



Early Care and Education

PHYSICAL ACTIVITY & NUTRITION

TEMPLATES AND POLICIES





What's Inside?

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

- **Physical Activity Template:** The physical activity template includes information specific to infants, toddlers, and preschoolers.
- **Nutrition Template:** The nutrition template includes general information for children ages 0-5 years.
- **Supportive Background Policy Information**

Comments and Questions:

- **Email:** NEOPB@cdph.ca.gov, attention Policy and Partnership Development Unit.
- **Call:** 916-449-5400

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I. PHYSICAL ACTIVITY CUSTOMIZABLE POLICY TEMPLATE

The information in this template refers to a full day of care and can be modified to fit half-day programs. For children in child care for 3-4 hours, versus a full 8 hour day, cut the recommended minutes of physical activity by half.

[Insert the Name of the Childcare Program/Site Here]

All children need enough active playtime throughout each day to develop and to practice gross motor and movement skills appropriate for their age. Active play includes moderate to vigorous activities such as rolling, crawling, scooting, running, climbing, dancing, hopping, galloping, skipping, and jumping. Staff should model healthy, active behaviors by participating in physical activity with the children, as much as possible.

Infants (up to 12 months old)

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

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

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

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

- Play on safe surfaces such as a large blanket spread on the ground with appropriately-sized balls or other age-appropriate toys placed just out of reach, encouraging stretching and movement;
- Play with toys that are designed for older infants to use to safely pull themselves to a standing position; crawl through a tube tunnel; and push toys across a safe surface. Older infants may use balls to push, lie on, or kick;
- Riding in a carriage or stroller or swinging in a secure infant swing which are acceptable but not substitutes for gross motor play.

Screen time:

- Infants will not have any screen time.

Toddlers (12 months to three years old)

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

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

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

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

Screen time:

- Toddlers ages one and two will not have any screen time; children two years and older will not have more than 30 minutes of screen time per week while in the facility and only for education or physical activity.
- Screen time during meals and snacks is not permitted.

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

We offer free access to self-service water during both indoor and outdoor play.

Preschool-aged Children (three to five years old)

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

Each day, our children accumulate 60-90, or more, total minutes of unstructured (free play) physical activity.

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

Each day, to the extent possible, we allow outdoor play and take appropriate measures to ensure sun safety.

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

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

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

Screen time:

- Preschool-aged children will not have more than 30 minutes of screen time per week while in the facility and then only for education or physical activity.
- Screen time during meals and snacks is not permitted.

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

Safety

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

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

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

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

We always supervise children while they use playground equipment and during active play.

Parent Education, Staff Training, & Expectations

Parents of our infants, toddlers, and preschool-aged children will, at least once per year, receive information on how to encourage physical activity in the home and the importance of active play in the growth and development of their children.

Our staff will receive training and/or information on physical activity at least twice per year.

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

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

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

Staff encourages children to hydrate during playtimes.

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

Parent/Staff Printed Name: _____

Parent/Staff Signature: _____

Date: _____

II. NUTRITION CUSTOMIZABLE POLICY TEMPLATE

[Insert the Name of the Childcare Program/Site Here]

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

Staff Role

Staff will:

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

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

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

Encourage children to eat and drink.

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

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

Staff will not:

Force or bribe children to eat and drink.

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

Nutrition Education for Children

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

We teach children to recognize correct portion sizes.

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

Nutrition Guidelines for Children

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

Food offerings include:

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

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

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

Special Dietary Concerns

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

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

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

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

Foods Brought From Home

We will provide parents/caregivers guidance for foods and beverages that can be brought from home.

Foods and beverages brought from home must be packaged in a spill-proof container and clearly labeled with the child's name, date and type of food.

Foods and beverages brought from home shall not be shared with other children.

Celebrations

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

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

Parents/caregivers are provided a list of approved healthy foods and beverages (See Appendix B, item #27, page 53, for a list of healthy foods and beverages for celebrations).

We celebrate birthdays during one monthly event. On the day of their birthday, children are honored with special privileges, such as serving as the teacher's helper for the day.

Food Storage

We put away frozen and cold foods promptly after purchasing.

We store foods in covered containers.

- Foods are labeled and dated.

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

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

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

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

- Cleaning supplies are in a cupboard that is locked.

Meal Preparation

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

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

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

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

Field Trips

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

We safely transport field trip foods.

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

We pack food in clean containers that are washed and sanitized after every use.

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

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

We properly clean and sanitized containers, tools, etc. to reduce the risk of foodborne illness.

Parent/Staff Printed Name: _____

Parent/Staff Signature: _____

Date: _____

III. PHYSICAL ACTIVITY AND NUTRITION POLICY BACKGROUND INFORMATION

These policies convey the importance of physical activity and nutrition for young children. Each contains the most current recommendations for children ages 0-5, sourced from nationally recognized experts, federal agencies, and organizations. The supportive background policy information in this section is used to populate the templates.

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

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

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

Physical Activity and Nutrition

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

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

- Enjoyment! At this age PA is often referred to as “play” where children practice important movement skills and improve their fitness.
- Reduction in excess body fat.



¹ American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2011. Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs. 3rd Edition. Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. Available at <http://nrckids.org>.

- Children may be able to learn better during or immediately after bursts of physical activity, due to improved attention and focus.
- Sets the stage for a lifetime of physical activity, fitness, and confidence in movement skills.

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

- Healthy, fit children.
- Supports optimal growth and development.
- Helps to establish a positive relationship with food.
- May improve academic performance.
- Sets the stage for a lifetime of healthy nutrition practices.

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

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

Physical activity and nutrition policies:



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

**Why Have
a Policy?**

C. Who Should Have Physical Activity and Nutrition Policies?

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

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

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

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

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



How to Use the Policy and Templates?

IV. PHYSICAL ACTIVITY BACKGROUND AND CONSIDERATIONS

How much daily physical activity should young children have? There are guidelines that can answer this question. The guidelines below are from nationally recognized and respected organizations and resources. Physical activity experts agree that all children, from birth to 5 years of age, should have enough daily active play to develop their movement skills and physical fitness. Every day, active play should include moderate to vigorous physical activity such as rolling, crawling, scooting, running, climbing, dancing, hopping, galloping, skipping, and jumping.

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

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

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

² American Academy of Pediatrics, American Public Health association, and National Resource Center for Health and Safety in child Care and Early Education. "Preventing childhood Obesity in Early Care and Education: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition."

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

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

A. Make it Active, Fun, and Possible

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

B. Active Play Every Day

Promote children's active physical play every day and build it into the daily schedule of activities. All children should participate in:

- 1) active, unstructured play outdoors, weather permitting;
- 2) two or more structured play opportunities; and,
- 3) frequent opportunities to develop and practice age-appropriate gross motor skills.



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

C. Compliment and Encourage

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

D. Integrate Physical Activity Into All Aspects of the Day

Encourage Physical Activity

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

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

E. Children with Special Needs

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

- Simplify instructions.
- Give visual, oral, and kinesthetic cues.
- Provide plenty of repetition.
- Adjust the challenge to enable success for 4 out of 5 attempts.
- Have role models.
- Use communication systems (computers, etc.), as needed.
- Avoid elimination games.
- Minimize waiting times.
- Use soft, safe objects.



Make activity modifications, as needed, to ensure that children of all abilities have the chance to play and interact during all physical activities. Studies have found the following benefits of inclusive childcare⁵:

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

**Children with
Special Needs**

F. Staff Support

Show staff support for physical activity by having staff encourage the children to be active and by joining them in their play to the extent possible. Children learn from the modeling of healthy and safe behavior. Make sure the playground or play areas are safe, engaging, and encourage participation in physical activity.

⁵ Policy Statement on Inclusion of children with Disabilities in the Early Childhood Programs, September 14, 2015, U.S. Department of Health and Human Services.

Include, where possible:

- Stenciled games (e.g., hopscotch, four square, bull's eye toss, shapes, letters, numbers, animals, etc.) and other games or objects that encourage physical activity.
- Active play before mealtimes (not after) so that children will feel hungry for their meal rather than rush through their meals and snacks in order to have more playtime⁶.
- Visible support for physical activity by displaying posters, pictures, and books that show children playing and moving. Including young children with special needs in physical activity

G. Parent Involvement

Let families know that physical activity is an important part of each day when children are in your care.

- Add physical activity messages to newsletters, educational materials, tip sheets, posters, and posted schedules.
- Provide physical activity demonstrations.
- Work with parents as a team to help the children be active learners who will grow up to be healthy.
- Share ideas for activities that are fun for parents and children to do together at home.
- Send parents and children information with messages that convey being active is fun.



H. Training and Educational Opportunities

Training and Education

ECE programs should provide staff physical activity training at least twice per year so employees remain knowledgeable about current recommendations and techniques for encouraging active play. These trainings may include information about standardized curricula that teach ECE staff how to incorporate physical activities into the program's daily schedules. Examples of such standardized programs include *Eat Well Play Hard in Child Care Settings*; *Sports, Play, and Active Recreation for Kids (SPARK EC)*; *Coordinated Approach to Child Health (CATCH ECE)*; and *Color Me Healthy*. More examples are listed in Appendix A.

⁶ Nutrition and Wellness Tips for Young Children: Provider Handbook for the Child and Adult Care Food Program, Promote Active Play Through Written Policies and Practices, USDA, Alexandria, VA, December 2012.

I. Painting Playgrounds for Movement and Learning

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



surfaces, such as sidewalks, walls, and blacktops with designs to encourage children to move and participate in PA. Documents describing the stencils and how to borrow them are available on the website provided in Appendix A.

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

J. Screen Time

Screen time for children under the age of five must be restricted and monitored. Screens can affect night time sleep because of the arousing content and suppression of endogenous melatonin by blue light emitted from screens⁷. See the policy template for age-specific recommendations. Infants and toddlers between the ages of 1 and 2 are not allowed any screen time. Children 2-5 years of age will not have more than 30 minutes of screen time each week while in child care, and this time will be used to support educational activities.

K. Safety

Each ECE program is responsible for the safety and well-being of the children in its care. All play and activity areas must meet or exceed recommended safety standards and remain clear of sharp objects, trash, or other things that can hurt children. ECE staff must supervise children and keep them safe while they are using playground equipment and engaging in active play. Make sure children have fresh drinking water available throughout the day, wear proper clothing and footwear to allow active play, and follow appropriate sun-safety measures.

⁷ American Academy of Pediatrics, Pediatrics, November 2016, Volume 138 / Issue 5, Policy Statement <http://pediatrics.aappublications.org/content/138/5/e20162591.full.print>

V. NUTRITION BACKGROUND AND CONSIDERATIONS

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

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

A. Steps to Work Toward Early Childhood Education Nutrition Policies

There are many steps towards accomplishing change as it pertains to nutrition policy creation. Below are four steps your site can use to assist you while creating your policy—Assessing, Planning, Taking Action and Keeping it up! We will show you how each of these steps is important, how an ECE site can accomplish each, and resources to support these steps.

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

There are four nationally recognized tools that you can use to assess an ECE site and begin making changes. Each tool varies in their difficulty to administer. See Appendix B for the four assessment tools: Let's Move! Child Care, CHOICE, NAP SACC, and Preschools SHINE.



B. CACFP Infant Meal Pattern—Now through September 30, 2017

For questions about appropriate texture and or size of food pieces served to infants, toddlers and young children, please reference “Developmental Stages In Infant and Toddler Feeding: https://www.infantandtoddlerforum.org/media/upload/pdf-downloads/3.5_Developmental_Stages_in_Infants_and_Toddler_Feeding_NEW.pdf.

Also note, that though the CACFP meal guidelines do allow for 100% juice to be served, the American Academy of Pediatrics notes that fruit juice offers no nutrition benefits over whole fruit. <https://www.healthychildren.org/English/healthy-living/nutrition/Pages/Where-We-Stand-Fruit-Juice.aspx>.

CACFP Infant Breakfast Effective Dates: Now through September 30, 2017

Birth through 3 Months	4 through 7 Months	8 through 11 Months
4-6 fluid ounces of formula ¹ or breastmilk ^{2,3}	4-8 fluid ounces of formula ¹ or breastmilk; ^{2,3} 0-3 tablespoons of infant cereal ^{1,4}	6-8 fluid ounces of formula ¹ or breastmilk; ^{2,3} and 2-4 tablespoons of infant cereal; ¹ and 1-4 tablespoons of fruit or vegetable or both

¹ Infant formula and dry infant cereal must be iron-fortified.

² Breastmilk or formula, or portions of both, may be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months.

³ For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered if the infant is still hungry.

⁴ A serving of this component is required when the infant is developmentally ready to accept it.

CACFP Infant Lunch or Supper
Effective Dates: Now through September 30, 2017

Birth through 3 Months	4 through 7 Months	8 through 11 Months
4-6 fluid ounces of formula ¹ or breastmilk ^{2,3}	4-8 fluid ounces of formula ¹ or breastmilk; ^{2,3} 0-3 tablespoons of infant cereal; ^{1,4} and 0-3 tablespoons of fruit or vegetable or both ⁴	6-8 ounces of formula ¹ or breastmilk; ^{2,3} 2-4 tablespoons of infant cereal; ¹ and/or 1-4 tablespoons of meat, fish, poultry, egg yolk, cooked dry beans or peas; or ½-2 ounces of cheese; or 1-4 ounces (volume) of cottage cheese; or 1-4 ounces (weight) of cheese food or cheese spread; and 1-4 tablespoons of fruit or vegetable or both

¹ Infant formula and dry infant cereal must be iron-fortified.

² Breastmilk or formula, or portions of both, may be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months.

³ For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breastmilk offered if the infant is still hungry.

⁴ A serving of this component is required when the infant is developmentally ready to accept it.

CACFP Infant Snack
Effective Dates: Now through September 30, 2017

Birth through 3 Months	4 through 7 Months	8 through 11 Months
4-6 fluid ounces of formula ¹ or breastmilk ^{2,3}	4-6 fluid ounces of formula ¹ or breastmilk ^{2,3}	2-4 fluid ounces of formula ¹ or breastmilk, ^{2,3} or fruit juice, ⁵ and 0-½ bread ^{4,6} or 0-2 crackers ^{4,6}

¹ Infant formula and dry infant cereal must be iron-fortified.

² Breastmilk or formula, or portions of both, may be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months.

³ For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breastmilk offered if the infant is still hungry.

⁴ A serving of this component is required when the infant is developmentally ready to accept it.

⁵ Fruit juice must be full-strength.

⁶ A serving of this component must be made from whole-grain or enriched meal or flour.

C. CACFP Child Meal Pattern—Now through September 30, 2017

CACFP Child Breakfast
Select All Three Components for a Reimbursable Meal
Effective Dates: Now through September 30, 2017

Food Components	Ages 1-2	Ages 3-5
1 milk² fluid milk	½ cup	¾ cup
1 fruit/vegetable juice, ³ fruit and/or vegetable	¼ cup	½ cup
1 grains/bread⁴ bread or cornbread or biscuit or roll or muffin or cold dry cereal or hot cooked cereal or pasta or noodles or grains	½ slice ½ serving ¼ cup ¼ cup ¼ cup	½ slice ½ serving 1/3 cup ¼ cup ¼ cup

¹ Children age 12 and older may be served larger portions based on their greater food needs. They may not be served less than the minimum quantities listed in this column.

² Milk served must be low-fat (1%) or non-fat (skim) for children ages 2 years and older and adults.

³ Fruit or vegetable juice must be full-strength.

⁴ Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified

CACFP Child Lunch or Supper
Select All Four Components for a Reimbursable Meal
Effective Dates: Now through September 30, 2017

Food Components	Ages 1-2	Ages 3-5
1 milk² fluid milk	½ cup	¾ cup
2 fruits/vegetables juice, ³ fruit and/or vegetable	½ cup	½ cup
1 grain/bread⁴ bread or cornbread or biscuit or roll or muffin or cold dry cereal or hot cooked cereal or pasta or noodles or grains	½ slice ½ serving ¼ cup ¼ cup ¼ cup	½ slice ½ serving ⅓ cup ¼ cup ¼ cup
1 meat/meat alternative meat or poultry or fish ⁵ or alternative protein product or cheese or egg or cooked dry beans or peas or peanut or other nut or seed butters or nuts and/or seeds ⁶ or yogurt ⁷	1 oz. 1 oz. 1 oz. ½ ¼ cup 2 Tbsp. ½ oz. 4 oz.	1 ½ oz. 1 ½ oz. 1 ½ oz. ¾ ⅔ cup 3 Tbsp. ¾ oz. 6 oz.

¹ Children age 12 and older may be served larger portions based on their greater food needs. They may not be served less than the minimum quantities listed in this column.

² Milk served must be low-fat (1%) or non-fat (skim) for children ages 2 years and older and adults.

³ Fruit or vegetable juice must be full-strength.

⁴ Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.

⁵ A serving consists of the edible portion of cooked lean meat or poultry or fish.

⁶ Nuts and seeds may meet only one-half of the total meat/meat alternate serving and must be combined with another meat/meat alternate to fulfill the lunch or supper requirement.

⁷ Yogurt may be plain or flavored, unsweetened or sweetened.

CACFP Child Snack
Select Two of the Four Components for a Reimbursable Snack
Effective Dates: Now through September 30, 2017

Food Components	Ages 1-2	Ages 3-5
1 milk² fluid milk	½ cup	½ cup
1 fruit/vegetable juice, ³ fruit and/or vegetable	½ cup	½ cup
1 grain/bread⁴ bread or cornbread or biscuit or roll or muffin or cold dry cereal or hot cooked cereal or pasta or noodles or grains	½ slice ½ serving ¼ cup ¼ cup ¼ cup	½ slice ½ serving ⅓ cup ¼ cup ¼ cup
1 meat/meat alternative meat or poultry or fish ⁵ or alternative protein product or cheese or egg or cooked dry beans or peas or peanut or other nut or seed butters or nuts and/or seeds ⁶ or yogurt ⁷	½ ounce ½ ounce ½ ounce ½ ⅔ cup 1 tablespoon ½ ounce	½ ounce ½ ounce ½ ounce ½ ⅔ cup 1 tablespoon ½ ounce 2 ounces

¹ Children age 12 and older may be served larger portions based on their greater food needs. They may not be served less than the minimum quantities listed in this column.

² Milk served must be low-fat (1%) or non-fat (skim) for children ages 2 years and older and adults.

³ Fruit or vegetable juice must be full-strength.

⁴ Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.

⁵ A serving consists of the edible portion of cooked lean meat or poultry or fish.

⁶ One-half egg meets the required minimum amount (one ounce or less) of meat alternate.

⁷ Yogurt may be plain or flavored, unsweetened or sweetened.

D. CACFP New Meal Standards—Effective October 2017



Through the Healthy, Hunger-Free Kids Act, championed by the First Lady and signed by President Obama on December 13, 2010, USDA made the first major changes in the Child and Adult Care Food Program (CACFP) meals and snacks since the Program's inception in 1968. These changes have helped to ensure that children and adults have access to healthy, balanced meals and snacks throughout the day.

Under the new CACFP nutrition standards, meals and snacks served will include a greater variety of vegetables and fruit, more whole grains, and less added sugar and saturated fat. In addition, the standards

encourage breastfeeding and better align the CACFP with the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and with other Child Nutrition Programs.

In addition, the new standards for meals and snacks served in the CACFP are based on the 2015 *Dietary Guidelines for Americans*. These improvements are expected to enhance the quality of meals served in CACFP to help young children learn healthy eating habits early on in their lives and also to improve the wellness of adult participants.

CACFP centers and day care homes may continue to comply with the earlier meal standards as they transition to the new meal standards. However, all aspects of meals served through the CACFP must meet the new standards no later than October 1, 2017.

***CACFP Infant Breakfast
Effective October 1, 2017***

Birth through 5 months	6 through 11 months
4-6 fluid ounces breastmilk ¹ or formula ²	6-8 fluid ounces breastmilk ¹ or formula ² ; and 0-4 tablespoons <ul style="list-style-type: none"> • infant cereal^{2,3} • meat, • fish, • poultry, • whole egg, • cooked dry beans, or • cooked dry peas; or 0-2 ounces of cheese; or 0-4 ounces (volume) of cottage cheese; or 0-8 ounces or 1 cup of yogurt ⁴ ; or a combination of the above ⁵ ; and 0-2 tablespoons vegetable or fruit ³ or a combination of both ^{5,6}

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

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

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

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

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

⁶ Fruit and vegetable juices must not be served.

***CACPF Infant Lunch and Supper
Effective October 1, 2017***

Birth through 5 months	6 through 11 months
4-6 fluid ounces breastmilk ¹ or formula ²	6-8 fluid ounces breastmilk ¹ or formula ² ; and 0-4 tablespoons <ul style="list-style-type: none"> • infant cereal^{2,3} • meat, • fish, • poultry, • whole egg, • cooked dry beans, or • cooked dry peas; or 0-2 ounces of cheese; or 0-4 ounces (volume) of cottage cheese; or 0-8 ounces or 1 cup of yogurt ⁴ ; or a combination of the above ⁵ ; and 0-2 tablespoons vegetable or fruit ³ or a combination of both ^{5,6}

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

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

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

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

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

⁶ Fruit and vegetable juices must not be served.

***CACFP Infant Snack
Effective October 1, 2017***

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

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

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

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

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

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

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

⁷ Fruit and vegetable juices must not be served.

CACFP Child Meal Pattern (October 2017)

CACFP Child Breakfast
Select all three components for a reimbursable meal
Effective October 1, 2017

Food Components and Food Items¹	Ages 1-2	Ages 3-5
fluid milk ³	4 fluid ounces	6 fluid ounces
vegetables, fruits, or portions of both ⁴	¼ cup	½ cup
grains (oz eq) ^{5,6,7}		
whole grain-rich or enriched bread	½ slice	½ slice
whole grain-rich or enriched bread product, such as biscuit, roll or muffin	½ serving	½ serving
whole grain-rich, enriched or fortified cooked breakfast cereal ⁸ , cereal grain, and/or pasta	¼ cup	¼ cup
whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold) ^{8,9}		
flakes or rounds	½ cup	½ cup
puffed cereal	¾ cup	¾ cup
granola	⅞ cup	⅞ cup

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

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

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

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

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

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

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

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

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

CACFP Child Lunch and Supper
Select all five components for a reimbursable meal
Effective October 1, 2017

Food Components and Food Items¹	Ages 1-2	Ages 3-5
fluid milk ³	4 fluid ounces	6 fluid ounces
meat/meat alternates:		
lean meat, poultry, or fish	1 ounce	1 ½ ounce
tofu, soy product, or alternate protein products ⁴	1 ounce	1 ½ ounce
cheese	1 ounce	1 ½ ounce
large egg	½	¾
cooked dry beans or peas	¼ cup	⅜ cup
peanut butter or soy nut butter or other nut or seed butters	2 tbsp	3 tbsp
yogurt, plain or flavored unsweetened or sweetened ⁵	4 ounces or ½ cup	6 ounces or ¾ cup
the following may be used to meet no more than 50% of the requirement: peanuts, soy nuts, tree nuts, or seeds, as listed in program guidance, or an equivalent quantity of any combination of the above meat/meat alternates (1 ounces of nuts/seeds = 1 ounce of cooked lean meat, poultry, or fish)	½ ounce = 50%	½ ounce = 50%
vegetables ⁶	⅛ cup	¼ cup
fruits ^{6,7}	⅛ cup	¼ cup
grains (oz eq) ^{8,9}		
whole grain-rich or enriched bread	½ slice	½ slice
whole grain-rich or enriched bread product, such as biscuit, roll or muffin	½ serving	½ serving
whole grain-rich, enriched or fortified cooked breakfast cereal ¹⁰ , cereal grain, and/or pasta	¼ cup	¼ cup

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

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

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

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

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

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

⁷ A vegetable may be used to meet the entire fruit requirement. When two vegetables are served at lunch or supper, two different kinds of vegetables must be served.

⁸ At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards the grains requirement.

⁹ Beginning October 1, 2019, ounce equivalents are used to determine the quantity of the creditable grain.

¹⁰ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21 grams sucrose and other sugars per 100 grams of dry cereal).

CACFP Child Snack
Select two of the five components for a reimbursable snack
Effective October 1, 2017

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

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

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

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

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

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

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

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

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

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

¹⁰ Beginning October 1, 2019, the minimum serving sizes specified in this section for ready-to-eat breakfast cereals must be served. Until October 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereals is ¼ cup for children ages 1-2; ½ cup for children ages 3-5; ¾ cup for children 6-12; and 1 ½ cups for adults.

E. Special Dietary Needs—Food Allergies

To ensure the safety of children, it is important for both parents and ECE staff to understand requirements and protocols for diagnosing and accommodating food allergies. To qualify a food reaction as an allergy, ECE staff must receive a Medical Diet Modification Form showing diagnoses and determination of a food allergy by a physician, physician assistant, or nurse practitioner (<http://www.cde.ca.gov/ls/nu/sn/fm.asp>). Once this form is received, the allergy is to be treated as a disability, meaning accommodations for the allergy must be provided at no additional cost to the child or family.

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

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



APPENDIX A — PHYSICAL ACTIVITY REFERENCES AND RESOURCES

1. **Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs.** American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2011. 3rd Edition. Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. <http://nrckids.org>.
2. **Model Child Care Health Policies.** Chapter of the American Academy of Pediatrics. Aronson SS, ed. 5th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2014. www.ecelshealthychildcarepa.org.
3. **CHOICE Creating Healthy Opportunities in Child Care Environments,** Contra Costa Child Care Council, Child Health and Nutrition Program, 1035 Detroit Avenue, Suite 200, Concord, CA 94518. www.CoCoKids.org.
4. **Active Play! Fun Physical Activities for Young Children.** D. Craft and C. Smith, 2008, Cortland, NY: Active Play Books. www.activeplaybooks.com.
5. **Policy Statement on Inclusion of children with Disabilities in the Early Childhood Programs,** September 14, 2015, U.S. Department of Health and Human Services.
6. **Physical Activity Resource Guide: Implementing Physical Activity Programming for SNAP-Ed Eligible Populations.** California Department of Public Health, Nutrition Education and Obesity Prevention Branch, 2015. <http://www.cdph.ca.gov/programs/cpns/Documents/Physical%20Activity%20Resource%20Guide.pdf>.
7. **Growing Fit Kit: Wellness Policies for Georgia’s Early Care Environments.** Georgia Department of Public Health. 2015. https://dph.georgia.gov/sites/dph.georgia.gov/files/related_files/site_page/growing_fit_kit_v4.pdf
8. **Early Childhood Obesity Prevention Policies.** Institute of Medicine (IOM). 2011. Washington, DC: The National Academies Press.
9. **States Lack Physical Activity Policies in Child Care that are Consistent with National Recommendations.** Duffey, KJ, et al. 2014. Childhood Obesity, 10 [6], 491-500. Nemours Health & Prevention Services, Best Practices for Physical Activity, 2010. <http://www.nemours.org/content/dam/nemours/www/filebox/service/preventive/nhps/paguide2010.pdf>.



10. **The Association Between School-Based Physical Activity, including Physical Education, and Academic Performance.** Centers for Disease Control and Prevention, Atlanta, GA: U.S. Department of Health and Human Services, 2010.
11. **Go NAP SACC: Nutrition and Physical Activity Self-Assessment for Child Care, Family Child Care Edition.** Center for Health Promotion and Disease Prevention and Department of Nutrition, University of North Carolina at Chapel Hill. Ward D, et. al., 2014.
www.gonapsacc.org
12. **Eat Well Play Hard in Child Care Settings** *New York State Department of Health.*
https://www.health.ny.gov/prevention/nutrition/cacfp/ewphccs_curriculum/ewphccssp.htm
13. **CATCH Early Childhood (CEC).**
<http://www.catchinfo.org/programs/pre-k/>
14. **Color Me Healthy—State of North Carolina** (multiple partners)
<http://www.colormehealthy.com>
15. **SPARK Early Childhood (EC) Program.** <http://www.sparkpe.org/early-childhood/#sthash.SEzJwGEY.dpf>
16. **Media and Young Minds**, American Academy of Pediatrics, Pediatrics, November 2016, Volume 138/Issue 5, Policy Statement, published online November 01, 2016.
<http://pediatrics.aappublications.org/content/138/5/e20162591.full.print>.
17. **Active Start: A Statement of Physical Activity Guidelines for Children Birth-Age 5**, America Society of Health and Physical Educators (SHAPE), 2009.
18. **Painting Playgrounds for Movement, Stencil Kit Guide**, California Department of Public Health/Nutrition Education and Obesity Prevention Branch.
<http://www.cdph.ca.gov/programs/NEOPB/Pages/EarlyCareandEducation.aspx>
19. **Establishing Tummy Time Routines to Enhance Your Baby’s Development, Tips for Living Life to Its Fullest**, The American Occupational Therapy Association, 2013.
20. **Nutrition and Wellness Tips for Young Children: Provider Handbook for the Child and Adult Care Food Program, Promote Active Play Through Written Policies and Practices**, USDA, Alexandria, VA, December 2012.

APPENDIX B — NUTRITION REFERENCES AND RESOURCES

1. **The California Department of Education** explains the requirements for distinguishing between allergies that do or do not qualify as disabilities, as well as provides links to the Medical statement to request special meals and/or accommodation forms.
<http://www.cde.ca.gov/ls/nu/sn/mbcnp102015.asp>
2. **Food Allergies: Think Smarter, Not Harder.** This resource is accessible from the USDA website and is a presentation by Peggy Eller, RD, CD, and Julie Skolmowski, MPH, RD, SNS that explains in plain language the protocol for working with food allergies in schools/childcare centers. The presentation includes sources of hidden allergens as well as the importance of preventing cross-contamination/cross-contact with allergens.
http://www.fns.usda.gov/sites/default/files/cn/foodallergies_thinksmarter.pdf
3. The **Institute of Child Nutrition** provides facts sheets on each of the top 8 food allergens. Each fact sheet contains information on the symptoms of an allergic reaction to that particular allergen, which foods contain the allergen, hidden sources, appropriate substitutes for the allergen, as well as FAQs.
<http://theicn.org/ResourceOverview.aspx?ID=452>
4. This child care fact sheet, provided by **The Institute of Child Nutrition**, describes the symptoms to look for in recognizing an allergic/anaphylactic food reaction, and how to respond to that reaction.
<http://theicn.org/documentlibraryfiles/PDF/20090210035621.pdf>
5. **Color Me Healthy—State of North Carolina** (multiple partners)
Color Me Healthy is an evidence-based program developed to reach children ages four and five with fun, interactive learning opportunities in physical activity and healthy eating. It is designed to stimulate all of the senses of young children: touch, smell, sight, sound, and, taste. Through the use of color, music, and exploration of the senses, Color Me Healthy teaches children that healthy food and physical activity are fun.
<http://colormehealthy.co m/>
6. **Eat Well Play Hard in Child Care Settings**—New York State Department of Health
This is a multi-component intervention that focuses on improving the nutrition and physical activity behaviors of preschool-age children and their parents/caregivers by using educational strategies and skill building activities to promote healthy behavior change. The intervention also builds social support within the child care environment

by including teachers and care providers in lessons and encouraging positive role-modeling and classroom reinforcement of nutrition and physical activity messages.
<http://centertrt.org/?p=intervention&id=1105>

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

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

- Administrator's Guide
- Instructor's Guide
- Menu Planning Guide
- Partnering with Families
- Shopping Cheat Sheet Handout

<http://healthymeals.nal.usda.gov/stat-e-resources/first-years-first-state-toolkit-improving-nutrition-and-physical-activity-quality>



8. **Healthy and Active Preschoolers Nutrition Learning Center for Childcare Professionals**—California Department of Education, Nutrition Services Division

Offers a variety of free online courses and resources to improve nutrition and physical activity environments in childcare programs: nutrition and nutrition-related courses, classroom nutrition education curriculum, nutrition tips for child care staff and parents, nutrition and physical activity songs and storybooks, nutrition and physical activity calendar of events.

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

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

A comprehensive tool to help early care and education providers integrate nutrition and physical activity into the day.

http://www.sesamestreet.org/cms_services/services?action=download&uid=28a388c6-ca0e-45a1-9aaf-9b6688c5a557

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

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

<http://www.cocokids.org/child-health-nutrition/wp-content/uploads/sites/3/2013/11/Bulletin-Board-Toolkit.pdf>

11. **Incorporating MyPlate in the Child Care**

Classroom—Institute of Child Nutrition
(Formerly the National Food Service Management Institute)

Power Point presentation about incorporating My Plate into the child care classroom. It explains basic strategies for introducing MyPlate to young children, how to incorporate MyPlate into age appropriate activities, and ideas for introducing young children to the five food components.

<http://nfsmi.org/Webinars/MyPlate/3/handouts-3per.pdf>



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

This section of the MyPlate website targets parents and caregivers of children 2 through 5 years of age to help their preschoolers eat well, be active, and be healthy.

<http://www.choosemyplate.gov/preschoolers.html>

13. **Nutrition and PA in Child Care**—eXtension

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

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

14. **Nutrition and Wellness Tips for Young Children:** Provider Handbook for the Child and Adult Care Food Program—United States Department of Agriculture
A series of tip sheets addressing wellness recommendations from the Dietary Guidelines for Americans, 2010 and Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education, 3rd Edition.
<http://www.fns.usda.gov/tn/nutrition-and-wellness-tips-young-children-provider-handbook-child-and-adult-care-food-program>
15. **Potter the Otter Resources**—Various Sources
Potter the Otter Loves Water: Website from First 5 Santa Clara County encouraging water consumption.
<http://www.potterloveswater.com/>

It's Picnic Day Potter: Website from Scholastic featuring the latest Potter book, which promotes a balanced diet and encourages children to play. Additional teaching resources available. <http://www.scholastic.com/first5/> Download free PDFs of Potter the Otter activity sheets and other materials on the California Department of Public Health Nutrition Education and Obesity Prevention Branch (NEOPB) Rethink Your Drink Resources page:
<http://www.cdph.ca.gov/programs/NEOPB/Pages/RethinkYourDrink-Resources.aspx>
16. **Preventing Childhood Obesity in Early Care and Education Programs**, 2011 – selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs--National Resource Center for Health and Safety in Child Care and Early Education. The second edition of Preventing Childhood Obesity in Early Care and Education Programs is the new set of national standards describing evidence-based best practices in nutrition, physical activity, and screen time for early care and education programs. The standards are for ALL types of early care and education settings - centers and family child care homes.
<http://cfoc.nrckids.org/StandardView/SpcCol/PreventingChildhoodObesity>
17. **Promoting Good Nutrition and Physical Activity in Childcare Settings**—Robert Wood Johnson Foundation, Healthy Eating Research
A research brief that addresses the state of nutrition and physical activity in U.S. child care settings.
<http://healthyeatingresearch.org/wp-content/uploads/2013/12/HER-Child-Care-Setting-Research-Brief-2007.pdf>

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

This toolkit includes a childcare-specific section with nutrition and physical activity strategies, examples, and additional resources starting on page 20.

Link to Toolkit:

<https://snaped.fns.usda.gov/snap/SNAPedStrategiesAndInterventionsToolkitForStates.pdf>

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

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

http://www.usda.gov/wps/portal/usda/usdahome?navid=KYF_MISSION

20. United States Department of Agriculture Farm to Preschool

Designed by the USDA to promote Farm to Preschool efforts among its funded programs and partners.

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

21. Healthy Eating for Your Preschooler

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

<http://www.healthyeating.org/Healthy-Kids/Eat-Play-Love/Article-Viewer/Article/245/healthy-eating-for-your-preschooler.aspx>

22. Assessment Tools

A. Let's Move! Child Care

Let's Move! Program was set up by first lady Michelle Obama. The Let's Move! Child Care program is a great tool that is very simple to use. It is all done online. When you go to the site <https://healthykidshealthyfuture.org/join-us>, you'll see these helpful stepwise tools to give child care providers and early education providers the tools to help children develop healthy habits for life.

B. CHOICE-Creating Healthy Opportunities in Child Care Environments

This tool was developed by the Contra Costa Child Care Council with support from USDA/Nutrition Education and Obesity Prevention funding. This manual was developed to help you assess the child care environment and, using best practices, successfully write and implement nutrition and physical activity guidelines. This tool is a little more detailed than the Let's Move Child Care assessment.

<https://www.cocokids.org/child-health-nutrition/c-h-o-i-c-e-toolkit-self-assessment-questionnaire/>

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

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

<https://gonapsacc.org/resources/nap-sacc-materials>

D. Wellness Child Care Assessment Tool (WellCCAT)

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

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

23. Preschools SHINE-Shaping Healthy Impressions through Nutrition and Exercise. SHINE

is a statewide recognition program run by the California Department of Education, Nutrition Services Division. The program showcases the outstanding work that many California child care and development programs do every day to promote the health and well-being of young children, and allows. It consists of 10 elements that foster healthy habits during the early years of growth and development:

For more information, refer to:

<http://www.education.ca.gov/ls/nu/he/preschoolshine.asp>

24. CACFP Meal Patterns, Guidance and Technical Assistance. United States Department of Agriculture (USDA)

This resource provides information on the current and updated CACFP meal patterns, best practices, and resources for CACFP centers and daycare homes to support them in providing healthy balanced meals and snacks to the children they serve.

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

25. Food Safety in Child Care Centers and Family Day Care Homes.

This booklet explains how to prevent foodborne illness in a child care center or family day care home. <http://www.foodsafety.gov/resources/pdfs/foodservice/daycare/daycarefactsheet.pdf>

26. Food Safety For Children Under Five

Children under the age of five are at an increased risk for foodborne illness and related health complications because their immune systems are still developing. This resource provides food safety steps that will keep young children under five safe from foodborne illness.

<https://www.foodsafety.gov/risk/childre/index.html>

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

This resource provides information on developing policies for creating a healthy nutrition and physical activity environment in child care settings.

http://health.mo.gov/living/wellness/nutrition/eatsmartguidelines/pdf/Model_Policies.pdf



APPENDIX C—GLOSSARY

- Active physical play—moderate to vigorous physical activities such as rolling, crawling, scooting, running, climbing, dancing, hopping, galloping, skipping, and jumping
- Activities to encourage physical activity—children take advantage of everyday, spontaneous, or ordinary opportunities for exercise, such as walks in the neighborhood, dancing, going through an obstacle course, playing ball games, hopscotch, pulling and riding on wheeled toys, and other activities
- Early care and education programs—preschools, family childcare homes, childcare centers serving infants, toddlers, and preschoolers
- Fundamental movement skills—these typically develop in children two to six years of age and there are three general categories:
 - Locomotor skills- including walk, run, jump, hop, gallop, slide, leap, and skip
 - Object control skills- including ball rolling, throwing, catching, kicking, striking, trapping, dribbling, and volleyball
 - Balance and stability (or non-locomotor) skills- including upright and inverted positions, stretches and poses (or “yoga”/upright and inverted balance moves), axial, and springing movements
- Moderate to vigorous physical activity (MVPA)—children use large muscle groups, causing an increased heart rate. Examples include During moderate PA it is possible to easily carry on a conversation. During vigorous PA, the exertion level is too intense to easily carry on a conversation.
- Motor skills—
 - Gross motor skills are the larger movements of arms, legs, feet, or the entire body (crawling, running, and jumping)
 - Fine motor skills generally refer to the small movements of the hands, wrists, fingers, feet, toes, lips, and tongue (manipulating buttons and snaps, putting small objects together, manipulating small objects such as coins, making crafts, and using scissors)
- Physical fitness—includes components of cardiovascular endurance, muscle strength and endurance, and flexibility
- Structured play—staff and parents lead children in developmentally appropriate, planned activities that enable children to practice their motor skills (i.e., Get the Wiggles Out, Musical Hoops, Matching Numbers, etc.)
- Unstructured play—children direct their own activities; often called “free play”.

APPENDIX D—USDA NONDISCRIMINATION STATEMENT

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

“This institution is an equal opportunity provider.”

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

“In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English”.

Obtaining "And Justice for All" Posters:

Contact the State agency or program sponsor in the state you are located to order copies of the “And Justice for All” posters, which contains the statement listed above, for all programs administered with Food and Nutrition Services (FNS) funds. For other questions about the “And Justice for All” posters contact: <https://www.fns.usda.gov/civil-rights/obtain-justice-posters>

Program Complaint of Discrimination:

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

Submit your completed form or letter to USDA by:

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