

introduction



“Children learn healthy habits from the adults and caregivers in their lives. We have the opportunity to supply a generation with nutritious foods and healthy habits in an environment that is fun and safe and they trust us.”

– Jan Pelot

Wood County Head Start
Wisconsin Rapids

what are Active Early and Healthy Bites?

Active Early and *Healthy Bites* are companion guides designed to help early care and education (ECE) professionals address childhood obesity by improving physical activity and nutrition in the program. *Active Early* focuses on physical activity while *Healthy Bites* focuses on healthy eating, nutrition environments and on strengthening the Child and Adult Care Food Program (CACFP) meal pattern. The guides are based on current science, public health research, and national recommendations.

who should use Active Early and Healthy Bites?

The guides can be used by ECE professionals in a variety of settings, including:

- Group and family child care centers, after-school programs, Head Start centers, and other CACFP facilities
- Sponsoring agencies, community coalitions, local early childhood organizations, government agencies, and other groups interested in improving local nutrition and physical activity practices in ECE settings

Child care programs will find resources to help them learn what program policies to create, what strategies to try, how to help staff improve physical activity and nutrition, and how *Active Early* and *Healthy Bites* fit with other Wisconsin early childhood initiatives and licensing.

Child care teachers will find specific recommendations for improving physical activity and nutrition in their classrooms.

ECE training and technical assistance providers and **community organizations** interested in improving local nutrition and physical activity in ECE settings will also find useful information for working with child care providers.

common definitions

Early care and education programs refers to all group and family child care centers, after-school programs, preschool programs, 3K and 4K programs, Head Start centers, and emergency shelters serving young children.

Parent(s), family(ies), and caregiver(s) are used in the broadest sense to mean those adults with primary responsibility for children.

Physical activity describes bodily movement of any type, including recreation, fitness, and participation in sports, as well as movement in routine activities. Physical activity varies in level of intensity:

- **Sedentary**, marked by little to no activity, such as napping or sitting quietly.
- **Light activity**, such as coloring, pushing toys on the floor, crawling, walking at a slow pace.
- **Moderate activity**, such as walking at a fast pace, lifting or building with blocks.
- **Vigorous activity**, such as running or jumping.
- **Structured physical activity** is teacher-led and should occur both indoors and outdoors.
- **Unstructured physical activity** is initiated by a child, like free play, and should occur both indoors and outdoors.

Ages are generally broken down into the following groups

- **Infants:** under 1 year
- **Toddlers:** 12-23 months
- **Preschoolers:** ages 2-5
- **School-age:** 6 years and older



How do Active Early and Healthy Bites fit into Wisconsin's existing early childhood initiatives?

Physical activity and nutrition have a place in nearly every aspect in the current context of the early care and education field in Wisconsin.

Licensing and Certification

Physical activity and nutrition clearly fit within licensing and certification rules. For example, children must have outdoor play daily, weather permitting, and all regulated group child care centers must follow the current CACFP meal pattern guidelines.

YoungStar

Your child care program's physical activity and nutrition practices could help you earn the points needed to jump to the next star-level. Programs can earn one point by offering at least 45 minutes of daily physical activity to children birth to 35 months and 90 minutes of daily physical activity for children 36 months to 12 years old, providing unrestricted free play, and by not exceeding age-appropriate limits on screen time. Your program may also earn a point through the use of a nutrition or physical activity self-assessment and continuous quality improvement cycle. For more details on YoungStar points (D1.1, D1.2), go to: www.dcf.wisconsin.gov/youngstar/providers/point-detail.

Comprehensive and Aligned System for Early Childhood Screening and Assessment: Wisconsin's Blueprint

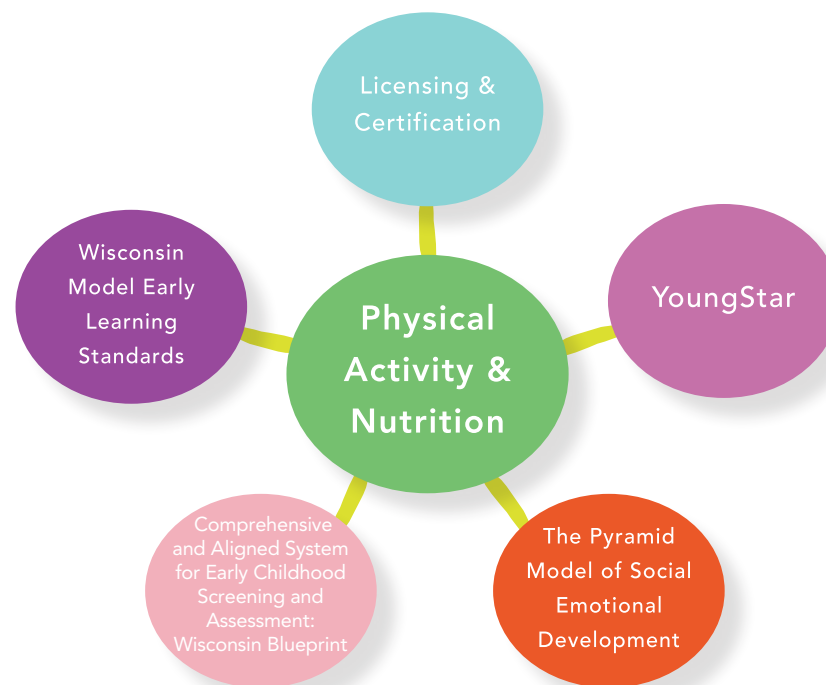
Preventing childhood obesity is possible but complex. Periodic obesity screening for children, starting at birth, is one way to identify risk levels for obesity in children and ensure that they have the support needed to maintain a healthy weight. For more details on Wisconsin's childhood obesity screening recommendations, go to: <http://www.collaboratingpartners.com/index.php>.

Wisconsin Model Early Learning Standards

Physical activity clearly fits within the Health and Physical Development Domain through skill and motor development, but also supports the other four developmental domains. Nutrition is also covered in the Health and Physical Development Domain and covers standards related to role modeling healthy eating habits, self-feeding, and table manners during mealtimes.

The Pyramid Model of Social Emotional Development

Establishing high-quality supportive environments and engaging in new experiences, such as learning about and trying new foods or physical activities contribute to social and emotional development. For example, children establish self-awareness as they learn about their bodies and how to move them, whereas experiences like family style dining can develop a child's awareness for appropriate social behavior.



Why Active Early and Healthy Bites?

Across the nation, early childhood obesity and overweight rates are on the rise. In Wisconsin, 14.7 percent of low-income 2- to 4-year-olds, 11.6 percent of high school students, and 30.7 percent of adults are considered overweight or obese.¹⁻³ Poor nutrition and lack of physical activity are central causes of obesity. Action is needed now to decrease rates of obesity and improve the health of Wisconsin residents.

Researchers have warned that if childhood obesity rates continue to rise, children today are likely to live shorter lives than their parents.⁴ Early childhood obesity dramatically increases a child's chances of becoming an obese adult and increases risk for many chronic diseases, including cardiovascular disease and diabetes.⁵

Physical activity and eating habits develop early, making early care and education settings important in preventing obesity. Wisconsin has the capacity to serve more than 170,000 children in regulated child care facilities. On average, children under age 5 spend more than 30 hours per week in early childhood settings.⁶

Studies show that early care and education settings have the ability to combat childhood obesity by promoting the following habits:

- Be more physically active
- Watch less television and spend less time using computers and electronic games
- Breastfeed infants longer
- Eat more fruits and vegetables
- Eat fewer high-energy dense foods, such as candy, chips, and cookies
- Drink fewer sugar-sweetened beverages such as regular soda, fruit juice cocktails and energy drinks

Note: The contents of the guides are subject to change, based on new science, public health research, and national health recommendations. The online version of the guides will be updated as needed. The most current version is available on the following websites: www.dpi.wi.gov/community-nutrition/cacfp and www.dhs.wisconsin.gov/library/p-00280.htm.

Citations

1. Centers for Disease Control and Prevention. Pediatric and Pregnancy Nutrition Surveillance System. 2014.
2. Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance – United States, 2013. Surveillance Summaries. *MMWR*. 2010;59.
3. Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. In: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, ed. Atlanta, GA 2015.
4. Olshansky SJ, Passaro DJ, Hershov RC, et al. A Potential Decline in Life Expectancy in the United States in the 21st Century. *New England Journal of Medicine*. 2005;352(11): 1138-1145.
5. Serdula MK, Ivery D, Coates RJ, Freedman DS, Williamson DF, Byers T. Do Obese Children Become Obese Adults - A Review of the Literature. *Preventive Medicine*. Mar 1993;22(2):167-177.
6. Laughlin, Lynda *Who's Minding the Kids? Child Care Arrangements: Spring 2011*. Washington, DC: U.S. Census Bureau; 2015.

Obesity is a condition in which there is a very large amount of extra body fat stored in the body.

Overweight is a condition in which there is more body fat stored in the body than what is normal for a person's age, height, and build, but not to the extent of obesity.

Prevention is the act of stopping something before it happens.

What causes obesity?

- > Behavioral factors, such as diet and physical activity levels
- > Environmental factors, such as social setting and physical environment
- > Biological factors, such as genetics
- > Other contributors:
 - Eating patterns
 - Low birth weight
 - Excessive weight gain during pregnancy
 - Formula feeding
 - Overweight/obese parents
 - Parenting styles and habits

how do I use Active Early and Healthy Bites?

First, assess your program using the most appropriate Go NAP SACC or OSNAP self-assessment found in the appendices. Use these results to prioritize any areas where you want to make changes and identify physical activity goals. Keep in mind not all areas need to be addressed immediately.

Second, use the **Quality Improvement Plan (QIP) (Step 2)** found on page 8 and in Appendix E to outline how you will make your improvements. Use the Take Action section, which includes recommendations for best practice, and environment and program policy changes to develop the QIP. These will become your desired outcomes. It is especially important to include written program policies to support and sustain the improvements you want to make.

Next, **implement changes (Step 3)** using ideas and tools from the **Take Action** section. How you implement changes will be determined by the tasks outlined in your QIP, potential barriers, responsible parties, and available resources.

Lastly, **repeat the assessment (Step 4)** process on a regular basis. Ongoing assessments can direct your program toward additional opportunities for improvement. You can continue to measure your progress toward your goals and gauge your success using the QIP. Please note that you should also evaluate your program for nutrition improvements by completing the self-assessment in *Healthy Bites*.

The diagram below was adapted from the *Wisconsin Model Early Learning Standards Teaching Cycle*.

Steps 1 & 4: Program Assessment

Use the Go NAP SACC or OSNAP self-assessments to get a picture of your current program and to prioritize areas that need improvement. **Repeat assessment** to understand whether your policy and program changes were effective.

Steps 3: Implement Changes

Implement changes using ideas and tools from the **Take Action** section to help make positive changes to your child care center.

Step 2: Quality Improvement Plan and Policy Development

Based on your assessment results, use the **Take Action** section to create a **quality improvement plan** and **write program policies**.

Active Early Take Action includes:

- Development
- Child Assessment
- Daily Routines
- Environment
- Resources
- Business Practices

In each section you will find:

- An overview of the topic
- Quick tips
- Activity Ideas
- Inclusion
- Cultural Competency
- Tools included in the appendix
- Engaging Families
- Engaging Communities

PROGRAM ASSESSMENT

understanding where you are and where to start

Assessment is often an overlooked step. However, taking the time to assess your program increases the chances that you will make the right changes with the most impact for children, staff, and parents. The strategies outlined below can be used for *Active Early* and *Healthy Bites* and will help determine what is currently being done and what more can be done in the future to improve nutrition and physical activity in your program.

Start with either the Go NAP SACC or OSNAP self-assessments.

These self-assessments allow you to freely assess your environment, policies, and practices, and will suggest key areas for improvement. See Appendix A for copies of GO NAP SACC and OSNAP. *Healthy Bites* includes a nutrition self assessment.

These tools can supplement the self assessment required for YoungStar and will help you look specifically at your program's physical activity environment.

“The self-assessment helped us to understand the changes we had to make to be better. The QIP helped us understand what obstacles were keeping us from being successful and what we needed in order to improve physically.”

– Toni Nader, Library Square School, Kenosha

Ongoing Assessment for Evaluation and Quality Improvement

Document changes you are making to show if progress has been made in the quality improvement areas. Repeat the self-assessment process on a regular basis to ensure your QIP is still aligned with the type of improvements you want to make. This will help you see the results of the changes made and celebrate your successes.

Other Ideas for Assessment

It is important to engage families and center staff in the assessment process as well. Use a simple questionnaire or interview.

Parent Survey: Use a questionnaire to ask parents for their opinions on nutrition and physical activity in the program. The questionnaire could be distributed at pick-up time or sent home with a child. Questions could be used to find out what, if any, concerns parents might have. Here are some sample questions:

- Do you feel our program supports your child's nutrition and physical activity habits?
- Do you think our program regularly communicates information on nutrition and/or physical activity?

Staff Interviews or Survey: Use a questionnaire to ask staff for their opinions on what could be done to support nutrition and physical activity. This can be used to learn more about staff interactions with children and parents and to better understand the program's environment. Asking staff their opinions also may help build buy in for making changes later. Some sample questions:

- What are you currently doing to support nutrition and physical activity?
- How can nutrition and physical activity be improved?

SAMPLE QUALITY IMPROVEMENT PLAN

directions

Using the results of the self-assessment, prioritize the quality improvement area(s) to be completed within the plan. Not all physical activity areas need to be addressed immediately. Start with three to five aims/outcomes to work on at a time. Too many aims/outcomes can be overwhelming and too few will limit the success you experience in your program. Be sure to write your goals in a way that demonstrates how they are inclusive and culturally competent.

example

Original QIP Date: January 1, 20XX

Date of QIP Review: March 15, 20XX

Quality Improvement Area	Aim/ Desired Outcome	Potential Barriers	Tasks	Responsible Party(ies)	Resources On-hand/ Resources Needed	Measurement	Timeline/ Benchmarks	Test of Plan
Physical Activity	Provide children with regular opportunities for physical activity	Physical activity is withheld from children who misbehave	<ul style="list-style-type: none"> Brainstorm other ways to guide children who misbehave Create a center policy stating physical activity won't be withheld from children who misbehave 	<ul style="list-style-type: none"> Administrator or owner Staff, if applicable 	<ul style="list-style-type: none"> Creative owner/staff Active Early guide 	<ul style="list-style-type: none"> Alternatives strategies for guiding children who misbehave created and used. Policy created 	<ul style="list-style-type: none"> Brainstorm this week Create and implement policy by end of month. 	Worth doing? <input checked="" type="radio"/> or N Measurable? <input checked="" type="radio"/> or N Improve Outcomes? <input checked="" type="radio"/> or N Inclusive? <input checked="" type="radio"/> or N Culturally Competent? <input checked="" type="radio"/> or N

Sample program policy: Our center will not withhold physical activity from children who misbehave.

quality improvement plan definitions

Aim/Desired Outcome:

What you hope to achieve with your plan or your aim.

Barriers:

Problems, attitudes, and challenges you should think about and address to achieve success.

Task(s):

Steps/strategies to reach an aim/desired outcome.

Responsible Party(ies):

The person(s) assigned to the task.

Resources On-hand/Resources Needed:

- **Resources on-hand:** People, time, materials, and know-how that already exist within your program and could be used to accomplish your tasks.
- **Resources needed:** People, time, materials, and know-how outside of your program needed to accomplish your tasks.

Measurement – How will the team know if the aim is achieved?

A simple way to track progress toward an aim/desired outcome. Successful programs check in on average of every two weeks. For example, if you have a goal of increasing physical activity you need to:

- 1) Understand how many minutes of physical activity is currently happening on average throughout the program.
- 2) Introduce your task/strategy for achieving your goal.
- 3) Re-measure the amount of time of physical activity occurring in the program after your strategy has been rolled out.
- 4) If your goal has not been reached, try a new strategy.

Timeline/Benchmarks:

The time-frame that programs assign to a task or aim. Benchmarks are the steps along the way that will let a program know they are on track to achieving their aim/outcome.

Test of Plan:

- **Is this plan worth doing?** Yes means you believe achieving your aim will have positive results for children, families, staff, or your business.
- **Is this plan concrete, specific, and measurable?** Yes means that when you look back at the aim, you will be able to show clear results through your measurement.
- **Will the result of this plan improve outcomes for children, families, staff, or your business?** Yes means there is a high likelihood that changes will be positive.
- **Are the outcomes inclusive of all children, culturally competent, and developmentally appropriate?** Yes means these positive changes are good for ALL children and families, including those with disabilities and other special needs. Individualizing learning experiences and environments accommodate optimal development for all children in care; for families with a variety of points of view, life experiences, and cultural and language differences; and make sense for each age and stage of child development.

Dates:

Record the original date the QIP was completed and the date(s) it was reviewed for ongoing assessment.



SUCCESS STORY

Positive developments from regular active play

The Child and Family Center at Madison College has made great strides in keeping their kids active and moving throughout the day. Lisa Jones, a teacher at the center, and the staff keep a collection of physical activity ideas with them at all times to ensure they always know how to encourage the children to keep moving. Lisa draws inspiration from Color Me Healthy, SPARK, and Mailbox Magazine because she finds the physical activity ideas outlined in these resources simple, effective, and often educational. For example, a popular game at the center called “Rabbit Race” starts with paper carrots scattered around the room. Children then hop like rabbits to collect as many carrots as possible.

“I recently introduced the colored scooters into my classroom and the children quickly adapted to moving around the room on their stomachs or bottoms,” Lisa described, “The benefits to the children went beyond the physical aspect though. Socially they were able to figure out how to maneuver the connected scooters together. At one point in time, we were all on them, nine children and one teacher, pretending it was a train. I thought it was amazing to see 2- and 3-year-olds working together in this way.

Since the Child and Family Center increased the amount of daily teacher-led physical activity, teachers have noted that they need to discipline children less often, a positive development that they attribute to the “controlled chaos” of regular active play.

When asked about the importance of teacher-led physical activity, Lisa said, “Teachers need to participate in the activities, too. You have got to get up and move with them. When kids see you doing the activities, they are more likely to get up and move with you, not to mention the impact it has on our own health.”

“I dislike exercise, but I love to play,” Lisa added.