

# Wellness Guidelines for Alaska's Young Children

A Toolkit for Child Care  
Providers and Families



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Providers and Families

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# Introduction: How to Use This Manual



## WHY?

Childhood obesity is the biggest public health threat facing this generation today. One out of three Alaska children are overweight or obese.<sup>1</sup> If we don't act now, children today may be the first generation to live shorter, less healthy lives than their parents.<sup>2</sup> Obese children may suffer from serious diseases that many people think only affect older adults, such as diabetes and high blood pressure.<sup>3, 4</sup> Obesity reduces a child's readiness to learn and overall school performance.<sup>5</sup>

Everyone plays a role in the prevention of childhood obesity. Next to families, child care and early education settings have more influence on the lives of young children than any other environment. Child care providers can provide a healthy environment that supports and encourages healthy eating, active play, and reduced screen and media time to help young children grow up at a healthy weight and develop healthy habits for life.

## HOW TO USE

*Wellness Guidelines for Alaska's Young Children: A Toolkit for Child Care Providers and Families* is designed to provide quick and easy information on a variety of nutrition, physical activity, breastfeeding, and screen and media time policies and practices for obesity prevention in child care settings.

Each page in the *Wellness Guidelines for Alaska's Young Children* manual highlights a different wellness topic. Each page contains useful information in the following sections:

**Why?** – A brief explanation of why this topic is important and why child care providers and families should make changes that can help young children grow up healthy, active, and ready to learn.

**Wellness Guidelines\*** – *Caring for Our Children\** provides national health and safety standards that are the best practices, policies, and procedures that should be followed in today's child care settings. The "Wellness Guidelines" section will highlight the *Caring for Our Children* standards that support the specific topic for that page.

The *Caring for Our Children* standards meet or exceed the Alaska Licensing Statutes and Regulations (7 AAC 57) and the Municipality of Anchorage Code (Chapter 16.55). Licensing requirements are the minimum standards you should follow. Your program can be better than the minimum!

**In the Classroom** – Staff will find tips for implementing the wellness guidelines, as well as sample activities.

**At Home** – Tips for parents are included in the “At Home” section. Share information with families about healthy habits at home through conversations, newsletters and events.

**Sample Policies** – Having a written plan that includes nutrition, physical activity, breastfeeding, and screen and media time policies is more likely to promote the optimal health of children in child care settings. This section provides samples of model policies that could be adopted and implemented by your program.

**Resources** – Links to online resources provide access to many more ideas and examples of successful wellness programs.

## RESOURCES

*Wellness Guidelines for Alaska’s Young Children* is not designed to be a stand-alone resource for guidance in all areas of nutrition and physical activity in child care settings. The following resources provide more information for child care programs on obesity prevention and wellness best practices and policies:

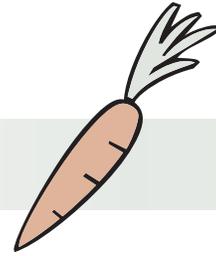
- **Best Practices for Healthy Eating: A Guide to Help Children Grow Up Healthy.** Nemours Health & Prevention Services. <https://www.nemours.org/content/dam/nemours/www/filebox/service/preventive/nhps/heguide.pdf>.
- **Best Practices for Physical Activity: A Guide to Help Children Grow Up Healthy.** Nemours Health & Prevention Services. <http://www.nemours.org/content/dam/nemours/www/filebox/service/preventive/nhps/paguide2010.pdf>.
- **Healthy Active Living.** Head Start, Administration for Children and Families Early Childhood Learning & Knowledge Center. <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/healthy-active-living>.
- **Let’s Move! Child Care.** Nemours Children’s Health System. <https://healthykidshealthyfuture.org/>.
- **Nutrition and Wellness Tips for Young Children: Provider Handbook for the Child and Adult Care Food Program.** USDA Food and Nutrition Service. <http://www.fns.usda.gov/tn/nutrition-and-wellness-tips-young-children-provider-handbook-child-and-adult-care-food-program>.

## REFERENCES

1. Alaska Department of Health and Social Services. Alaska Obesity Facts Report – 2014. Anchorage, AK: Section of Chronic Disease Prevention and Health Promotion. May 2014. <http://dhss.alaska.gov/dph/Chronic/Documents/Obesity/pubs/2014AlaskaObesityFacts.pdf>.
2. Olshansky SJ, Passaro DJ, Hershov RC, et al. A potential decline in life expectancy in the United States in the 21st Century. *N Engl J Med* 2005; 352:1138-1145 March 17, 2005DOI: 10.1056/NEJMs043743.
3. Freedman DS, Zuguo M, Srinivasan SR, Berenson GS, Dietz WH. Cardiovascular risk factors and excess adiposity among overweight children and adolescents: the Bogalusa Heart Study. *Journal of Pediatrics* 2007; 150(1):12-17.
4. U.S. Department of Health and Human Services. The Surgeon General’s Vision for a Healthy and Fit Nation. Rockville, MD. January 2010.
5. Bogden, JF. Fit, Healthy and Ready to Learn: a School Health Policy Guide. Part 1. Physical Activity, Healthy Eating, and Tobacco-use Prevention. National Association of State Boards of Education, 2000.

\*American Academy of Pediatrics, American Public Association, and National Resource Center for Health and Safety in Child Care and Early Education. Preventing Childhood Obesity in Early Care and Education Programs: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition. 2012. [http://nrckids.org/CFOC3/PDFVersion/preventing\\_obesity.pdf](http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf).

# Wellness Policies in Child Care



## WHY?

A policy handbook is an important part of a successful child care facility. Policies are a written representation of the values and goals of your program. Policies provide clear guidelines for staff and families, communicate the benefits of your program to potential client families, and shape the decisions and actions your program makes every day. Policies are permanent – they provide consistency and structure so that changes to programs are minimal in times of staff turnover.

Including wellness policies in your policy handbook shows everyone that you value the health and well-being of the children, families, and staff at your site.

## WELLNESS POLICIES

Policies that can help prevent childhood obesity and promote the optimal health of children will:

- Increase physical activity;
- Decrease sedentary behavior;
- Promote eating a variety of nutritious foods;
- Support breastfeeding during infancy;
- Create a healthy eating environment that is responsive to children’s hunger and fullness cues; and
- Limit screen time and exposure to food and beverage marketing.

*Caring for Our Children\** provides national health and safety standards that are the best practices, policies, and procedures for nutrition, physical activity, breastfeeding, and screen and media time that should be followed in today’s child care settings.

## DEVELOPING AND IMPLEMENTING POLICIES

- Review your licensing requirements to ensure your policy handbook includes the required elements. All licensed facilities should follow the Alaska Licensing Statutes and Regulations (7 AAC 57). The revised Municipality of Anchorage Code (Chapter 16.55) contains additional or modified regulations specific to child care facilities in Anchorage. Remember – licensing requirements are the minimum standards you should follow. Your program can be better than the minimum!

- Assess how your nutrition, physical activity, breastfeeding, and screen and media time policies compare to national, best-practice standards by completing self-assessments, such as the Let's Move! Child Care Quiz or the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC).
- If you find policies that need improvement, develop a plan to adopt and implement healthier policies. Let's Move Child Care! and NAP SACC can help you develop an action plan. Utilize tips in this document to help develop and implement new policies.
- Talk to staff and parents when developing new policies so everyone understands their role and is prepared to put the policies into action.
- Continually review and update your policies to provide ongoing quality care.
- Educate staff on facility policies and why they are important for children's health and well-being.
- Discuss the importance of your wellness policies with parents or guardians upon enrollment and periodically after that.

## RESOURCES

- **7 AAC 57 Child Care Facilities Licensing.** Alaska Department of Health and Social Services. Revised through May 15, 2016: [http://dhss.alaska.gov/dpa/Documents/dpa/programs/ccare/files/Child\\_Care\\_Licensing-7AAC\\_57.pdf](http://dhss.alaska.gov/dpa/Documents/dpa/programs/ccare/files/Child_Care_Licensing-7AAC_57.pdf).
- **AMC 16.55 AO 2016-82 Anchorage Child Care Licensing Code.** Municipality of Anchorage. Revised July 12, 2016: <http://www.muni.org/Departments/health/DirectServices/Documents/CCL%20Documents/AMC%2016.55%20AO%202016-82%20passed%208.9.2016.pdf>.
- **Best Practices for Healthy Eating: A Guide to Help Children Grow Up Healthy.** Nemours Health & Prevention Services. <https://www.nemours.org/content/dam/nemours/www/filebox/service/preventive/nhps/heguide.pdf>.
- **Best Practices for Physical Activity: A Guide to Help Children Grow Up Healthy.** Nemours Health & Prevention Services. <http://www.nemours.org/content/dam/nemours/www/filebox/service/preventive/nhps/paguide2010.pdf>.
- **Wellness in Alaska Child Care.** Best Practices. State of Alaska, Department of Education & Early Development, Child Nutrition Programs, Child and Adult Care Food Program. [https://education.alaska.gov/TLS/CNP/pdf/wicc\\_best\\_practices.pdf](https://education.alaska.gov/TLS/CNP/pdf/wicc_best_practices.pdf).
- **Healthy Active Living.** Head Start, Administration for Children and Families Early Childhood Learning & Knowledge Center. <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/healthy-active-living>.
- **Let's Move! Child Care.** Nemours Children's Health System. <https://healthykidshealthyfuture.org/>.
- **Nutrition and Physical Activity Self Assessment for Child Care (NAP SACC).** <https://gonapsacc.org/resources/nap-sacc-materials>.
- **Nutrition and Wellness Tips for Young Children: Provider Handbook for the Child and Adult Care Food Program.** USDA Food and Nutrition Service. <http://www.fns.usda.gov/tn/nutrition-and-wellness-tips-young-children-provider-handbook-child-and-adult-care-food-program>.

## REFERENCES

1. Institute of Medicine, Committee on Obesity Prevention Policies for Young Children. Early Childhood Obesity Prevention Policies. 2011. Washington, D.C.: The National Academies Press.

\*American Academy of Pediatrics, American Public Association, and National Resource Center for Health and Safety in Child Care and Early Education. *Preventing Childhood Obesity in Early Care and Education Programs: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition.* 2012. [http://nrckids.org/CFOC3/PDFVersion/preventing\\_obesity.pdf](http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf).

# Family Engagement



## WHY?

Everyone plays a role in the prevention of childhood obesity. By working together to support and encourage healthy eating, active play, and reduced screen and media time, Alaska's young children can grow up at a healthy weight and develop healthy habits for life.

Families can join child care providers in planning programs and activities to prevent childhood obesity and encourage healthy living. Families may also want to incorporate some of these same strategies and practices at home.

## WELLNESS GUIDELINES\*

- Provide parents/guardians with written guidelines that the facility has established a comprehensive plan to meet the nutritional requirements of the children in the facility's care and suggest ways parents/guardians can assist the facility in meeting these guidelines. Develop policies for foods brought from home, with parent/guardian consultation, so that expectations are the same for all families.
- Inform parents/guardians of the range of nutrition learning activities provided in the facility.
- Discuss the importance of the facility's written policies on physical activity with parents/guardians upon enrollment and periodically thereafter.
- Inform parents/guardians if screen media are used in the early care and education program.

## COMMUNICATE WELLNESS POLICIES WITH FAMILIES

- Communicate frequently with parents about the food their child is eating and the amount of physical activity they are getting in your care.
- Highlight your wellness policies in a parent manual.
- Invite parents to participate in lunch and active play time.
- If foods are allowed to be brought in from home or elsewhere, provide a list of acceptable healthy foods that support growth and development for young children.
- Keep parents informed of your nutrition, physical activity, and screen and media time policies through newsletters, bulletin boards, and emails.
- Provide parents of preschoolers screen time reduction and/or media literacy education such as special programs, newsletters, or information sheets, two or more times per year.

## INVOLVE FAMILIES IN WELLNESS ACTIVITIES

- Encourage parents to make similar changes at home so children receive positive health messages from more than one source.
- Provide each family with the monthly menu and include nutrition tips and recipes that can be used at home. If you have a website, post menus and recipes.
- Involve parents and children in party and activity planning that includes healthy eating and active play.
- Include ideas for free and low-cost family activities in your newsletter and on your Facebook page.
- Make book recommendations for families that include books that feature healthy foods or kids being active.
- Host a family fun night that includes healthy snacks and physical activity, such as a family walk, games, dance or scavenger hunt.

## POLICIES

We at (name of center) value family engagement and believe we must work together to help children grow up at a healthy weight. Therefore, we will:

- Encourage mothers to breastfeed their infants and will work with mothers to breastfeed at our site and to safely store expressed human milk.
- Work with an infant's parent/guardian and primary care provider to develop a plan for introducing age-appropriate solid foods (complementary foods).
- Share menus and communicate frequently with parents about the food their child is eating in our care.
- Provide parents with a list of appropriate outdoor clothing and gear. We play outdoors, even in the rain and snow. We follow our local school district inclement weather policy for outdoor recess.
- Provide a list of acceptable healthy foods that may be brought from home for meals, snacks and celebrations.
- Work with family and community members to obtain donated traditional Alaskan foods to serve to our children.

## RESOURCES

The following websites can link you to books and games for kids, and information and recipes to share with parents:

- **Choose My Plate Preschoolers.** <https://www.choosemyplate.gov/health-and-nutrition-information>.
- **Harvest for Healthy Kids.** <http://www.harvestforhealthykids.org/>.
- **National Head Start Association Go Smart.** <https://gosmart.nhsa.org/>.
- **Nibbles for Health: Nutrition Newsletters for Parents of Young Children.** USDA, Food and Nutrition Service. <https://www.fns.usda.gov/tn/nibbles-health-nutrition-newsletters-parents-young-children>.
- **Sesame Street Health Habits.** <http://www.sesamestreet.org/toolkits/healthyhabits>.
- **What's Cooking? USDA Mixing Bowl.** <https://whatscooking.fns.usda.gov/>.

## REFERENCES

1. Institute of Medicine, Committee on Obesity Prevention Policies for Young Children. *Early Childhood Obesity Prevention Policies*. 2011. Washington, D.C.: The National Academies Press.

\*American Academy of Pediatrics, American Public Association, and National Resource Center for Health and Safety in Child Care and Early Education. *Preventing Childhood Obesity in Early Care and Education Programs: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition*. 2012. [http://nrckids.org/CFOC3/PDFVersion/preventing\\_obesity.pdf](http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf).

# Physical Activity in Child Care



## WHY?

Free play, active play and outdoor play are essential for the development, learning, and growth of young children. Physical activity helps control weight, build lean muscle, and develop strong bodies.<sup>1</sup> Children may learn better and have improved attention and focus during or immediately after bursts of physical activity.<sup>2</sup> Caregivers should provide a variety of opportunities for children to develop and improve motor and movement skills at each stage of development. For kids, physical activity is about learning to have fun moving their bodies.

## WELLNESS GUIDELINES\*

- Provide children with adequate space for both inside and outside play.
- Provide daily for all children, birth to 6 years, 2 to 3 occasions of active play outdoors, weather permitting.
- Provide daily for all children, birth to 6 years, 2 or more structured or caregiver/teacher/adult-led activities or games that promote movement over the course of the day – indoor or outdoor.
- Require caregivers/teachers to promote children’s active play, and participate in children’s active games at times when they can safely do so.
- Provide orientation and annual training opportunities for caregivers/teachers to learn about age-appropriate gross motor activities and games that promote children’s physical activity.

## IN THE CLASSROOM

- Ensure children have ample opportunity to do moderate to vigorous activities such as running, climbing, dancing, skipping, and jumping.
- Provide continuous opportunities to develop and practice age-appropriate gross motor and movement skills.
- Plan structured and free active play times on the written daily classroom schedule.
- Participate in children’s games and active play. Children need to see adults being active and having fun!
- Set policies for extreme temperatures and bad weather that will limit outdoor play. Child care sites may choose to follow guidelines from the National Weather Service, adopt the local school district policy on outdoor recess, or have a parent committee set the weather policy.
- Provide parents with a list of cold weather gear that their children will need.
- Share information with families through conversations, newsletters, and events about healthy habits and how to be active at home.

## AT HOME

- Play together! Take a walk to the nearest playground or park. Go sledding or bike riding. Kick a soccer ball around the back yard. Turn on some music and dance.
- Focus on fun, not performance.
- Limit the use of confining equipment like infant carriers, swings and strollers.
- Help foster a love of physical activity by being an active role model.

## EXAMPLE POLICIES

We at (name of center) are committed to our children's health. We recognize the importance of physical activity for all children as they develop motor and movements skills and learn to live healthy lives. Therefore, we will:

- Provide fun, engaging physical activity daily in our lesson plans.
- Encourage all children to try new physical activities within their development stage and respond positively when they do.
- Role-model positive behaviors by being physically active with the children, both indoors and outdoors.
- Share our own positive experiences with physical activity and facilitate conversations with the children about their experiences.
- Train our staff on age-appropriate gross motor activities and games that promote children's physical activity.
- Make safe equipment for active play accessible in the classroom at all times (e.g. soft balls, push-pull toys, low carpeted blocks to climb on, etc.).

## RESOURCES

- **Active Early: A Wisconsin Guide for Improving Childhood Physical Activity.** <https://dpi.wi.gov/community-nutrition/cacfp/wellness/active-early-healthy-bites>.
- **Active Play!** Dr. Diane Craft. <http://activeplaybooks.com/>.
- **Best Practices for Physical Activity: A Guide to Help Children Grow Up Healthy.** Nemours Health & Prevention Services. <http://www.nemours.org/content/dam/nemours/www/filebox/service/preventive/nhps/paguide2010.pdf>.
- **Healthy Active Living.** Head Start, Administration for Children and Families Early Childhood Learning & Knowledge Center. <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/healthy-active-living>.
- **Nutrition and Wellness Tips for Young Children: Provider Handbook for the Child and Adult Care Food Program.** USDA Food and Nutrition Service. <http://www.fns.usda.gov/tn/nutrition-and-wellness-tips-young-children-provider-handbook-child-and-adult-care-food-program>

## REFERENCES

1. U.S. Department of Health and Human Services. Physical Activity Guidelines for Americans. 2008.
2. Pellegrini, A., C. Bohn. The role of recess in children's cognitive performance and school adjustment. *Educ Res* 2005; 34:13-19.

\*American Academy of Pediatrics, American Public Association, and National Resource Center for Health and Safety in Child Care and Early Education. *Preventing Childhood Obesity in Early Care and Education Programs: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition.* 2012. [http://nrckids.org/CFOC3/PDFVersion/preventing\\_obesity.pdf](http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf).

# Physical Activity for Infants (Birth – 11 Months)



## WHY?

Babies need physical activity for their rapidly developing bodies and brains! Moving helps infants develop important brain connections that result in motor skill development as well as brain power. “Tummy time” prepares younger infants for the time they will be able to slide on their bellies and crawl. By providing a stimulating, safe environment for infants to explore, you can help them learn motor and movement skills like reaching, crawling, and walking.

## WELLNESS GUIDELINES\*

- Provide daily for all children, birth to 6 years, 2 to 3 occasions of active play outdoors, weather permitting.
- Provide daily for all children, birth to 6 years, 2 or more structured or caregiver/ teacher/ adult-led activities or games that promote movement over the course of the day—indoor or outdoor.
- Ensure that infants have supervised tummy time every day when they are awake.
- Use infant equipment such as swings, stationary activity centers (ex. exersaucers), infant seats (ex. bouncers), molded seats, etc. only for short periods of time if at all.

## IN THE CLASSROOM

- Place younger infants in a prone (front) position (“tummy time”) for short bouts (as tolerated) 2 to 3 times per day. Aim for a total of 30 minutes daily. The infant should always be supervised during tummy time. Caregivers should get down on the floor, face to face, so they can talk, sing, and explore together.
- Plan for “tummy time” on the written daily classroom schedule.
- Assist infants in reaching movement milestones like rolling, sitting, and crawling.
- Provide older infants with objects that encourage movement like balls, mobiles, or soft stable objects for pulling up.
- Provide soft, safe, open areas for infants to move – preferably away from play areas for older, more active children.
- Outdoor play for infants may include riding in a carriage or stroller; however, infants should be offered opportunities for gross motor play outdoors, as well.

## AT HOME

- Play together! Use active play to guide your infant through the stages of motor skill development, such as rolling, sitting, crawling, and grasping for objects.
- Encourage your baby to explore in a safe environment with your caring supervision and involvement.
- Help foster a love of physical activity by being an active role model!

## EXAMPLE POLICIES

We at (name of center) are committed to our children’s health. We recognize the importance of physical activity from birth for developing healthy bodies and brains. Therefore, we will:

- Provide infants with supervised “tummy time” 2 to 3 times per day.
- Provide infants with safe, non-restrictive environments to encourage movement and exploration.
- Provide daily opportunities for infants to move and develop motor skills within their developmental stage.
- Use swings, bouncy chairs and other confining equipment (except high chairs when eating and strollers) only for short periods of time if at all.
- Provide outdoor time daily.

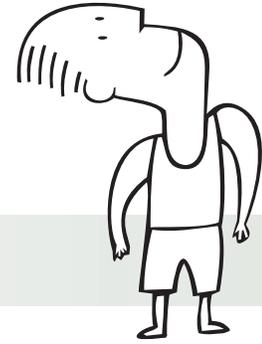
## RESOURCES

- **Active Early: A Wisconsin Guide for Improving Childhood Physical Activity.** [https://dpi.wi.gov/community-nutrition/cacfp/wellness/active-early-healthy-bites.](https://dpi.wi.gov/community-nutrition/cacfp/wellness/active-early-healthy-bites)
- **Active Play!** Dr. Diane Craft. [http://activeplaybooks.com/.](http://activeplaybooks.com/)
- **HealthyChildren.Org.** American Academy of Pediatrics. [https://www.healthychildren.org/English/healthy-living/growing-healthy/Pages/default.aspx.](https://www.healthychildren.org/English/healthy-living/growing-healthy/Pages/default.aspx)
- **SHAPE America (Society of Health and Physical Educators) Explore Early Childhood Education.** [http://www.shapeamerica.org/exploreearlychildhood.cfm.](http://www.shapeamerica.org/exploreearlychildhood.cfm)

## REFERENCES

\*American Academy of Pediatrics, American Public Association, and National Resource Center for Health and Safety in Child Care and Early Education. *Preventing Childhood Obesity in Early Care and Education Programs: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition.* 2012. [http://nrckids.org/CFOC3/PDFVersion/preventing\\_obesity.pdf.](http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf)

# Physical Activity for Toddlers (12-23 Months)



## WHY?

Toddlers need physical activity for overall health, fitness, and development of motor and movement skills. Toddlers benefit from structured and free play, both indoors and outdoors. By providing a stimulating, safe environment for active play, you can help toddlers develop motor skills, social skills, and brain connections. This helps toddlers develop their independence and build their self-confidence and sense of well-being.

## WELLNESS GUIDELINES\*

- Allow toddlers 60 to 90 total minutes per 8-hour day for vigorous physical activity.
- Provide daily for all children, birth to 6 years, 2 to 3 occasions of active play outdoors, weather permitting.
- Provide daily for all children, birth to 6 years, 2 or more structured or caregiver/ teacher/ adult-led activities or games that promote movement over the course of the day—indoor or outdoor.
- Do not withhold active play from children who misbehave, although out-of-control behavior may require 5 minutes or less calming periods to help the child settle down before resuming cooperative play or activities.

## IN THE CLASSROOM

- Plan structured (adult-led) and free active play times on the written daily classroom schedule.
- Play active games that incorporate music, imitation, and simple directions, such as animal movements, follow the leader or dancing with scarves.
- Provide small objects to roll, toss, and kick, such as beanbags and balls.
- Model enjoyment of physical activity by joining children in ball play, dancing, active games, and other physical activities.
- Make indoor play space available for physical activities, including running.

## AT HOME

- Play together! Use active play to guide your toddler through the stages of motor skill development such as walking, running, climbing, kicking, throwing, and catching.
- Focus on fun, not performance.
- Limit the use of strollers. Encourage your toddler to walk short distances.
- Help foster a love of physical activity by being an active role model!

## EXAMPLE POLICIES

We at (name of center) are committed to our children's health. We recognize the importance of physical activity for toddler health and development. Therefore, we will:

- Provide fun, engaging, structured (adult-led) and free-time active play opportunities daily in our lesson plans.
- Encourage active play, both indoors and outdoors.
- Provide toddlers 60 to 90 minutes per 8-hour day for vigorous physical activity.
- Play outdoors, even in light rain and snow. We will provide parents with a list of appropriate outdoor clothing and gear. We will follow our local school district inclement weather policy for outdoor recess.
- Encourage all children to try new physical activities within their development stage and respond positively when they do.

## RESOURCES

- **Active Early: A Wisconsin Guide for Improving Childhood Physical Activity.** <https://dpi.wi.gov/community-nutrition/cacfp/wellness/active-early-healthy-bites>.
- **Active Play!** Dr. Diane Craft. <http://activeplaybooks.com/>.
- **Go Smart.** National Head Start Association. <https://gosmart.nhsa.org/>.
- **HealthyChildren.Org.** American Academy of Pediatrics. <https://www.healthychildren.org/English/healthy-living/growing-healthy/Pages/default.aspx>.
- **Sesame Street Healthy Habits for Life.** KidsHealth in the Classroom, Nemours and Sesame Workshop. <http://www.sesamestreet.org/parents/topicsandactivities/toolkits/healthyhabits#5>.
- **SHAPE America (Society of Health and Physical Educators) Explore Early Childhood Education.** <http://www.shapeamerica.org/exploreearlychildhood.cfm>.

## REFERENCES

\*American Academy of Pediatrics, American Public Association, and National Resource Center for Health and Safety in Child Care and Early Education. *Preventing Childhood Obesity in Early Care and Education Programs: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition.* 2012. [http://nrckids.org/CFOC3/PDFVersion/preventing\\_obesity.pdf](http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf).

# Physical Activity for Preschoolers (2-5 Years)



## WHY?

Physical activity for preschoolers is important for physical health, fitness and development of motor and movement skills, as well as mental health, social well-being, and learning. Preschoolers benefit from structured and free play, both indoors and outdoors. By providing a stimulating, safe environment for active play, you can help preschoolers master motor skills, such as running, jumping, and throwing, and use their own imaginations to develop games and activities. Children who are active are more likely to be active as adults.

## WELLNESS GUIDELINES\*

- Allow preschoolers 90 to 120 minutes per 8-hour day for vigorous physical activity.
- Provide daily for all children, birth to 6 years, 2 to 3 occasions of active play outdoors, weather permitting.
- Provide daily for all children, birth to 6 years, 2 or more structured or caregiver/ teacher/ adult-led activities or games that promote movement over the course of the day—indoor or outdoor.
- Do not withhold active play from children who misbehave, although out-of-control behavior may require 5 minutes or less calming periods to help the child settle down before resuming cooperative play or activities.

## IN THE CLASSROOM

- Plan structured (adult-led) and free active play on the written daily classroom schedule.
- Make indoor play space available for physical activities, including running.
- Look for ways to be active during lessons you already have planned. Children can imitate characters during story time or move their bodies to look like letters or numbers.
- Model enjoyment of physical activity by joining children in ball play, dancing, yoga, skipping, active games, and other fitness activities.

## AT HOME

- Play together! Use active play to guide your preschooler through the stages of motor skill development such as running, jumping, hopping, galloping, pedaling, climbing, catching, and throwing.
- Focus on fun, not performance.
- Limit the use of strollers. Encourage your preschooler to walk.
- Help foster a love of physical activity by being an active role model!

## EXAMPLE POLICIES

We at (name of center) are committed to our children's health. We recognize the importance of physical activity for preschooler's health and development. Therefore, we will:

- Provide fun, engaging, structured (adult-led) and free-time active play opportunities daily in our lesson plans.
- Encourage active play, both indoors and outdoors.
- Provide preschoolers with 90 – 120 minutes per 8-hour day for vigorous physical activity.
- Play outdoors, even in light rain and snow. We will provide parents with a list of appropriate outdoor clothing and gear. We will follow our local school district inclement weather policy for outdoor recess.
- Encourage all children to try new physical activities within their development stage and respond positively when they do.

## RESOURCES

- **Active Early: A Wisconsin Guide for Improving Childhood Physical Activity.** <https://dpi.wi.gov/community-nutrition/cacfp/wellness/active-early-healthy-bites>.
- **Active Play!** Dr. Diane Craft. <http://activeplaybooks.com/>.
- **Go Smart.** National Head Start Association. <https://gosmart.nhsa.org/>.
- **HealthyChildren.Org.** American Academy of Pediatrics. <https://www.healthychildren.org/English/healthy-living/growing-healthy/Pages/default.aspx>.
- **Sesame Street Healthy Habits for Life.** KidsHealth in the Classroom, Nemours and Sesame Workshop. <http://www.sesamestreet.org/parents/topicsandactivities/toolkits/healthyhabits#5>.
- **SHAPE America (Society of Health and Physical Educators) Explore Early Childhood Education.** <http://www.shapeamerica.org/exploreearlychildhood.cfm>.

## REFERENCES

\*American Academy of Pediatrics, American Public Association, and National Resource Center for Health and Safety in Child Care and Early Education. *Preventing Childhood Obesity in Early Care and Education Programs: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition.* 2012. [http://nrckids.org/CFOC3/PDFVersion/preventing\\_obesity.pdf](http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf).

# Increasing Physical Activity in Child Care Settings



## WHY?

Children learn from the modeling of healthy and safe behaviors, including active play. Many things, such as time, space, money and weather, can get in the way of being physically active. Setting policies and actively working to overcome barriers to physical activity are important to help children be physically active for their health and well-being.

## WELLNESS GUIDELINES\*

- Develop written policies on the promotion of physical activity and the removal of potential barriers to physical activity participation.
- Provide orientation and annual training opportunities for caregivers/teachers to learn about age-appropriate gross motor activities and games that promote children's physical activity.
- Require caregivers/teachers to promote children's active play, and participate in children's active games at times when they can safely do so.

## TRAIN STAFF

- Educate staff on facility policies on physical activity and why they are important for children's health and well-being. Sometimes, staff turnover or personal attitudes towards physical activity can be a barrier to physical activity participation.
- Train staff on gross motor developmental milestones, age-appropriate activities and materials, and safety issues, such as equipment and weather.
- Encourage staff to participate in children's games and model enjoyment of physical activity. Wear clothing and footwear that permits easy and safe movement.
- Have fun at staff meetings by teaching each other new games or activities that increase physical activity.

## INCORPORATE ACTIVITY INTO DAILY SCHEDULE

- Schedule indoor and outdoor teacher-led physical activities and free, active-play time that meets the amount of time recommended for each age group. Schedule tummy time and outdoor time for infants.
- Accumulate the recommended amount of daily physical activity per age group in doses of at least 10 minutes or more throughout the day, but not all at once.
- Look for ways to be active during lessons you already have planned. Children can imitate characters during story time or move their bodies to look like letters or numbers.

- Transition times are great for including activity. While walking in line, kids can pretend they are balancing on a high-wire or hop like a bunny.
- Take physical activity field trips. Go on nature walks. Find the closest hill for sledding or rolling down.

## CREATE ACTIVE ENVIRONMENTS

- Ensure indoor and outdoor space is safe, clean, neat, and clutter free. There should be plenty of space for kids to run, jump, skip, and gallop.
- Provide a variety of physical activity equipment – some fixed, some portable, different materials, and appropriate for different ages and abilities.
- Rotate materials and equipment on a regular basis to keep children engaged and excited about physical activity.
- Physical activity equipment doesn't have to be expensive, but it must be safe. Websites and books offer free, downloadable ideas for activities or "home-made" equipment. Check out your local library for children's books and music that encourage physical activity.
- Make physical activity fun so children (and staff) want to participate!
- In areas of the state that experience regular inclement weather, centers should have a gross motor room or design their classroom so that children can have active play time inside.

## WEATHER

- Children are more physically active when they can play outside. Go outside in winter and even light rain and snow.
- Set policies for extreme temperatures and bad weather that will limit outdoor play. Child care sites may choose to follow guidelines from the National Weather Service, adopt the local school district policy on outdoor recess, or have a parent committee set the weather policy.
- If outdoor play is limited due to adverse weather conditions, increase the time of indoor activity, so the total amount of exercise meets the recommended amount per age group.
- Provide parents with a list of cold weather gear that their children will need to play outside.
- The rule of thumb for older babies and young children is to dress them in one more layer of clothing than an adult would wear in the same conditions.

### EXAMPLE POLICIES

We recognize the importance of staff as positive role models for all children as they learn to live healthy lives. Therefore, we will:

- Role-model positive behaviors by being physically active with the children, both indoors and outdoors.
- Share our own positive experiences with physical activity and facilitate conversations with the children about their experiences.
- Offer staff training opportunities on age-appropriate gross motor activities and promoting physical activity and movement at least twice a year.

## REFERENCES

\*American Academy of Pediatrics, American Public Association, and National Resource Center for Health and Safety in Child Care and Early Education. *Preventing Childhood Obesity in Early Care and Education Programs: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition.* 2012. [http://nrckids.org/CFOC3/PDFVersion/preventing\\_obesity.pdf](http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf).

# Screen & Media Time



## WHY?

Screen time or media time is any time spent watching TV, videotapes, or DVDs; playing video or computer games; surfing the Internet; or using hand-held devices, such as a tablet or smartphone. These are sedentary activities and often replace the time children should be physically active. Too much media time has been shown to reduce night-time sleep, delay cognitive, language and social/emotional development, and increase the risk for obesity.<sup>1</sup>

## WELLNESS GUIDELINES\*

- Do not use media (television [TV], video, and DVD) viewing and computers with children younger than 2 years.
- Limit total media time for children 2 years and older to no more than 30 minutes once a week. Limit screen time (TV, DVD, computer time).
- Use screen media with children age 2 years and older only for educational purposes or physical activity.
- Do not utilize TV, video, or DVD viewing during meal or snack time.

## IN THE CLASSROOM

- Avoid having a TV in a room where children are present. Caregivers should not watch TV during the care day.
- Make media time interactive by talking with the children about what they are watching. Always consider whether children could learn the skill better in another way through hands-on experiences.
- Limit computer use to no more than 15-minute increments except for school-age children completing homework assignments and children with special health care needs who require and consistently use assistive and adaptive computer technology.
- Share information with families about reducing screen time at home through conversations, newsletters and events.

## AT HOME<sup>1</sup>

- Avoid digital media use (except video-chatting) in children younger than 18 to 24 months.
- For children 2 to 5 years old, limit screen use to 1 hour per day of high-quality programming,

co-view with your children, help them understand what they are seeing, and help them apply what they learn to the world around them.

- Develop, consistently follow, and routinely revisit a Family Media Use plan.
- Move TVs out of the bedrooms and to a central location like a family room.
- Have one specific time during the day for age-appropriate, educational programs. Watch together, so you can talk about it.
- Avoid media screens during meals and for 1 hour before bedtime.
- Turn off the TV and play together! Go for a family walk after dinner instead of watching TV.

## EXAMPLE POLICIES

We at (name of center) are committed to our children's health. We recognize sedentary activities can be detrimental to children's health, development, and weight. Therefore, we will:

- Limit media time (except for educational computer use and physical activity) to less than 30 minutes per week for children 2 and older; no media time for children younger than 2 years.
- Limit computer use to no more than 15-minute increments except for school-age children completing homework assignments and children with special health care needs who require and consistently use assistive and adaptive computer technology.

## RESOURCES

- **Best Practices for Physical Activity: A Guide to Help Children Grow Up Healthy.** Nemours Health & Prevention Services. <http://www.nemours.org/content/dam/nemours/www/filebox/service/preventive/nhps/paguide2010.pdf>.
- **Healthy Child Care: Screen-Time Reduction Toolkit for Child Care Providers.** Michigan Department of Child Health. <https://healthykidshealthyfuture.org/wp-content/uploads/2015/04/Screen-TimeReductionToolkit.pdf>.
- **Let's Move! Child Care – Reduce Screen Time.** <https://healthykidshealthyfuture.org/5-healthy-goals/reduce-screen-time/>.
- **Family Media Plan.** American Academy of Pediatrics. <https://www.healthychildren.org/English/media/Pages/default.aspx>.

## REFERENCES

1. American Academy of Pediatrics Council on Communications and Media. Media and Young Minds. *Pediatrics* 2016; 138 (5):e20162591.

\*American Academy of Pediatrics, American Public Association, and National Resource Center for Health and Safety in Child Care and Early Education. *Preventing Childhood Obesity in Early Care and Education Programs: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition.* 2012. [http://nrckids.org/CFOC3/PDFVersion/preventing\\_obesity.pdf](http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf).

## Nutrition in Child Care



### WHY?

Nutritious foods contribute to the wellness, healthy growth, and development of young children. Child care settings provide the opportunity for children to learn about the food they eat, develop and strengthen their fine and gross motor skills, and engage in social interaction at mealtimes. Healthy eating for young children is about learning, exploring, and enjoying healthy foods and mealtime. Parents should be informed about the food, food preparation, mealtime, and nutrition education provided for their child so everyone is working on the same goal of helping children grow up at a healthy weight.

### WELLNESS GUIDELINES\*

- Prepare, serve, and store meals and snacks that meet the requirements for meals of the U.S. Department of Agriculture (USDA), Child and Adult Care Food Program (CACFP).
- Provide parents/guardians with written guidelines that the facility has established a comprehensive plan to meet the nutritional requirements of the children in the facility's care and suggest ways parents/ guardians can assist the facility in meeting these guidelines. Develop policies for foods brought from home, with parent/guardian consultation, so that expectations are the same for all families.
- Inform parents/guardians of the range of nutrition learning activities provided in the facility.

### IN THE CLASSROOM

- Participate in or follow the meal and snack patterns and best practices of the Child and Adult Care Food Program (CACFP).
- Provide healthy snacks that meet the nutritional needs of children and are low in sugar, salt, and fat.
- Encourage mothers to breastfeed their infants. Work with mothers to breastfeed at your site and to safely store expressed breast milk.
- Share menus and communicate frequently with parents about the food their child is eating in your care.

## AT HOME

- Talk with the child care staff about what and how much your child ate that day. Try to complement that at home.
- Make healthy eating fun; turn an open face cheese sandwich into a face with tomato slices for eyes and a strip of bell pepper for a smile.
- Let kids make choices. Serve a variety of healthy foods and let everyone (including children) choose what they want to eat and how much.

## EXAMPLE POLICIES

We at (name of center) are committed to our children's health. We recognize the importance of good nutrition for healthy growth and development in children. Therefore, we will:

- Follow the healthy meal and snack patterns and best practices of the USDA Child and Adult Care Food Program (CACFP).
- Provide a room for breastfeeding and pumping that is clean, comfortable, and private.
- Provide designated refrigerated space for breast milk storage.
- Provide a list of acceptable healthy foods that may be brought from home for meals, snacks, and celebrations.

## RESOURCES

- **Best Practices for Healthy Eating: A Guide to Help Children Grow Up Healthy.** Nemours Health & Prevention Services. <https://www.nemours.org/content/dam/nemours/www/filebox/service/preventive/nhps/heguide.pdf>.
- **Child and Adult Care Food Program.** Alaska Department of Education & Early Development. <https://education.alaska.gov/TLS/CNP/CACFP.html>.
- **Child and Adult Care Food Program: Best Practices.** USDA. [https://www.fns.usda.gov/sites/default/files/cacfp/CACFP\\_factBP.pdf](https://www.fns.usda.gov/sites/default/files/cacfp/CACFP_factBP.pdf).
- **Choose My Plate Preschoolers.** <https://www.choosemyplate.gov/health-and-nutrition-information>.
- **Healthy Bites: A Wisconsin Guide for Improving Childhood Nutrition.** Wisconsin Department of Health Services. [https://dpi.wi.gov/sites/default/files/imce/school-nutrition/pdf/healthy\\_bites.pdf](https://dpi.wi.gov/sites/default/files/imce/school-nutrition/pdf/healthy_bites.pdf).
- **Healthy Meals Resource System.** Child and Adult Care Food Program. <https://healthymeals.fns.usda.gov/cacfp-wellness-resources-child-care-providers/nutrition>.
- **Nutrition and Wellness Tips for Young Children: Provider Handbook for the Child and Adult Care Food Program.** USDA, Food and Nutrition Service. <https://www.fns.usda.gov/tn/nutrition-wellness-tips-young-children>.
- **Wellness in Alaska Child Care.** Best Practices. State of Alaska, Department of Education & Early Development, Child Nutrition Programs, Child and Adult Care Food Program: [https://education.alaska.gov/TLS/CNP/pdf/wicc\\_best\\_practices.pdf](https://education.alaska.gov/TLS/CNP/pdf/wicc_best_practices.pdf).

## REFERENCES

\*American Academy of Pediatrics, American Public Association, and National Resource Center for Health and Safety in Child Care and Early Education. *Preventing Childhood Obesity in Early Care and Education Programs: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition.* 2012. [http://nrckids.org/CFOC3/PDFVersion/preventing\\_obesity.pdf](http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf).

# Breastfeeding & the Feeding of Breast Milk



## WHY?

Breast milk is the perfect food for babies. When a mom chooses to breastfeed her infant, she is protecting her baby from health problems such as infections, asthma, obesity, eczema, diarrhea, SIDS, and leukemia. The nutrients in breast milk are balanced just right, and they change as the baby grows so that breast milk always has the appropriate amount of nutrients and water. Other benefits of breastfeeding are that mom's milk is always ready and does not rely on a clean water source. Breastfeeding also saves money and reduces waste.<sup>1</sup>

## WELLNESS GUIDELINES\*

- Encourage and support breastfeeding and feeding of breast milk by making arrangements for mothers to feed their children comfortably on-site or to provide expressed breast milk for staff to feed their child during meal times.
- Introduce breastfed infants gradually to iron-fortified foods no sooner than 4 months of age, but preferably around 6 months to complement the breast milk.

## IN THE CLASSROOM

- Dedicate a clean, comfortable, private space for moms to breastfeed or pump.
- Help nursing moms feel welcome and supported by promoting breastfeeding services at family orientation, with posters on site, and with information on your website and in newsletters.
- Make sure staff is trained on safe practices for handling and storing expressed breast milk.
- Talk with moms to determine feeding plans.

## AT HOME

- Research overwhelmingly shows that exclusive breastfeeding for 6 months, and continued breastfeeding for at least a year or longer, is good for the health of both children and mothers.
- Get your infant used to being fed your expressed milk in a bottle by another person.
- Be sure to take care of yourself with healthy eating and plenty of water to stay hydrated.

## EXAMPLE POLICIES

We at (name of center) are committed to our children’s health. We recognize the importance of breastfeeding and breast milk for infants’ health and development. Therefore, we will:

- Provide a space for breastfeeding and pumping that is clean, comfortable, and private.
- Provide staff a reasonable break time and a private space, other than a bathroom, for pumping or feeding.
- Provide designated refrigerated space for breast milk storage.
- Label breast milk with the date it was expressed and the child’s name.
- Designate one staff person per shift in charge of breast milk storage and dispensing.

## RESOURCES

- **Breastfeeding.** Office of Women’s Health, US DHHS. <https://www.womenshealth.gov>.
- **Breastfeeding.** Centers for Disease Control and Prevention. <https://www.cdc.gov/breastfeeding/index.htm>.
- **Feeding Infants: A Guide for Use in the Child Nutrition Programs.** USDA, Food and Nutrition Service. [https://www.fns.usda.gov/sites/default/files/feeding\\_infants.pdf](https://www.fns.usda.gov/sites/default/files/feeding_infants.pdf).
- **Healthy Children.Org.** American Academy of Pediatrics. <https://healthychildren.org/English/ages-stages/baby/breastfeeding/Pages/default.aspx>
- **Supporting Nursing Moms at Work: Employer Solutions.** Office of Women’s Health, US DHHS. 2014. <https://www.womenshealth.gov/breastfeeding/employer-solutions/index.html>

## REFERENCES

1. Breastfeeding. Office of Women’s Health, US DHHS. 2014. <https://www.womenshealth.gov>.

\*American Academy of Pediatrics, American Public Association, and National Resource Center for Health and Safety in Child Care and Early Education. *Preventing Childhood Obesity in Early Care and Education Programs: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition.* 2012. [http://nrckids.org/CFOC3/PDFVersion/preventing\\_obesity.pdf](http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf).

# Infant Feeding



## WHY?

Good nutrition is essential for the rapid growth and development during the first year of life. It's a time of adjusting to new feeding abilities and stages, introducing new tastes and textures, and establishing good relationships with caregivers and food. Early introduction of solid food and fruit juice interferes with the intake of breast milk or iron-fortified formula that infants need for growth. Feeding infants in response to hunger and fullness cues, instead of using food as a soothing strategy, helps the child to better self-regulate their intake and prevents over-feeding.<sup>1</sup>

## WELLNESS GUIDELINES\*

- Serve breast milk or infant formula to at least age 12 months. Don't begin cow's milk before 12 months, unless written exception is provided by primary care provider and parent/guardian.
- Feed infants on cue.
- Do not feed infants beyond fullness. Allow infant to stop the feeding.
- Hold infants while bottle feeding. Position an infant for bottle feeding in the caregiver/teacher's arms or sitting up on the caregiver/teacher's lap. Bottles should never be propped.
- Develop a plan for introducing age-appropriate solid foods (complementary foods) in consultation with the child's parent/guardian and primary care provider.
- Introduce age-appropriate solid foods no sooner than 4 months of age, and preferably around 6 months of age.
- Introduce breastfed infants gradually to iron-fortified foods no sooner than 4 months of age, but preferably around 6 months to complement breast milk.
- Do not feed an infant formula mixed with cereal, fruit juice, or other foods unless the primary care provider provides written instruction.

## IN THE CLASSROOM

- Train staff on safe practices for handling and storing expressed breast milk; preparing, feeding, and storing infant formula; and cleaning and sanitizing equipment used for bottle feeding.
- Allow the infant to stop feeding when they want to, not when they have finished the bottle.
- Know infant's hunger and fullness signals and respond promptly and pleasantly.

- Always hold the infant for bottle feeding. Look baby in the eyes and talk pleasantly. Feeding should be positive and nurturing.
- Studies show babies do better when solid food is introduced no sooner than 6 months of age. The infant must be able to sit without support, able to munch or chew, and to use their tongue to move foods to the back of their mouth.

### AT HOME

- Provide only breast milk, formula, or water in bottles to infants.
- Never use a bottle or cup to pacify an infant.
- All children develop at different rates. Infants may be ready to start feeding themselves earlier or later than other infants. Work with your primary care provider and child care staff to develop a plan for introducing age-appropriate solid foods.
- Sippy cups should only be used for a very short time while the infant is transitioning from bottle to cup.

### EXAMPLE POLICIES

We at (name of center) are committed to our children’s health. We recognize the importance of breast milk and introducing foods appropriately for infants’ health and development. Therefore, we will:

- Serve breast milk or infant formula to at least age 12 months.
- Train staff on safe practices for handling and storing expressed breast milk; preparing, feeding, and storing infant formula; and cleaning and sanitizing equipment used for bottle feeding.
- Ensure feeding time is positive and nurturing for the infant.
- Feed infants according to their hunger and fullness signals, not on a “schedule”. We will allow the infant to stop feeding when they want to, not when they have finished the bottle.
- Work with the infant’s parent/guardian and primary care provider to develop a plan for introducing age-appropriate solid foods (complementary foods).
- Never feed an infant formula mixed with cereal, fruit juice, or other foods unless the primary care provider provides written instruction.

### RESOURCES

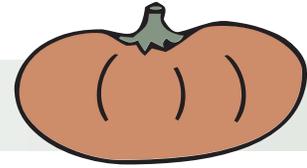
- **CARE Connection: Infant Feeding.** National Food Service Management Institute. <http://www.nfsmi.org/ResourceOverview.aspx?ID=339>.
- **Feeding Infants: A Guide for Use in the Child Nutrition Programs.** USDA, Food and Nutrition Service. [https://www.fns.usda.gov/sites/default/files/feeding\\_infants.pdf](https://www.fns.usda.gov/sites/default/files/feeding_infants.pdf).
- **Healthy Children.Org.** American Academy of Pediatrics. <https://www.healthychildren.org/english/ages-stages/baby/Pages/default.aspx>.

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1. Perez-Escamilla R, Segura-Perez S, Lott M, et al. Feeding Guidelines for Infants and Young Toddlers: A Responsive Parenting Approach. Robert Wood Johnson Foundation, Healthy Eating Research. February 2017.

\*American Academy of Pediatrics, American Public Association, and National Resource Center for Health and Safety in Child Care and Early Education. *Preventing Childhood Obesity in Early Care and Education Programs: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition.* 2012. [http://nrckids.org/CFOC3/PDFVersion/preventing\\_obesity.pdf](http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf).

# Feeding Toddlers & Preschoolers



## WHY?

Early childhood feeding behaviors help shape food preferences and obesity risk later in life. Meals and snacks offered to young children should provide a variety of nourishing foods at regularly scheduled times during the day, usually every 2 to 3 hours. Caloric needs, appetites, and food preferences are different from one child to another; sometimes in the same child from day to day. If normal variations in eating patterns are accepted without comment, feeding problems usually do not develop. Child care settings provide the opportunity for children to learn about the food they eat, to develop and strengthen their fine and gross motor skills, and to engage in social interaction at mealtimes.

## WELLNESS GUIDELINES\*

- Choose monounsaturated and polyunsaturated fats (such as olive oil or safflower oil) and avoid trans fats, saturated fats, and fried foods.
- Serve chicken, fish, lean meat, eggs; nuts and seeds (if appropriate); and cooked, dried peas and beans (legumes). Avoid fried fish, meat, and chicken.
- Serve other milk equivalent products such as yogurt and cottage cheese, using low-fat varieties for children 2 years of age and older.
- Serve whole and enriched grains, breads, cereals, crackers, pasta, and rice.
- Limit salt by avoiding salty foods such as chips and pretzels.
- Avoid sugar, including concentrated sweets such as candy, sodas, sweetened drinks, fruit nectars, and flavored milk.
- Serve small-sized, age-appropriate portions.

## IN THE CLASSROOM

- Limit serving processed meats to no more than one serving per week.<sup>1</sup>
- Limit serving purchased pre-fried foods to no more than one serving per week.<sup>1</sup>
- Avoid serving foods that are sources of added sugars, such as sweet toppings (e.g. honey, jam, syrup), mix-in ingredients sold with yogurt (e.g., honey, candy, or cookie pieces), and sugar sweetened beverages (e.g., fruit drinks or sodas).<sup>1</sup>
- Plan opportunities at meals and class times for children to learn about the taste, smell, and texture of foods, and vocabulary related to food and eating.
- Teach children about healthy choices and appropriate portion sizes.

## AT HOME

- Serve healthy foods at home for the whole family.
- Learn the right portion sizes for your child's age. Children's stomachs are small and so are their portion sizes.
- Offer a new food many times; kids take time to trust new foods. Some children may take 8 to 15 times of seeing a new food before they'll try it.
- Make meal time enjoyable and not a food fight!

## EXAMPLE POLICIES

We at (name of center) are committed to our children's health. We recognize the importance of good nutrition to help our children grow up at a healthy weight. Therefore, we will:

- Follow the healthy meal and snack patterns and best practices of the USDA Child and Adult Care Food Program (CACFP).
- Serve only lean meats, nuts (if appropriate), and legumes. We will limit processed meats to no more than one serving per week.
- Limit serving purchased pre-fried foods to no more than one serving per week.
- Limit foods with saturated fat and trans fat, and added salt and sugar.
- Serve age-appropriate portion sizes.
- Teach children about healthy eating and appropriate portion sizes.

## RESOURCES

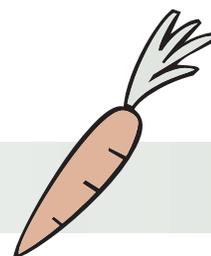
- **CARE Connection: Nutrition Needs of Young Children.** National Food Service Management Institute. <http://www.nfsmi.org/ResourceOverview.aspx?ID=201>.
- **Child and Adult Care Food Program.** Alaska Department of Education & Early Development. <https://education.alaska.gov/TLS/CNP/CACFP.html>.
- **Choose My Plate Preschoolers.** <https://www.choosemyplate.gov/health-and-nutrition-information>.
- **Healthy Children.Org.** American Academy of Pediatrics. <https://www.healthychildren.org/English/ages-stages/toddler/Pages/default.aspx>.
- **Healthy Meals Resource System.** Child and Adult Care Food Program. <https://healthymeals.fns.usda.gov/cacfp-wellness-resources-child-care-providers/nutrition>.
- **Nutrition and Wellness Tips for Young Children: Provider Handbook for the Child and Adult Care Food Program.** USDA, Food and Nutrition Service. <https://www.fns.usda.gov/tn/nutrition-wellness-tips-young-children>.

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\*American Academy of Pediatrics, American Public Association, and National Resource Center for Health and Safety in Child Care and Early Education. *Preventing Childhood Obesity in Early Care and Education Programs: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition.* 2012. [http://nrckids.org/CFOC3/PDFVersion/preventing\\_obesity.pdf](http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf).

# Fruits and Vegetables



## WHY?

Our children are not eating enough fruits and vegetables. Fruits and vegetables, as part of a healthy diet, are important for optimal child growth, weight management, and chronic disease prevention.<sup>1, 2</sup> Children who eat fruits and vegetables are likely to continue eating them for a lifetime.

## WELLNESS GUIDELINES\*

- Serve whole fruits, mashed or pureed, for infants age 7 months up to one year of age.
- Serve no fruit juice to children younger than 12 months of age.
- Serve vegetables, specifically, dark green, orange, deep yellow vegetables; and root vegetables, such as potatoes.
- Serve fruits of several varieties, especially whole fruits.

## IN THE CLASSROOM

- Serve fruits in a variety of forms – fresh whole fruits should be sliced, cubed, pureed, etc., per age-appropriate abilities; canned fruit in juice (no syrups); and frozen (no added sugar).
- Vegetables should be prepared without added fats, such as oil, margarine, or butter. French fries, tater tots, hash browns, potato chips, or other fried or pre-fried potatoes don't count as vegetables and should be served to toddlers or preschoolers no more than once per month.
- Have a new fruit or vegetable tasting party.
- Try fruits or vegetables in different forms, for example, fresh apple slices, applesauce (without added sugar), and baked apples.
- Teach children to make simple recipes with fruits and vegetables.
- Plant a garden outside or in containers in the classroom.
- Take a field trip to a local farm, a neighbor's garden, or to pick wild foods, such as blueberries or beach greens.

## AT HOME

- Enjoy a rainbow of colorful fruits and vegetables.
- All forms of fruits and vegetables count – fresh, frozen, canned, and dried.
- Let children pick a new fruit or vegetable to try from the grocery store or farmers' market.
- Children are more likely to eat something if they helped prepare it. Even young children can help wash fruits and vegetables.

## EXAMPLE POLICIES

We at (name of center) are committed to our children's health. We recognize fruits and vegetables are important components of healthy meals and provide important nutrients for children's growth and development. Therefore, we will:

- Provide a variety of fruits and vegetables; include local produce when possible.
- Offer fruit - fresh, canned in juice (no syrups), or frozen - at every meal, including snacks.
- Offer vegetables - raw or cooked without added fat - at every meal, including snacks.
- Serve no fried or pre-fried vegetables (e.g., French fries, hash browns, tater tots) and will replace with homemade versions using whole ingredients.

## RESOURCES

- **Choose My Plate Preschoolers.** <https://www.choosemyplate.gov/health-and-nutrition-information>.
- **Farm to Preschool.** <https://farmtopreschool.org>.
- **Get Kids to Eat Fruits and Vegetables.** Produce for Better Health Foundation. <http://www.fruitsandveggiesmorematters.org/get-kids-to-eat-fruits-and-vegetables>.
- **Grow It, Try It, Like It! Preschool Fun with Fruits and Vegetables.** USDA Team Nutrition. <https://www.fns.usda.gov/tn/grow-it-try-it-it-nutrition-education-kit-featuring-myplate>.

## REFERENCES

1. U.S. Department of Health and Human Services. The Surgeon General's Vision for a Healthy and Fit Nation. Rockville, MD: Office of the Surgeon General. January 2010.
2. U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015 – 2020 Dietary Guidelines for Americans. 8th Edition. December 2015.

\*American Academy of Pediatrics, American Public Association, and National Resource Center for Health and Safety in Child Care and Early Education. *Preventing Childhood Obesity in Early Care and Education Programs: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition.* 2012. [http://nrckids.org/CFOC3/PDFVersion/preventing\\_obesity.pdf](http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf).

# Beverages



## WHY?

It is important for children to stay hydrated, but many beverages contain too much sugar. Sugary drinks such as juice, sports drinks, sweet tea, lemonade, fruit punch, energy drinks, and soda can contribute to childhood obesity. Sugary drinks lead to other serious health problems including diabetes, heart disease, and cavities. Even 100% fruit juice has as much sugar and calories as many sugary drinks. Encourage children to drink water when they are thirsty to promote disease-free teeth, a healthy body, and good habits for a lifetime.<sup>1</sup>

## WELLNESS GUIDELINES\*

- Serve whole pasteurized milk to 12 to 24 month old children who are not on breast milk or prescribed formula, or serve reduced-fat (2%) pasteurized milk to those who are at risk for high cholesterol or obesity.
- Serve skim (fat-free) or low-fat (1%) pasteurized milk to children 2 years of age and older.
- Serve no fruit juice to children younger than 12 months of age.
- Use only 100% juice with no added sweeteners.
- Offer juice only during meal times.
- Serve no more than 4 to 6 ounces of juice per day for children 1 to 6 years of age.
- Make water available both inside and outside.

## IN THE CLASSROOM

- When children are thirsty between meals and snacks, water is the best choice.
- Serve unflavored milk. Flavored milk, such as chocolate or strawberry, has about 3 teaspoons of added sugar per 8 ounces.
- Limit 100% fruit juice, or better yet, don't serve it at all. The American Academy of Pediatrics recommends children age 1 to 3 years should have no more than 4 ounces of 100% fruit juice per day.<sup>2</sup> Children ages 4 to 6 years should have no more than 4 to 6 ounces of 100% fruit juice per day.<sup>2</sup> This amount includes what is served in child care and at home. Talk with parents/guardians about the type and amount of juice provided at home.
- Provide clean, small pitchers of water and single-use paper cups in the classroom and on the playground to allow children to serve themselves water when they are thirsty. Water fountains should be kept clean and sanitary and maintained to provide adequate drainage.

## AT HOME

- Make it a rule not to have sugary drinks in your house. Sugary drinks include sports drinks, sweet tea, lemonade, fruit punch, energy drinks, and soda. One sugary drink provides more sugar than most young children should have all day.
- Serve your children unsweetened tap, bottled, or sparkling water; unsweetened fat-free (skim) or low-fat (1%) milk (for children 2 years and older); or 100% fruit juice in limited amounts.
- Keep a small pitcher of water in the refrigerator and encourage children to drink water when they are thirsty.
- Soy milk fortified with calcium, vitamin A, and vitamin D, can count as part of the dairy group, according to the new US Dietary Guidelines.<sup>3</sup> Other “milks”, such as almond, rice, coconut, and hemp, do not provide the same nutritional content as dairy milk and fortified soy beverages.

## EXAMPLE POLICIES

We at (name of center) are committed to our children’s health. We recognize water and milk are an important component of healthy eating, and sugary drinks and too much fruit juice can be detrimental to children’s health and development. Therefore, we will:

- Have water available for children at all times.
- Serve whole milk to children 12 to 24 months old and fat-free (skim) or low-fat (1%) milk to children 2 years and older.
- Serve no sugary drinks or fruit juice to infants less than 1 year old.
- Serve no sugary drinks and limit 100% pasteurized fruit juice to 4 to 6 ounces to children 1 to 6 years old.
- Role model healthy eating by having staff drink water or fat-free (skim) or low-fat (1%) at meals and in front of children.

## RESOURCES

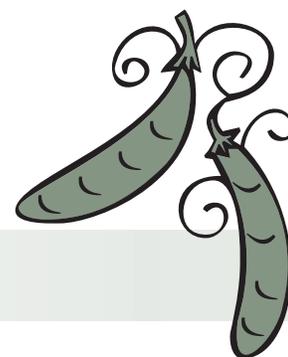
- **Play Every Day: Sugary Drinks.** Alaska Department of Health and Social Services. <http://playeveryday.alaska.gov>.
- **Potter the Otter.** First 5 Santa Clara County. <http://www.pottertheotter.com>.
- **Rethink Your Drink.** Centers for Disease Control and Prevention. [https://www.cdc.gov/healthyweight/healthy\\_eating/drinks.html](https://www.cdc.gov/healthyweight/healthy_eating/drinks.html).

## REFERENCES

1. Centers for Disease Prevention and Control. Rethink Your Drink. 2015.
2. American Academy of Pediatrics. Fruit juice in infants, children and adolescents: current recommendations. *Pediatrics*. 2017; 139(6):e20170967.
3. US DHHS and USDA. 2015-2020 Dietary Guidelines for Americans. 8th Edition. December 2015. Available at <http://health.gov/dietaryguidelines/2015/guidelines/>.

\*American Academy of Pediatrics, American Public Association, and National Resource Center for Health and Safety in Child Care and Early Education. *Preventing Childhood Obesity in Early Care and Education Programs: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition*. 2012. [http://nrckids.org/CFOC3/PDFVersion/preventing\\_obesity.pdf](http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf).

# Meal Time



## WHY?

Meal time is an important opportunity for children to learn. Meal time is a great chance to develop fine motor skills as children learn to use fingers, cups, and utensils. Meals and snacks provide the caregiver an opportunity to model appropriate table manners and guide the conversation. When children are allowed to feed themselves and determine the amount of food they will eat at any one sitting, they learn healthy eating habits and are better able to maintain a healthy weight. A positive and joyful mealtime experience will help children develop a healthy relationship with food that will last their lifetime.

## WELLNESS GUIDELINES\*

- Teach children about portion size by using plates, bowls, and cups that are developmentally appropriate.
- Require adults eating meals with children to eat items that meet nutrition standards.
- All meals to preschoolers are served family style so that children are encouraged to serve themselves with limited help.
- Permit children to have one or more additional servings of the nutritious foods that are low in fat, sugar, and sodium.
- Do not force or bribe children to eat.
- Do not use food as a reward or punishment.
- Do not utilize TV, video, or DVD viewing during meal or snack time.

## IN THE CLASSROOM

- Use smaller bowls, utensils, and pitchers to help children successfully serve themselves in family-style meal service.
- Allow children a reasonable amount of time to eat their food and not feel rushed during the meal or snack service.
- Be a role model and eat the same foods that are served to the children.
- Do not drink sugary drinks or eat food of poor nutritional value in front of children.
- Show that healthy foods are enjoyable. Kids are more likely to try new foods when they see adults eating them.
- Remove distractions during mealtime, turn off the TV and computers, and put away phones.
- Use mealtime as a learning experience. Talk about the colors and textures of the foods on their plate, where the food came from, or count the number of peas.
- Avoid food struggles. It's the caregiver's job to provide the what, when, and where food is served; the child's job is whether and how much to eat.<sup>1</sup>

- Praise kids when they taste new foods or show good table manners, not if they clean their plate. Don't force children to eat anything they do not want to eat.
- Don't restrict food if a child wants more. Encourage children to take appropriate serving sizes at first so everyone will have some. Once everyone has served themselves, then "seconds" are fine if they are still hungry.

### AT HOME

- Set a regular schedule for meals and snacks. Routines help children understand when food will be available.
- Don't force children to eat. Let them stop when they are done. Children may skip a meal, but will be ready for a healthy snack later.
- Talk with each other at the table. Ask about each person's day, what made them laugh, if they learned anything new, or did anything fun.
- Pressuring children to eat something, like vegetables, can have the opposite effect. Pair a new food with something you know they like, such as a new vegetable with a favorite dip.
- Make healthy eating fun; turn an open face cheese sandwich into a face with tomato slices for eyes and a strip of bell pepper for a smile.

### EXAMPLE POLICIES

We at (name of center) are committed to our children's health. We recognize the importance of a relaxed, positive mealtime to help children develop social skills and lifelong healthy eating habits. Therefore, we will:

- Model good table manners, positive social interactions, and healthy eating habits by having staff sit with the children during meals and snacks and eat the same food and beverages the children eat.
- Serve meals family style and help children serve themselves.
- Allow children to decide how much to eat. We will never force them to finish everything on their plate or restrict them from eating more.
- Encourage children to try new foods, but never force them to eat something they do not like.
- Not use TV, video, or DVD viewing during meal or snack time.
- Never use food as punishment or reward for good behavior.

### RESOURCES

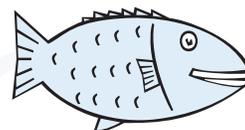
- **Child Feeding Tips and Advice.** USDA. <https://www.fns.usda.gov/sites/default/files/ChildFeedingTipsAdvice.pdf>.
- **Choose My Plate: Picky Eating.** USDA. <https://www.choosemyplate.gov/preschoolers-picky-eating>.
- **CARE Connection: Happy Mealtimes Grab and Go Lesson Family Style Meal Service.** National Food Service Management Institute. <http://www.nfsmi.org/documentlibraryfiles/PDF/20100917033202.pdf>.
- **Ellyn Satter Institute.** <http://www.ellynsatterinstitute.org/htf/howtofeed.php>.

### REFERENCES

1. Satter E. *Your Child's Weight; Helping Without Harming Birth through Adolescence*. Kelcy Press: Madison, WI. 2005.

\*American Academy of Pediatrics, American Public Association, and National Resource Center for Health and Safety in Child Care and Early Education. *Preventing Childhood Obesity in Early Care and Education Programs: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition*. 2012. [http://nrckids.org/CFOC3/PDFVersion/preventing\\_obesity.pdf](http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf).

# Traditional Foods



## WHY?

Serving traditional foods recognizes the cultural and ethnic preferences of children and broadens all children’s food experience. While all traditional foods are important and should be included in education and meals, this section focuses on traditional Alaska Native foods because of their unique food safety requirements and significant role in Alaska.

Many foods that grow wild in Alaska are part of a traditional Alaska Native diet. Foods such as wild game meats, fish, seafood, plants, and berries are very nutritious and can be served in child care settings. Use of these foods can address the cultural and ethnic preferences of many children, foster community and family engagement, and reduce dependency on store-bought foods. It is important to follow the Alaska Food Code 18 AAC 31<sup>1</sup> regulations to ensure safety when using traditional foods.

## WELLNESS GUIDELINES<sup>2</sup>

- Traditional foods must be donated.
- Know which foods can and cannot be accepted and served.
- Donated traditional foods may only be prepared in a kitchen that is designed for cooking from scratch (i.e. not a “heat and serve” kitchen). Ensure that staff will have enough time to process the donation and to cook from scratch.
- Ensure proper handling of donations, such as the animal was not diseased, and was butchered and dressed safely. Accept only whole, quarters, or roasts of wild game meat and whole headed and gutted fish. Burgers or ground meat cannot be accepted.
- Plants, berries, and other foraged foods should be donated in their gathered form, either fresh or frozen. They should not be donated as mashed, jarred, or made into jam or jelly.
- Fiddlehead ferns may be donated, but follow the fiddlehead fern cooking regulations.<sup>3</sup>
- Prepare, label, and store all donated traditional foods separately from other foods.
- Follow food safety practices when preparing traditional foods.

The following foods cannot be accepted because they pose a greater risk to human health, especially among young children:

- Ground meat
- Shellfish that is not from a permitted facility
- Fox, polar bear, and bear meat
- Walrus meat
- Seal or whale oil
- Fermented game meat, such as beaver tail, muktuk, and seal flipper
- Fermented seafood, such as salmon eggs, fish, and fish heads
- Home canned or home vacuum-sealed foods
- Smoked or dried meat or seafood

## IN THE CLASSROOM

- Talk to the children about where the food came from and who donated it. Show pictures or actual samples of the animal or plant.
- Invite elders to share a traditional meal and stories with the children.

## IN THE COMMUNITY

- Hold a community meeting to enlist support for serving traditional foods. Serve some traditional foods for snacks or host a potlach.
- Engage community members in harvesting and donating traditional foods. Provide them with safe harvesting guidelines and directions on what you can and cannot accept.
- Request recipe ideas from family members, elders, and other community members.

## EXAMPLE POLICIES

We at (name of center) are committed to our children’s health. We recognize traditional foods have many nutritional, cultural, and emotional benefits. Therefore, we will:

- Recognize and value traditional foods from all cultures and ethnicities represented in our care.
- Work with family and community members to obtain donated traditional Alaskan foods to serve to our children.
- Follow the Alaska Food Code 18 AAC 31 to ensure safe food handling practices in the processing, storage, and preparation of donated traditional Alaskan foods.

## RESOURCES

- **Traditional Foods.** Alaska Division of Environmental Health, Food Safety & Sanitation Program. [http://dec.alaska.gov/eh/fss/food/traditional\\_foods.html](http://dec.alaska.gov/eh/fss/food/traditional_foods.html).
- **Traditional Foods and Donated Fish and Game.** Alaska Department of Education & Early Development. <https://education.alaska.gov/tls/cnp/TFDFG.html>.
- **Healthy Traditional Alaskan Foods in Food Service Programs.** [http://dec.alaska.gov/eh/fss/Food/Docs/2015\\_Trad\\_Food\\_Toolkit.pdf](http://dec.alaska.gov/eh/fss/Food/Docs/2015_Trad_Food_Toolkit.pdf).
- **Store Outside Your Door.** Alaska Native Tribal Health Consortium. <https://anthc.org/what-we-do/traditional-foods-and-nutrition/store-outside-your-door/>.

## REFERENCES

1. Alaska Department of Environmental Conservation. 18 AAC 31 Alaska Food Code. As amended through November 16, 2016. <https://dec.alaska.gov/commish/regulations/pdfs/18%20AAC%2031.pdf>.
2. Alaska Department of Environmental Conservation. Healthy Traditional Alaskan Foods in Food Service Programs. 2016.
3. Alaska Department of Environmental Conservation. Food Safety for Fiddleheads. 2012. [https://dec.alaska.gov/eh/fss/Food/Docs/Fact\\_Fiddlehead\\_Food\\_Safety.pdf](https://dec.alaska.gov/eh/fss/Food/Docs/Fact_Fiddlehead_Food_Safety.pdf).

# Appendix A: Resources

## RESOURCES FOR PHYSICAL ACTIVITY

- **Active Early: A Wisconsin Guide for Improving Childhood Physical Activity.** <https://dpi.wi.gov/community-nutrition/cacfp/wellness/active-early-healthy-bites>.
- **Active Play!** Dr. Diane Craft. <http://activeplaybooks.com/>.
- **Choose My Plate Preschoolers.** <http://www.choosemyplate.gov/preschoolers-physical-activity>.
- **Coordinated Approach to Child Health (CATCH) Early Childhood.** <http://catchinfo.org/programs/pre-k/>.
- **Go Smart.** National Head Start Association. <https://gosmart.nhsa.org/>.
- **Play Every Day.** Alaska Department of Health and Social Services. <http://playeveryday.alaska.gov>.
- **Sesame Street Healthy Habits for Life.** KidsHealth in the Classroom, Nemours and Sesame Workshop. <http://www.sesamestreet.org/parents/topicsandactivities/toolkits/healthyhabits#5>.
- **SHAPE America (Society of Health and Physical Educators) Explore Early Childhood Education.** <http://www.shapeamerica.org/exploreearlychildhood.cfm>.
- **SPARK Early Childhood Physical Activity Program.** <http://www.sparkpe.org/early-childhood/>.

## RESOURCES FOR REDUCING SCREEN & MEDIA TIME

- **Family Media Plan.** American Academy of Pediatrics <https://www.healthychildren.org/English/media/Pages/default.aspx>.
- **Healthy Child Care: Screen-Time Reduction Toolkit for Child Care Providers.** Michigan Department of Child Health. <https://healthykidshealthyfuture.org/wp-content/uploads/2015/04/Screen-TimeReductionToolkit.pdf>.

## RESOURCES FOR NUTRITION

- **Breastfeeding.** Centers for Disease Control and Prevention. <https://www.cdc.gov/breastfeeding/index.htm>.
- **Breastfeeding.** Office of Women's Health, US DHHS. <https://www.womenshealth.gov>.
- **CARE Connection.** National Food Service Management Institute. <http://www.nfsmi.org/ResourceOverview.aspx?ID=199>.
- **Child and Adult Care Food Program.** Alaska Department of Education & Early Development. <https://education.alaska.gov/TLS/CNP/CACFP.html>.
- **Child and Adult Care Food Program: Best Practices.** USDA. [https://www.fns.usda.gov/sites/default/files/cacfp/CACFP\\_factBP.pdf](https://www.fns.usda.gov/sites/default/files/cacfp/CACFP_factBP.pdf).
- **Child Feeding Tips and Advice.** USDA. <https://www.fns.usda.gov/sites/default/files/ChildFeedingTipsAdvice.pdf>.
- **Choose My Plate Preschoolers.** <https://www.choosemyplate.gov/health-and-nutrition-information>.

- **Coordinated Approach to Child Health (CATCH) Early Childhood.** <http://catchinfo.org/programs/pre-k/>.
- **Ellyn Satter Institute.** <http://www.ellynsatterinstitute.org/hf/howtofeed.php>.
- **Feeding Infants: A Guide for Use in the Child Nutrition Programs.** USDA, Food and Nutrition Service. [https://www.fns.usda.gov/sites/default/files/feeding\\_infants.pdf](https://www.fns.usda.gov/sites/default/files/feeding_infants.pdf).
- **Get Kids to Eat Fruits and Vegetables.** Produce for Better Health Foundation. <http://www.fruitsandveggiesmorematters.org/get-kids-to-eat-fruits-and-vegetables>.
- **Grow It, Try It, Like It! Preschool Fun with Fruits and Vegetables.** USDA Team Nutrition. <https://www.fns.usda.gov/tn/grow-it-try-it-it-nutrition-education-kit-featuring-myplate>.
- **Harvest for Healthy Kids.** <http://www.harvestforhealthykids.org/>.
- **Healthy Bites: A Wisconsin Guide for Improving Childhood Nutrition.** <https://dpi.wi.gov/community-nutrition/cacfp/wellness/active-early-healthy-bites>.
- **HealthyChildren.Org.** American Academy of Pediatrics. <https://www.healthychildren.org/English/healthy-living/nutrition/Pages/default.aspx>.
- **Healthy Meals Resource System.** Child and Adult Care Food Program. <https://healthymeals.fns.usda.gov/cacfp-wellness-resources-child-care-providers/nutrition>.
- **Nibbles for Health: Nutrition Newsletters for Parents of Young Children.** USDA, Food and Nutrition Service. <https://www.fns.usda.gov/tn/nibbles-health-nutrition-newsletters-parents-young-children>.
- **Play Every Day: Sugary Drinks.** Alaska Department of Health and Social Services. <http://playeveryday.alaska.gov>.
- **Potter the Otter.** First 5 Santa Clara County. <http://www.pottertheotter.com>.
- **Rethink Your Drink.** Centers for Disease Control and Prevention. [https://www.cdc.gov/healthyweight/healthy\\_eating/drinks.html](https://www.cdc.gov/healthyweight/healthy_eating/drinks.html).
- **Sesame Street Healthy Habits for Life.** KidsHealth in the Classroom, Nemours and Sesame Workshop: <http://www.sesamestreet.org/parents/topicsandactivities/toolkits/healthyhabits#5>.
- **What's Cooking?** USDA Mixing Bowl. <https://whatscooking.fns.usda.gov/>.

## OBESITY PREVENTION POLICIES IN CHILD CARE SETTINGS

- **Best Practices for Healthy Eating: A Guide to Help Children Grow Up Healthy.** Nemours Health & Prevention Services. <https://www.nemours.org/content/dam/nemours/www/filebox/service/preventive/nhps/heguide.pdf>.
- **Best Practices for Physical Activity: A Guide to Help Children Grow Up Healthy.** Nemours Health & Prevention Services. <http://www.nemours.org/content/dam/nemours/www/filebox/service/preventive/nhps/paguide2010.pdf>.
- **Healthy Active Living.** Head Start, Administration for Children and Families Early Childhood Learning & Knowledge Center. <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/healthy-active-living>.
- **Let's Move!** Child Care. Nemours Children's Health System. <https://healthykidshealthyfuture.org/>.
- **Nutrition and Physical Activity Self Assessment for Child Care (NAP SACC).** <https://gonapsacc.org/resources/nap-sacc-materials>.
- **Nutrition and Wellness Tips for Young Children: Provider Handbook for the Child and Adult Care Food Program.** USDA Food and Nutrition Service. <http://www.fns.usda.gov/tn/nutrition-and-wellness-tips-young-children-provider-handbook-child-and-adult-care-food-program>.
- **Wellness in Alaska Child Care.** Best Practices. State of Alaska, Department of Education & Early Development, Child Nutrition Programs, Child and Adult Care Food Program. [https://education.alaska.gov/TLS/CNP/CACFP/wicc\\_best\\_practices.pdf](https://education.alaska.gov/TLS/CNP/CACFP/wicc_best_practices.pdf).

## Appendix B: Sample Wellness Policies

We at (name of center) are **committed to the health of our children**. We **value family engagement** and believe we must work together to help children grow up at a healthy weight.

We recognize the **importance of physical activity for all children** for developing healthy bodies and brains, developing motor and movements skills, and learning to live healthy lives.

Therefore, we will:

- Provide fun, engaging, structured (adult-led) and free-time active play opportunities daily in our lesson plans.
- Provide infants with supervised “tummy time” 2 to 3 times per day.
- Provide infants with safe, non-restrictive environments to encourage movement and exploration.
- Provide daily opportunities for infants to move and develop motor skills within their development stage.
- Provide toddlers 60 to 90 minutes per 8-hour day for physical activity.
- Provide preschoolers with 90 to 120 minutes per 8-hour day for physical activity.
- Play outdoors, even in light rain and snow. We will provide parents with a list of appropriate outdoor clothing and gear. We will follow our local school district inclement weather policy for outdoor recess.
- Make safe active play equipment accessible in the classroom at all times (e.g. soft balls, push-pull toys, low carpeted blocks to climb on, etc.).
- Encourage all children to try new physical activities within their development stage and respond positively when they do.
- Not use physical activity as punishment or withhold active play as punishment.
- Role-model positive behaviors by being physically active with the children, both indoors and outdoors.
- Share our own positive experiences with physical activity and facilitate conversations with the children about their experiences.
- Train our staff on age-appropriate gross motor activities and games that promote children’s physical activity.

We recognize **sedentary activities can be detrimental** to children’s health, development and weight. Therefore, we will:

- Limit media time (except for educational computer use and physical activity) to less than 30 minutes per week for children 2 and older; no media time for children younger than 2 years.
- Limit computer use to no more than 15-minute increments except for school-age children completing homework assignments and children with special health care needs who require and consistently use assistive and adaptive computer technology.
- Use swings, bouncy chairs and other confining equipment (except high chairs when eating and strollers) only for short periods of time if at all.

We recognize the **importance of breastfeeding and breast milk** for infants' health and development. Therefore, we will:

- Encourage mothers to breastfeed their infants and will work with mothers to breastfeed at our site and to safely store expressed breast milk.
- Provide a space for breastfeeding and pumping that is clean, comfortable, and private.
- Provide staff a reasonable break time and a private space, other than a bathroom, for pumping or feeding.
- Provide designated refrigerated space for breast milk storage.
- Label breast milk with the date it was expressed and the child's name.
- Designate one staff person per shift in charge of breast milk storage and dispensing.

We recognize the **importance of breastmilk and introducing foods appropriately** for infants' health and development. Therefore, we will:

- Serve breast milk or infant formula to at least age 12 months.
- Train staff on safe practices for handling and storing expressed breast milk; preparing, feeding, and storing infant formula; and cleaning and sanitizing equipment used for bottle feeding.
- Ensure feeding time is positive and nurturing for the infant.
- Feed infants according to their hunger and fullness signals, not on a "schedule". We will allow the infant to stop feeding when they want to, not when they have finished the bottle.
- Work with the infant's parent/guardian and primary care provider to develop a plan for introducing age-appropriate solid foods (complementary foods).
- Not feed an infant formula mixed with cereal, fruit juice, or other foods unless the primary care provider provides written instruction.

We recognize the **importance of good nutrition for all children** developing healthy bodies and brains, developing feeding skills, and learning to live healthy lives. Therefore, we will:

- Follow the healthy meal and snack patterns and best practices of the USDA Child and Adult Care Food Program (CACFP).
- Serve only lean meats, nuts, and legumes. Limit the service of processed meats to no more than one serving per week.
- Limit serving purchased pre-fried foods to no more than one serving per week.
- Limit foods with saturated fat and added salt and sugar.
- Provide a variety of fruits and vegetables; use local produce when possible.
- Offer fruit - fresh, canned in its own juice (no syrups), or frozen - at every meal, including snacks.
- Offer vegetables - raw or cooked without added fat - at every meal, including snacks.
- Limit serving fried or pre-fried vegetables (e.g., French fries, hash browns, tater tots) and will replace with homemade versions using whole ingredients.
- Have water available for children at all times.
- Serve whole milk to children 12 to 24 months old and nonfat (skim) and lowfat (1%) milk to children 2 years and older.
- Serve no sugary drinks or fruit juice to infants less than 1 year old.
- Serve no sugary drinks and limit 100% pasteurized fruit juice to 4 to 6 ounces to children 1 to 6 years old.
- Encourage age-appropriate portion sizes.
- Work with an infant's parent/guardian and primary care provider to develop a plan for introducing age-appropriate solid foods (complementary foods).

- Share menus and communicate frequently with parents about the food their child is eating in our care.
- Will provide a list of acceptable healthy foods that may be brought from home for meals, snacks and celebrations.

We recognize the **importance of a relaxed, positive mealtime** to help children develop social skills and lifelong healthy eating habits. Therefore, we will:

- Model good table manners, positive social interactions, and healthy eating habits by having staff sit with the children during meals and snacks and eat the same food and beverages the children eat.
- Serve meals family style and help children serve themselves.
- Allow children to decide how much to eat and never force them to finish everything on their plate.
- Encourage children to try new foods, but never force them to eat something they do not like.
- Teach children about healthy eating and appropriate portion sizes.
- Not use TV, video, or DVD viewing during meal or snack time.
- Never use food as punishment or reward for good behavior.

We recognize **traditional foods have many nutritional, cultural, and emotional benefits**. Therefore, we will:

- Recognize and value traditional foods from all cultures and ethnicities represented in our care.
- Work with family and community members to obtain donated traditional Alaskan foods to serve to our children.
- Follow the Alaska Food Code 18 AAC 31 to ensure safe food handling practices in the processing, storage and preparation of donated traditional Alaskan foods.

# Appendix C:

## Suggested Reading Books for Young Kids



### **FOOD & HEALTHY EATING:**

- Daniel Tries a New Food by Becky Friedman and Jason Fruchter, 2015
- Dragons Love Tacos by Adam Rubin and Daniel Salmieri, 2012
- Eating the Alphabet: Fruits & Vegetables from A to Z by Lois Ehlert, 1996
- Fruit by Sara Anderson, 2008
- Go, Go, Grapes! A Fruit Chant by April Pulley Sayre
- Growing Vegetable Soup by Lois Ehlert, 1990
- Guacamole: A Cooking Poem by Jorge Argueta, 2016
- Jamerry by Bruce Degen, 1995
- Monsters Don't Eat Broccoli by Barbara Jean Hicks, 2014
- Oliver's Vegetables by Vivian French, 1995
- The Very Hungry Caterpillar by Eric Carle, 1994
- Rah, Rah Radishes!: A Vegetable Chant by April Pulley Sayre, 2014
- Vegetables by Sara Anderson, 2008

### **MOVING & ACTIVE PLAY:**

- ABCs of Yoga for Kids by Teresa Power, 2009
- Get Up and Go! by Nancy Carlson, 2008
- Go, Go, Go!: Kids on the Move by Stephen R. Swinburne, 2002
- Hop, Hop, Jump! by Lauren Thompson, 2012
- Off We Go! by Beverley Abramson, 2010
- Recess at 20 Below by Cindy Aillaud, 2005
- Silly Sally by Audrey Wood, 1999
- The Busy Body Book: A Kid's Guide to Fitness by Lizzy Rockwell, 2008
- You Are a Lion! and Other Fun Yoga Poses by Tae-Eun Yoo, 2012
- We're Going on a Bear Hunt by Helen Oxenbury and Michael Rosen, 1997
- Wiggle by Doreen Cronin, 2005

# Appendix D: CACFP Infant Meal Pattern



## Infant Meal Pattern

Breakfast	
Birth through 5 months	6 through 11 months
4-6 fluid ounces breastmilk <sup>1</sup> or formula <sup>2</sup>	6-8 fluid ounces breastmilk <sup>1</sup> or formula <sup>2</sup> ; and  0-4 tablespoons infant cereal <sup>2,3</sup> 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 0-4 ounces or ½cup of yogurt <sup>4</sup> ; or a combination of the above <sup>5</sup> ; and  0-2 tablespoons vegetable or fruit or a combination of both <sup>5,6</sup>

<sup>1</sup> 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.

<sup>2</sup> Infant formula and dry infant cereal must be iron-fortified.

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

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

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

<sup>6</sup> Fruit and vegetable juices must not be served.

Lunch and Supper	
Birth through 5 months	6 through 11 months
4-6 fluid ounces breastmilk <sup>1</sup> or formula <sup>2</sup>	6-8 fluid ounces breastmilk <sup>1</sup> or formula <sup>2</sup> ; and  0-4 tablespoons infant cereal <sup>2,3</sup> 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 0-4 ounces or ½cup of yogurt <sup>4</sup> ; or a combination of the above <sup>5</sup> ; and  0-2 tablespoons vegetable or fruit or a combination of both <sup>5,6</sup>

<sup>1</sup>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.

<sup>2</sup>Infant formula and dry infant cereal must be iron-fortified.

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

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

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

<sup>6</sup>Fruit and vegetable juices must not be served.

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

<sup>1</sup>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.

<sup>2</sup>Infant formula and dry infant cereal must be iron-fortified.

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

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

<sup>5</sup>Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

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

<sup>7</sup>Fruit and vegetable juices must not be served.

# Appendix E: CACFP Child Meal Pattern



United States Department of Agriculture

## CHILD MEAL PATTERN

Breakfast (Select all three components for a reimbursable meal)				
Food Components and Food Items <sup>1</sup>	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 <sup>2</sup> (at-risk afterschool programs and emergency shelters)
Fluid Milk <sup>3</sup>	4 fluid ounces	6 fluid ounces	8 fluid ounces	8 fluid ounces
Vegetables, fruits, or portions of both <sup>4</sup>	¼ cup	½ cup	½ cup	½ cup
Grains (oz eq) <sup>5,6,7</sup>				
Whole grain-rich or enriched bread	½ slice	½ slice	1 slice	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	½ serving	½ serving	1 serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal <sup>8</sup> , cereal grain, and/or pasta	¼ cup	¼ cup	½ cup	½ cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold) <sup>8,9</sup>				
Flakes or rounds	½ cup	½ cup	1 cup	1 cup
Puffed cereal	¾ cup	¾ cup	1 ¼ cup	1 ¼ cup
Granola	⅛ cup	⅛ cup	¼ cup	¼ cup

<sup>1</sup> Must serve all three components for a reimbursable meal. Offer versus serve is an option for at-risk afterschool participants.

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

<sup>3</sup> 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.

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

<sup>5</sup> 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.

<sup>6</sup> 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.

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

<sup>8</sup> Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

<sup>9</sup> 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; and ¼ cup for children ages 6-12.

<b>Lunch and Supper</b> (Select all five components for a reimbursable meal)				
Food Components and Food Items <sup>1</sup>	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 <sup>2</sup> <small>(at-risk afterschool programs and emergency shelters)</small>
<b>Fluid Milk<sup>3</sup></b>	4 fluid ounces	6 fluid ounces	8 fluid ounces	8 fluid ounces
<b>Meat/meat alternates</b>				
Lean meat, poultry, or fish	1 ounce	1 ½ ounce	2 ounces	2 ounces
Tofu, soy product, or alternate protein products <sup>4</sup>	1 ounce	1 ½ ounce	2 ounces	2 ounces
Cheese	1 ounce	1 ½ ounce	2 ounces	2 ounces
Large egg	½	¾	1	1
Cooked dry beans or peas	¼ cup	⅜ cup	½ cup	½ cup
Peanut butter or soy nut butter or other nut or seed butters	2 tbsp	3 tbsp	4 tbsp	4 tbsp
Yogurt, plain or flavored unsweetened or sweetened <sup>5</sup>	4 ounces or ½ cup	6 ounces or ¾ cup	8 ounces or 1 cup	8 ounces or 1 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%	¾ ounce = 50%	1 ounce = 50%	1 ounce = 50%
<b>Vegetables<sup>6</sup></b>	⅛ cup	¼ cup	½ cup	½ cup
<b>Fruits<sup>6,7</sup></b>	⅛ cup	¼ cup	¼ cup	¼ cup
<b>Grains (oz eq)<sup>8,9</sup></b>				
Whole grain-rich or enriched bread	½ slice	½ slice	1 slice	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	½ serving	½ serving	1 serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal <sup>10</sup> , cereal grain, and/or pasta	¼ cup	¼ cup	½ cup	½ cup

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

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

<sup>3</sup> 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.

<sup>4</sup> Alternate protein products must meet the requirements in Appendix A to Part 226.

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

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

<sup>7</sup> 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.

<sup>8</sup> 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.

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

<sup>10</sup> Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

<b>Snack</b>				
<b>(Select two of the five components for a reimbursable snack)</b>				
Food Components and Food Items <sup>1</sup>	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 <sup>2</sup> <small>(at-risk afterschool programs and emergency shelters)</small>
<b>Fluid Milk<sup>3</sup></b>	4 fluid ounces	4 fluid ounces	8 fluid ounces	8 fluid ounces
<b>Meat/meat alternates</b>				
Lean meat, poultry, or fish	½ ounce	½ ounce	1 ounce	1 ounce
Tofu, soy product, or alternate protein products <sup>4</sup>	½ ounce	½ ounce	1 ounce	1 ounce
Cheese	½ ounce	½ ounce	1 ounce	1 ounce
Large egg	½	½	½	½
Cooked dry beans or peas	⅛ cup	⅛ cup	¼ cup	¼ cup
Peanut butter or soy nut butter or other nut or seed butters	1 tbsp	1 tbsp	2 tbsp	2 tbsp
Yogurt, plain or flavored unsweetened or sweetened <sup>5</sup>	2 ounces or ¼ cup	2 ounces or ¼ cup	4 ounces or ½ cup	4 ounces or ½ cup
Peanuts, soy nuts, tree nuts, or seeds	½ ounce	½ ounce	1 ounce	1 ounce
<b>Vegetables<sup>6</sup></b>	½ cup	½ cup	¾ cup	¾ cup
<b>Fruits<sup>6</sup></b>	½ cup	½ cup	¾ cup	¾ cup
<b>Grains (oz eq)<sup>7,8</sup></b>				
Whole grain-rich or enriched bread	½ slice	½ slice	1 slice	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	½ serving	½ serving	1 serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal <sup>9</sup> , cereal grain, and/or pasta	¼ cup	¼ cup	½ cup	½ cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold) <sup>9,10</sup>				
Flakes or rounds	½ cup	½ cup	1 cup	1 cup
Puffed cereal	¾ cup	¾ cup	1 ¼ cup	1 ¼ cup
Granola	⅛ cup	⅛ cup	¼ cup	¼ cup

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

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

<sup>3</sup> 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.

<sup>4</sup> Alternate protein products must meet the requirements in Appendix A to Part 226.

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

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

<sup>7</sup> 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.

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

<sup>9</sup> Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

<sup>10</sup> 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  $\frac{1}{4}$  cup for children ages 1-2;  $\frac{1}{3}$  cup for children ages 3-5; and  $\frac{3}{4}$  cup for children ages 6-12.





Wellness Guidelines for Alaska's Young Children  
A Toolkit For Child Care Providers and Families

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Division of Public Health  
Section of Chronic Disease Prevention and Health Promotion  
Obesity Prevention and Control Program

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