! Child Care**

This resource provides recommendations for childhood obesity prevention in early child care that helps inform parents and childcare providers to foster environments that support healthy choices.

<http://www.letsmove.gov/blog/2011/06/08/introducing-let%E2%80%99s-move-child-care-tools-child-and-day-care-centers-and-family-care-h>

