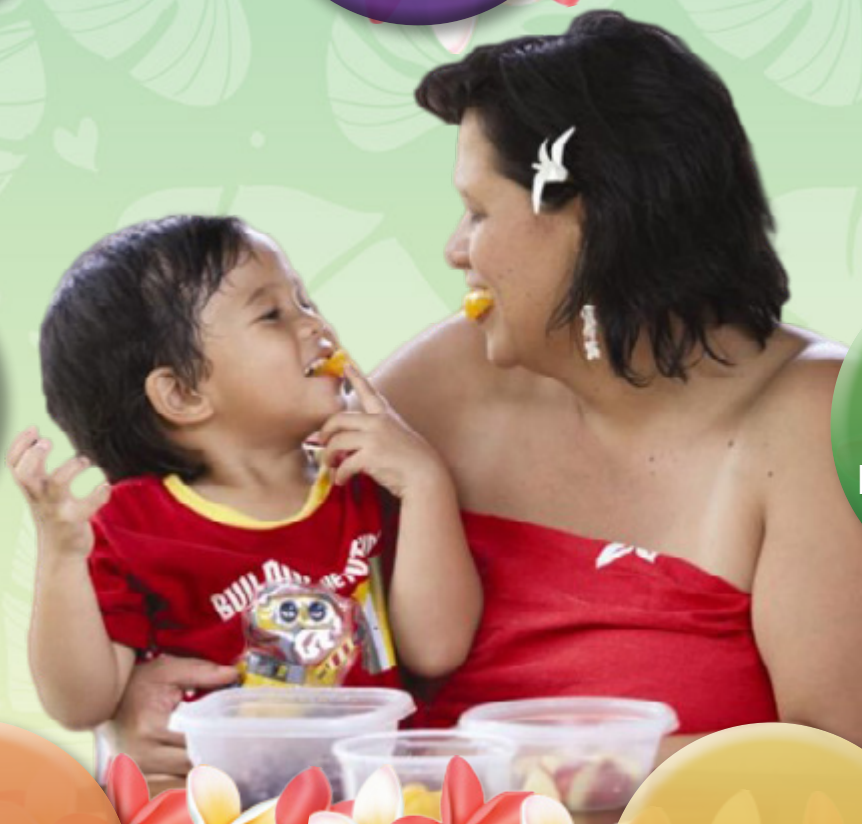
WELLNESS GUIDELINES

FOR NUTRITION AND PHYISCAL ACTIVITY IN HAWAII'S EARLY CHILDHOOD CARE AND EDUCATION SETTINGS

STAFF AND FAMILY ENGAGEMENT

INFANT FEEDING

NUTRITIOUS FOODS AND BEVERAGES



SCREEN TIME

NUTRITION LEARNING EXPERIENCES

PHYSICAL ACTIVITY

NUTRITION ENVIRONMENT

PREFACE

The Wellness Guidelines and Best Practices for Nutrition and Physical Activity in Hawaii's Early Childhood Care and Education Settings (Wellness Guidelines) is a collaborative effort of numerous individuals and agencies. Mahalo to all who have researched, analyzed, and debated the many topics covered by this document. Special thanks to the Early Childhood Action Strategy team for On-track Health and Development for providing the forum for this discussion.

The need for stronger efforts to support physical activity and nutrition with young children has become increasingly urgent. Childhood obesity is now a global epidemic and almost one in three kindergartners in Hawaii are considered overweight or obese.[1] Children with obesity are at higher risk for having other health problems such as asthma, sleep apnea, bone and joint problems, and type 2 diabetes.[2] Children with obesity are also bullied and teased more than their peers[3] and are more likely to suffer from anxiety, depression, and lower self-esteem.[4] Obesity has short and long-term impacts on physical, social, and emotional health. In the long term, childhood obesity is associated with having obesity as an adult,[5] a risk factor for heart disease, cancer, and stroke—the three leading causes of death in Hawaii.

Studies have shown the importance of good nutrition and physical activity for the cognitive, physical, and social development of young children. Most of Hawaii's children spend a large amount of time in care outside of their home, thus childcare and early education environments have the potential to impact children's development. Early childhood care and education (ECCE) providers play an integral role in helping children learn skills that support lifelong healthy behaviors and directly influence what they eat, how active they are, and how much screen time they consume. ECCE providers also serve as resources for families who are breastfeeding their little ones, looking for ways to introduce new foods, trying to be more active, and building a foundation for their child's success in life.

The Wellness Guidelines provides opportunities to incorporate nutrition and physical activity into daily routines and learning experiences. Each wellness guideline summarizes the overall strategy to enhance health and includes a detailed list of best practices. In addition to addressing concerns around obesity, the purpose of the Wellness Guidelines is to promote quality care environments and interactions between ECCE providers, children, and families.

ECCE providers may be at different stages of readiness for implementation of the guidelines. A self-assessment tool is under development to help measure progress towards full adoption of the Wellness Guidelines. We hope that you will find these materials useful when developing your own plans and policies to support the health and wellness of young children within your program.

The foundation for the Wellness Guidelines is *Caring for Our Children: National Health and Safety Performance Standards Guidelines for Early Care and Education Programs*. The Wellness Guidelines has also been thoroughly vetted with local and national content experts. Additional resources were cross-walked and referenced, including:

Head Start Program Performance Standards	**Let's Move Child Care**	**Child and Adult Care Food Program**
National Association for Family Child Care Accreditation Quality Standards	**National Association for the Education of Young Children Accreditation Standards**	**Institute of Medicine's "Early Childhood Obesity Prevention Policies"**
Nemours Child Care Wellness Policy Workbook	**Hawaii Administrative Rules**	**Hawaii Department of Education Wellness Guidelines**
Pennsylvania Chapter of the American Academy of Pediatrics' *Model Child Care Health Policies, 5th Edition*		**Children's Healthy Living Program "Childcare Center Wellness Policy Best Practices Checklist"**

1 Pobutsky, A, Bradbury, E, Reyes-Salvail, F, & Kishaba, G (2013). Overweight and Obesity Among Hawai'i Children Aged 4 to 5 Years Enrolled in Public Schools in 2007–2008 and Comparison with a Similar 2002–2003 Cohort. *Hawai'i Journal of Medicine & Public Health*, 72(7), 225–236

2 Institute of Medicine, *Accelerating progress in obesity prevention: solving the weight of the nation*. 2012, Washington, DC: National Academies Press.

3 van Geel M, Vedder P, Tanilon J, *Are overweight and obese youths more often bullied by their peers? A meta-analysis on the correlation between weight status and bullying*. Int J Obes (Lond), 2014. 38(10): p. 1263-7.

4 Griffiths LI, Parsons TJ, Hill AJ, *Self-esteem and quality of life in obese children and adolescents: A systematic review*. International Journal of Pediatric Obesity, 2010. 5(4): p. 282-304.

5 Serdula MK, Ivery D, Coates RJ, Freedman DS, Williamson DF, Byers T. *Do obese children become obese adults? A review of the literature*. Prev Med. 1993 Mar;22(2):167-77.

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NUTRITION ENVIRONMENT

GUIDELINE: Create an environment in which children are encouraged to enjoy eating healthy foods and to socialize together in an unhurried manner.

BEST PRACTICES

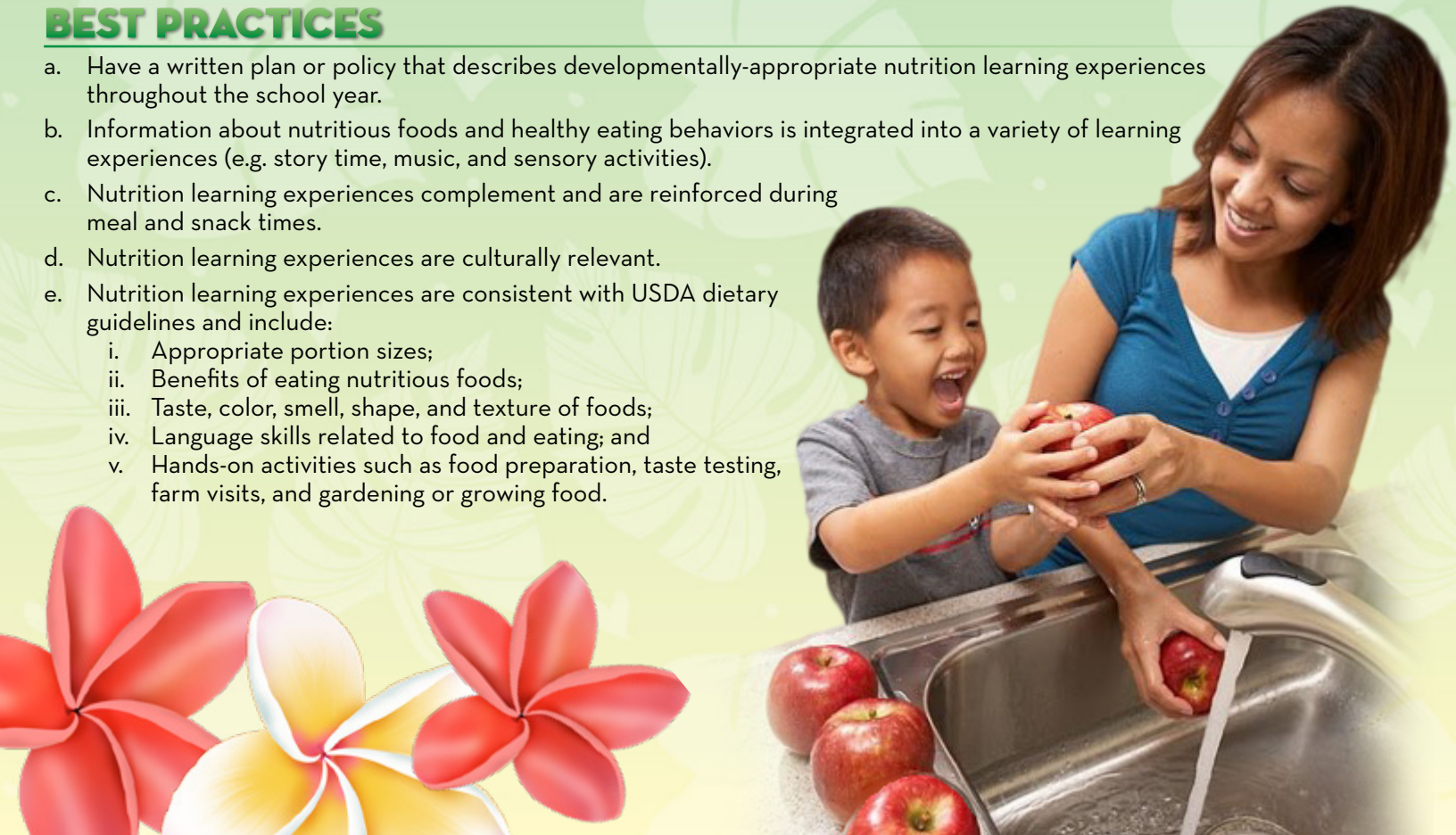
a. Children have access to hand washing (with soap and water) or sanitizing before eating and are assisted as needed.
b. Children are encouraged to try new foods without tricking, hiding, forcing, or bribing.
c. Food is not used as a reward or punishment.
d. Mealtimes are pleasant and provided in a safe, clean environment.
e. During family-style meals, children are encouraged to serve themselves, or age-appropriate servings are provided to them.
f. Children use plates, bowls, and cups that are developmentally appropriate for young children.
g. Adults sit with children during meals, model healthy eating behaviors, and serve as role models when consuming foods in front of children.
h. Children are provided a meal or a snack at least once every four hours.
i. School parties and special events emphasize activities and/or nutritious foods and beverages.
j. Policies and practices are clearly communicated to families so that only nutritious foods are brought from the child's home for meals, snacks, and celebrations (based on nutrition, allergy, or food safety concerns).
k. Fundraising involves non-food items or nutritious foods and beverages in age-appropriate servings.
l. Food brands and unhealthy foods are not displayed, advertised or marketed in the care setting nor are they referred to in communications with families.
m. Healthy eating messages are displayed in the learning environment and reinforced by materials (e.g. play foods include healthy foods).

NUTRITION LEARNING EXPERIENCES

GUIDELINE: Offer nutrition learning experiences throughout the day, including during meal and snack times.

BEST PRACTICES

a. Have a written plan or policy that describes developmentally-appropriate nutrition learning experiences throughout the school year.
b. Information about nutritious foods and healthy eating behaviors is integrated into a variety of learning experiences (e.g. story time, music, and sensory activities).
c. Nutrition learning experiences complement and are reinforced during meal and snack times.
d. Nutrition learning experiences are culturally relevant.
e. Nutrition learning experiences are consistent with USDA dietary guidelines and include:
    i. Appropriate portion sizes;
    ii. Benefits of eating nutritious foods;
    iii. Taste, color, smell, shape, and texture of foods;
    iv. Language skills related to food and eating; and
    v. Hands-on activities such as food preparation, taste testing, farm visits, and gardening or growing food.



NUTRITIOUS FOODS & BEVERAGES

GUIDELINE: Serve balanced healthy meals and snacks, as good nutrition is important for growth, development, and the formation of healthy habits.

BEST PRACTICES FOR FOODS

a. All food and beverages served (e.g. meals, snacks, and celebratory foods) meet or exceed Child and Adult Care Food Program (CACFP) meal pattern requirements.
b. At least 50% of grains served are whole grain—including rice, bread, crackers, cereals, noodles, and pasta.
c. Fats are included as an essential part of a healthy diet, but are limited to those which are less processed.
d. A variety of lean meats, poultry without skin, fish and meat alternates are served.
e. A variety of fresh fruits are served daily during meals and snacks. If fresh is not available, frozen, dried, or canned without added sugar may be substituted.
f. A variety of fresh vegetables (e.g. dark green, red, orange, and deep yellow; tubers; and legumes) are served daily during meals and snacks. If fresh is not available, frozen, dried, or canned without added sugar may be substituted.
g. Fruit and vegetables are prepared in a variety of ways.
h. At least 1 serving of fruit or vegetable is served with each snack.
i. Accommodations are made for special dietary needs as prescribed by a healthcare professional.
j. Children with food allergies have a care plan prepared by a healthcare professional. The plan includes what foods to avoid and what to do in the event of an allergic reaction.
k. Foods are provided that accommodate chewing ability and preferences (e.g. grapes must be sliced to eliminate choking risk).
l. Children's cultural backgrounds and religious beliefs are taken into consideration during meal planning.
m. Whenever possible, foods served are fresh, organic, and locally grown.
n. A nutrition professional is accessible for consultation.

BEST PRACTICES FOR BEVERAGES

o. Servings of 100% juice and smoothies with no added sugars are 4 ounces or less per day.
p. Whole fruits and vegetables are served instead of 100% juice, whenever possible.
q. Milk and milk alternatives do not include any added sugars.
r. Drinking water is available and promoted throughout the day in both indoor and outdoor areas.

AVOID

s. Common choking hazards for young children (e.g. whole grapes, popcorn, and hot dogs).
t. Foods high in salt (e.g. chips and pretzels).
u. Foods high in sugar (e.g. jelly, candy, ice cream, cake, and cookies).
v. Fried or pre-fried foods (e.g. French fries, chicken nuggets, and fish sticks).
w. Highly processed meat products (e.g. SPAM, Vienna sausage, and hot dogs).
x. Foods containing trans fats.
y. Foods or beverages with artificial color or flavor, non-caloric sweetener, or preservatives.
z. Beverages that have caffeine or added sugar (e.g. fruit flavored sugary drinks and soda).

INFANT FEEDING

GUIDELINE: Use positive and supportive infant feeding techniques which are essential for healthy physical and social development.

BEST PRACTICES

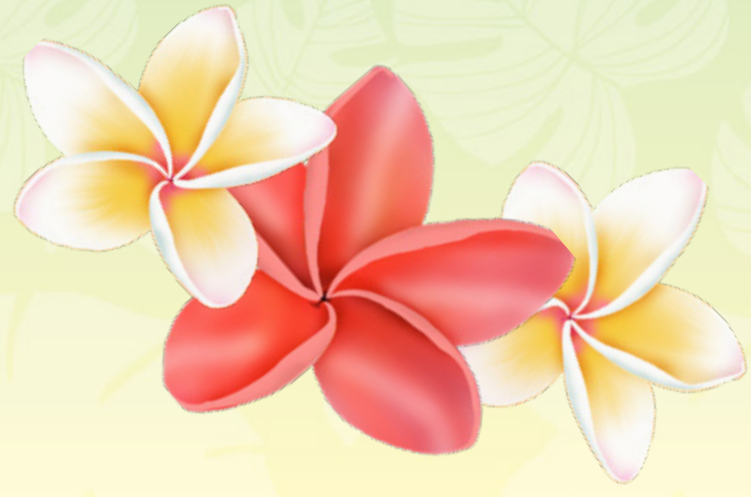
a. Breast milk or iron-fortified infant formula is provided exclusively to age 6 months (unless a written waiver is provided by a healthcare professional and parent/guardian).
b. Infant formula is prepared according to the manufacturer's instructions and not combined with cereal, fruit juice or other foods (unless prescribed by a healthcare professional).
c. Cow's milk is not given to infants under 12 months.
d. Water is provided to infants older than 6 months in small amounts in cups.
e. No fruit juice or sugar-sweetened beverages are served to children younger than 12 months of age.
f. Infants are fed when they show signs of hunger (e.g. making a fist and sucking on it, or smacking lips) and are allowed to stop feeding when full.
g. If an infant does not show regular signs of hunger, this is reported to the child's parent/guardian.
h. Infants are held while being bottle fed.
i. A plan for feeding breast milk, formula, or age-appropriate solid foods, is developed in consultation with the parent/guardian or a healthcare professional.
j. Breastfeeding mothers are able to breastfeed, or pump, comfortably on-site in a private room other than the bathroom.

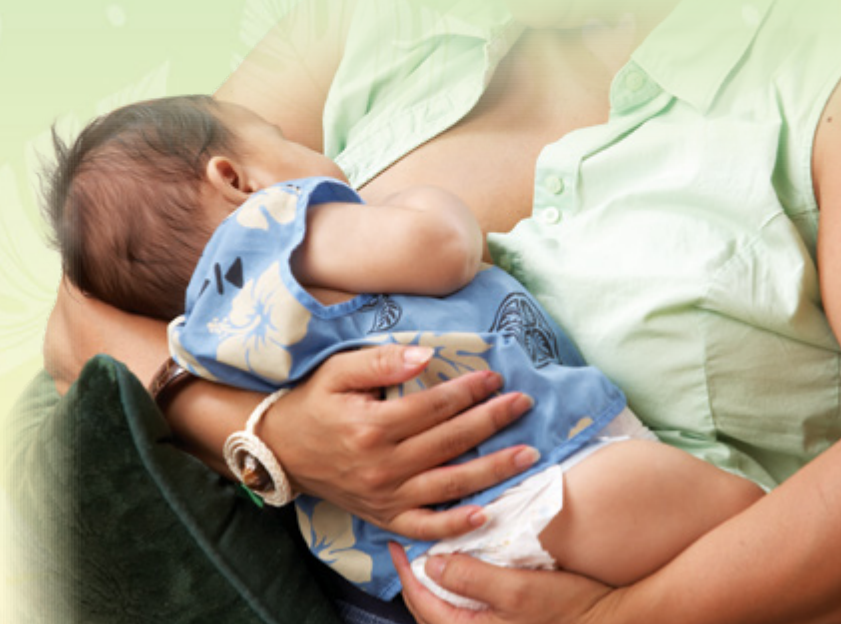
STAFF & FAMILY ENGAGEMENT

GUIDELINE: Engage staff and families to support culturally and ethnically diverse healthy lifestyles.

BEST PRACTICES

a. Staff and families contribute to nutrition and physical activity plans and policies.
b. Staff attend training on nutrition and/or child feeding at least once each year.
c. Staff attend training on age-appropriate gross motor activities and/or games that promote children's physical activity at least once each year.
d. Families are provided information on healthy eating at least once each year to encourage healthy foods to be served at home.
e. Families are provided information on age-appropriate physical activity at least once each year to facilitate these activities at home.
f. Information about community resources (e.g. local farms, non-profit agencies, health centers, or neighborhood businesses) that offer educational opportunities on healthy lifestyles is made available to staff and families.





SCREEN TIME

GUIDELINE: Limit screen time (television, movies, tablets, phone, computer, and other electronic devices) and only use high-quality, interactive, and educational media without advertisements.

BEST PRACTICES

a. Screen time is not permitted for children under the age of 2.
b. For children ages 2 through 5, screen time is limited to 30 minutes per week.
c. Screen time is not allowed during meal or snack times.
d. Screen media are always reviewed before children use it, to ensure that it is appropriate for their age and understanding.
e. Screen media reinforce positive health behaviors such as physical activity.
f. Screen media are free of advertising and brand placement.
g. Screen media are removed from the care room(s) or covered up when not in use.
h. Exceptions for screen time apply to children with special health care needs who require assistive technology.

PHYSICAL ACTIVITY

GUIDELINE: Promote active play and provide opportunities for all children, including those with special needs, to engage in moderate to vigorous physical activity every day.

BEST PRACTICES

INFANTS

a. Infants (birth to 12 months of age) have short periods (3-5 minutes) of tummy time, several times each day, when they are awake and being supervised.
b. Time that infants spend in restricted seating (swings, strollers, high chairs) is limited to short periods (no longer than 15 minutes), or not at all.

TODDLERS

c. All toddlers (12 months to 3 years of age) are provided 60-90 minutes or more of active play time per 8-hour day. For half-day programs, 30 minutes or more of active play time is provided.

PRESCHOOLERS

d. Preschoolers (3-5 year olds) are provided 90-120 minutes or more of active play per 8-hour day. For half-day programs, 60 minutes or more of active play time is provided.

ALL CHILDREN

e. Have a written plan or policy to address the promotion of age-appropriate physical activity, and the removal of potential barriers to physical activity participation, throughout the school year.
f. Deliver developmentally-appropriate physical education experiences to help children build movement, balance, and coordination skills.
g. Provide two or more scheduled occasions per day of active play outdoors, weather permitting.
h. Lead two or more structured activities or games per day that promote movement.
i. Encourage physical activity as a transition strategy throughout the day.
j. Discourage sedentary time for more than 30 minutes while children are awake.
k. Model, promote, and participate in children's active play.
l. Play spaces and equipment are safe, sanitary and promote age appropriate physical activity.
m. Children have adequate space for inside active play. This means at least 35 square feet per child.
n. Children have adequate space for outside active play. This means at least 75 square feet per child.
o. Physical activity is not used or withheld as a form of punishment.
p. Build quiet periods of sleep (or rest) into the daily schedule to support a child's healthy growth and development.