

growing fit kit

Wellness Policies for Georgia's Early Care Environments



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Making the Case for Wellness in Georgia's Early Care Environments

Purpose of the Growing Fit Kit

As educators of young children, you care about helping them grow up healthy and strong and you know that early childhood environments play a critical role in the comprehensive approach to improving child health.

This tool kit is intended to guide you in the development or improvements to your policies around nutrition and physical activity. This tool kit can also help you move toward achievement of Quality Rated standards by helping you meet what the Department of Early Care and Learning (DECAL) refers to as Quality Rated Portfolio Standard 2.1.

The tool kit contains an explanation of what a Wellness Policy is and how wellness policies work; success stories from other early care settings; a step-by-step guide to improve nutrition and physical activity in your early childhood environment; and resources for your center and teachers. The tool kit has been designed to be provided to you through a face-to-face training and delivered with a package of items like music and books about nutrition to use in your center, although it can be used as a stand-alone guide as well.

What is an Early Care Wellness Policy?

A Wellness Policy is a written document or documents that state the specific approaches promoted and followed in your facility or environment to create and support the healthiest possible environment. Comprehensive wellness policies can improve children's health if all of the staff are aware of the policy and understand how to implement it on a day-to-day basis. Day-to-day practices to implement the policy play a key role in creating a healthy environment for young children and preparing them to develop healthy eating and physical activity habits for a lifetime. Caregivers are also role models and wellness policies in early childhood environments can help support teachers and staff seeking to achieve a healthy lifestyle.

Importance of Nutrition & Physical Activity in Early Childhood

A healthy lifestyle is essential for the growth and development of young children. Good nutrition and regular physical activity support children's physical health, academic achievement and emotional well-being. Sadly, it is the lowest income children who are at greatest risk of being at an unhealthy weight, poor academic performance, and lifelong chronic disease.

Nutrition and physical activity are essential to children's health. Overweight and obesity are the result of too few calories expended for the amount of calories consumed, and are the result of more than just behavior. This calorie imbalance is also influenced by genetics and, most importantly, by the food environment, such as access to fresh fruits and vegetables and availability of high sugar and high fat foods.¹

Nationwide, 1 in 3 children are overweight or obese by their 5th birthday. In Georgia, the numbers are higher. More than one in three (35 percent) of children ages 2-19 are overweight or obese. More than 1 in 10 children become obese between the ages of 2-5; and 5 percent of 6-11-year-olds are *severely* obese. Georgia's lowest income children, even the ones who may live in a household that experiences food insecurity, are at greatest risk of being overweight or obese. Between 2008 and 2011, 18 states, including Georgia, and one U.S. territory experienced a decline in obesity rates among preschoolers from low-income families. While we have made

progress recently, Georgia still has a higher percentage of children who are overweight or obese than the national average. And, racial and ethnic disparities in weight status emerge in childhood; black and Hispanics are significantly more likely than whites to be obese. Contrary to popular belief, children who are overweight or obese are not likely to outgrow their weight status as adults. Childhood obesity contributes to lifelong chronic diseases, such as Type 2 Diabetes, high blood pressure, arthritis and sleep apnea.^{2,3}

In addition, research over the past decade has consistently concluded that children who eat well and are physically active learn better. Conversely, poorly nourished, overweight, sedentary or hungry children tend to have weaker academic performance and score lower on standardized achievement tests over time.⁴

You have a unique opportunity to implement model practices that can dramatically impact the health and learning of Georgia's children. Creating a healthy food environment and developing healthy eating and physical activity skills at a young age in Georgia's early care environments will help to create a healthier population, reduce obesity and chronic disease, and allow for children to develop, grow, learn, and have a healthy future. Implementing a wellness policy will demonstrate that your organization recognizes the importance of lifelong health and that lifelong health and learning starts in early childhood.

Department of Early Care and Learning's (DECAL) Quality Rated Recognition

Quality Rated is Georgia's system to assess, improve, and communicate the level of quality in early education and school-age care programs. Similar to rating systems for hotels or restaurants, Quality Rated assigns a rating (e.g., one star, two star, or three star) to early education and school-age care programs that go above and beyond minimum licensing standards. By participating in Quality Rated, child care programs demonstrate their commitment to continuous quality improvement. Hundreds of providers have accepted the challenge to embark on a path of continuous quality improvement. Improved physical activity and nutrition are a part of achieving Quality Rated. There are three steps to Quality Rated recognition—

Step 1—Application

Create an account and complete a brief application with demographic information about your program to get started on the path to becoming Quality Rated.

Step 2—Portfolio

Earn points by submitting evidence of the credentials and training of the teaching staff; your program's commitment to child health and physical activity; the ways you support family engagement; practices around instruction and curriculum; and your classroom ratios and group size. **The information in this tool kit can help you achieve some of the requirements for Portfolio Standard #2.**

Step 3—Assessment

Earn points based on your support of the development of children's reasoning skills, social-emotional development, language, and school readiness.

Whether you are working toward Quality Rated or just want to improve your comprehensive wellness policies, the information in this tool kit will help you create an early care environment that helps Georgia achieve healthier children now and a healthier future for everyone. For more information on Quality Rated visit <http://www.dec.ga.gov/QualityInitiatives/QualityRated.aspx>

1 Centers for Disease Control and Prevention. Childhood Overweight and Obesity: A Growing Problem [website]. Available from: <http://www.cdc.gov/obesity/childhood/problem.html>

2 Robert Wood Johnson and Trust for America's Health. State of Obesity [online publication]. Available from: <http://stateofobesity.org/>

3 Centers for Disease Control and Prevention. Childhood Overweight and Obesity [webpage]. Available from: Obesity and Overweight.

4 Centers for Disease Control and Prevention. Division of Adolescent and School Health. Health and Academics and Data and Statistics, 2012. Association between health risk behaviors and academic grades. Available from: http://www.cdc.gov/healthyyouth/health_and_academics/data.htm.

Wellness Policies Work in Georgia



A Win-Win for Georgia's Children

Adopting a wellness policy will benefit children, staff and parents. It also will show your commitment to providing a safe, healthy environment for children to grow, learn, and play.

More than 100 Georgia caregivers who adopted policies with the Caregivers Promoting Healthy Habits Program have seen the following positive changes. You can see changes, too!

Staff was supportive and reported healthy habits

Centers that have implemented wellness policies show that:

- 92% of staff agree that they support the implementation of their center's nutrition and physical activity standards
- 65% describe the quality of meals as better or greatly improved from the previous year
- 84% describe the frequency and quality of physical activity opportunities as better or greatly improved
- At least 85% of staff who completed a survey report the following habits got better or greatly improved over the program year:
 - Encouraging the children to try new foods
 - Discussing healthy eating with the children during meal times and snacks
 - Encouraging children to drink water throughout the day
 - Actively playing with children, as opposed to providing supervision/monitoring
 - Providing indoor physical activity when outdoor play is cancelled due to bad weather

Parents followed along and made their homes healthier

- 65% of parents made changes to the nutrition practices at home because of something they learned from the center. They reported:
 - Eating more vegetables
 - Eating less "junk" food
 - Drinking more water
- 67% of parents who completed a survey made changes to the physical activity practices at home because of something they learned from the center:
 - More active play
 - Less TV time

Children developed better habits

Environment observations showed many improvements for children.

- Children were more active during the day:
 - 77% provided more minutes of physical activity throughout the day
 - 68% provided more minutes of structured (teacher-led) activity
 - 64% spent less time seated
- Menus and food in the center improved because centers:
 - Decreased saturated fat
 - Switched to 1% or fat-free milk
 - Served fewer fried/pre-fried meats
 - Served more vegetables and healthier protein choices

Follow the step-by-step guide to create a wellness policy that will work for you.

We know that caregivers hold an important role, therefore the Georgia Department of Public Health and the Department of Early Care and Learning endorse wellness policies that support Georgia's young children and are supporting your efforts as well. It's as easy as...

The ABC's of Wellness Policies

- **ASSESS** your needs
 - Fill out the self-assessment
 - Use the guide to choosing your wellness policies
- **BUILD** your plan
- **CREATE** your policy, implement and evaluate



Wellness Policies Work in Georgia



Kid's World Learning Center

Kid's World Learning Center in Statesboro, Georgia was a grantee for the Caregivers Promoting Healthy Habits grant during 2014-2015. Kid's World Learning Center is a 3-Star Quality Rated Center. We realized through the grant our program would be able to provide the nutritional education and physical activities we wanted to accomplish to meet the goals established for Quality Rated and NAEYC accreditation.

The Caregivers Promoting Healthy Habits grant allowed us to focus intently on wellness policies that would benefit our students, families, and staff members. The grant allowed us to concentrate on the policies that we recognized would be of value to and enhance our program. Our curriculum has been strengthened by adding many of these additional nutrition and physical activities.

As a result of the grant we were able to alter our menus to increase dark green, red, and orange vegetables to four times per week. We wanted to make sure that the foods we served to our students meet all of the Dietary Guideline recommendations. During this process we reached out into the community and met with local farmers at the farmers market. These local farmers were more than happy to assist not only in providing fresh foods to the children but also in educating us about our newly created Kid's World Garden. We received valuable information on when to plant which vegetables and were even supplied seeds from the local farmers for our children to plant. The garden has been a highlight of progress with both children and parent participation; our herbs and vegetables are growing strong.

We partnered with the local Technical School and had a few culinary students come to the center and prepare a healthy snack activity with the children.

The grant allowed us to purchase water coolers for each classroom ensuring that students have water available to them throughout the day both during indoor play and outdoor play.

Our families have been further educated in how to choose a healthier lifestyle. We hosted Healthy Habits Family Nights to coach families on how to foster healthy eating habits and incorporate more physical activities at home. An additional significant support for families that we sought to implement was for our breastfeeding moms. Moms currently have a private nursing room with many encouraging and educational displays to assist and support them to continue this healthy process.

Kid's World Learning Center found the experience of participating in the Caregivers Promoting Healthy Habits grant to be fulfilling as we were able to fully assist families, children, and staff members in the process of becoming healthier. I would recommend the Caregivers Promoting Healthy Habits grant to any provider who wants to make a positive change in the lives of those they care about.

Gardening Adventures with College Heights Early Childhood Learning Center

I began working in public and private schools supporting Farm to School efforts in 2007. Prior to this, I had spent many years as a certified music teacher, after a childhood (and adult summers) of farming and gardening. In looking for a way to combine my love of teaching and working with children with my passion for growing fresh, healthy food and being outdoors, I stumbled upon Farm to School and discovered my dream job. It wasn't until 2012, when I joined the staff at the Wylde Center in Decatur, Georgia, as the Garden to Classroom Coordinator, that I made the wonderful leap into Farm to Preschool adventures at College Heights Early Childhood Learning Center.

My time at College Heights began long after the edible garden was installed. An excited and committed group of parents raised funds and brought in a professional gardener to lead a garden installation work day. From then on, teachers and parents planted and grew flowers, herbs, fruits and vegetables with students. As time went on, however, it became clear that a bit of leadership and organization was required in order to fully capitalize on the invaluable teaching and learning opportunities that an edible garden presents. My role as Garden to Classroom Coordinator has helped provide that structure, so that all lessons and activities in the garden support the goals of the preschool curriculum.

Part of why the garden works so well to provide experiential learning opportunities for our youngest students is that virtually everything required to maintain the garden directly supports a learning objective. Some examples include, but are not limited to:

- **Physical Development and Motor Skills:** Reaching easily into garden beds; using tools to dig in the soil; walking the wheelbarrow to the compost pile; sorting small seeds; planting seeds in the soil; transplanting seedlings into the soil; collecting water from rain barrels and watering plants; harvesting fruits and vegetables; tasting fresh foods after harvesting; touching and smelling a variety of herbs.
- **Social and Emotional Development:** Using self-control while working and learning in the garden, such as waiting for directions before beginning an activity or getting permission before using tools; working cooperatively with other students to turn soil, pull weeds, or plant seedlings.
- **Approaches to Play and Learning:** Asking appropriate questions; demonstrating a willingness to participate in unfamiliar garden tasks; continuing to work in the garden even after experiencing setbacks.
- **Cognitive Development and General Knowledge:** Exploring and identifying living and non-living things; describing and providing for the basic needs of living things; cultivating environmental stewardship; deeper understanding of water, soil and weather; counting and other number relationships; comparing and contrasting; sorting and classifying; cause and effect.

As we've embraced this new, objective-focused approach to teaching and working in the garden, I've noticed more teachers incorporating the garden into their lessons and activities and taking greater ownership of the care and maintenance. It doesn't hurt that the enthusiasm and excitement of the students often drives the class to the garden, and everyone is more interested in tasting the fresh, healthy harvest given the time and hard work they've put towards growing and caring for our plants. The conventional wisdom rings true yet again: when they grow it, they'll eat it everytime.

- Nichole Lupo
Garden to Classroom Coordinator
Wylde Center

ABCs of Adopting and Implementing a Wellness Policy

A: Assess Your Policies and Practices

To get started, use the Nutrition and Physical Activity Assessment tool to assess your early learning environment's current policies and practices. This assessment tool is aligned with Quality Rated Standard 2, Let's Move Childcare and the Institute of Medicine's recommendations for childcare providers. If you already have a nutrition and physical activity policy, now is a good time to review it in light of your assessment. If your policy does not meet all the Indicators, then continue building and revising your policy. You will use your assessment and existing policy, if you have one, to help you create a plan for improvement. The purpose of this tool kit is to assist you in thinking through where you are and how to improve.

B: Build Your Plan for Improvement

To begin to build your plan for improvement, review your assessment ratings and complete page 19:

Step 1: Identify Areas for Improvement. This step will help you identify Indicators from your assessment that you need to address or that are already fully in place. Indicators with ratings in the far left or middle columns are Indicators you may wish to address. Indicators with all ratings in the far right column are Indicators you are already addressing and need to celebrate!

Step 2: After you have completed Step 1, select 1-3 Indicators from each of the two domains (Nutrition and Physical Activity) that you want to address over the next year. In doing so, consider the following:

- Which are the most beneficial Indicators for your children, families and staff?
- Which Indicators need to be addressed soon—in the next year?
- Which Indicators can be addressed later—in the next year or so?

Circle the Indicators that you want to address.

Step 3: Now with the Indicators selected, build your Plan for Improvement. See page 20. This document will help you determine what steps you will take, when each step will be accomplished, who will be responsible for each step and how you will know that each step has been completed.

C: Create Implement and Evaluate Your Policy

Create, Implement and Evaluate Your Policy - Your Plan for Improvement can help you identify statements for your wellness policy. To assist in writing your policy statements review the Sample Nutrition and Physical Activity Policy Document (page 22). Then use the Policy Document Template provided on page 24 to create your own. Once you have adopted a policy document, be sure to take the steps needed to implement it. Implementing a wellness policy takes time. Use your action plan to measure your progress, and engage staff and parents in your highest priority areas for improvement. Once you have implemented your policies, evaluate them to ensure you have full implementation then re-assess and determine what additional Indicators you wish to improve.



Assess Your Policies and Practices

Using the Nutrition and Physical Activity Assessment tool, beginning on the next page (page 12), examine your current policies and practices. This assessment tool is aligned with DECAL's Quality Rated and is designed for both Child Care Learning Centers and Family Day Care Homes. This is the first step for improving nutrition and physical activity practices and policies in your center/home.

Nutrition and Physical Activity Assessment

DOMAIN NUTRITION

Indicator 1: Breastfeeding and Infant Feeding

A designated area for lactating mothers to breastfeed is:	<input type="checkbox"/> Not available	<input type="checkbox"/> Available but lacks privacy, seating or electrical outlet	<input type="checkbox"/> Available has privacy, seating, and an electrical outlet	<input type="checkbox"/> Is private, has seating, and availability is promoted to all parents and staff
Culturally appropriate breastfeeding support materials, like pictures, posters, brochures, pamphlets, and other resources (not including those supplied by commercial entities, like manufacturers of infant formula) and information on available lactation spaces are:	<input type="checkbox"/> Not currently working on this best practice or N/A	<input type="checkbox"/> Only available upon request	<input type="checkbox"/> Limited, but available in 1 or 2 places or areas and upon request	<input type="checkbox"/> Available and displayed in multiple places or areas of the facility, and in a variety of formats such as family handouts, newsletters, etc.
Staff are trained on the benefits of breast feeding	<input type="checkbox"/> No staff trained	<input type="checkbox"/> Some staff trained	<input type="checkbox"/> Most staff trained	<input type="checkbox"/> All staff trained on breastfeeding
Staff actively promotes breast feeding or feeding with breast milk, and/or infant formula are served to infants 0 - 5 months old amongst families as well as those with siblings and other staff	<input type="checkbox"/> No staff actively promoting	<input type="checkbox"/> Some staff actively promoting	<input type="checkbox"/> Most staff actively promoting	<input type="checkbox"/> All staff actively promoting with new staff, pregnant mothers, and families with infants
Staff do not encourage infants to finish their bottle after showing signs of fullness:	<input type="checkbox"/> No staff	<input type="checkbox"/> Some staff	<input type="checkbox"/> Most staff	<input type="checkbox"/> All Staff

Indicator 2: Eating Environment

Staff do not encourage children to eat more than they want once children indicate they are full, (e.g. children are not asked to "clean their plate" or "make a happy plate");	<input type="checkbox"/> No staff	<input type="checkbox"/> Some staff	<input type="checkbox"/> Most staff	<input type="checkbox"/> All staff
Preschoolers are actively involved in mealtime activities, such as setting and cleaning the table:	<input type="checkbox"/> Not currently working on this best practice or N/A	<input type="checkbox"/> Less than half the meals/snacks each day	<input type="checkbox"/> More than half the meals/snacks each day	<input type="checkbox"/> At every meal/snack each day
For preschoolers, food is served family-style, and children serve themselves:	<input type="checkbox"/> Never	<input type="checkbox"/> Less than half the meals/snacks	<input type="checkbox"/> More than half the meals/snacks	<input type="checkbox"/> At every meal/snack
Staff promote that solid foods are gradually introduced around 6 months as developmentally appropriate	<input type="checkbox"/> No staff actively promoting	<input type="checkbox"/> Some staff actively promoting	<input type="checkbox"/> Most staff actively promoting	<input type="checkbox"/> All staff are actively promoting with new staff and all families
Caregivers talk informally about healthy foods during meals, and reinforce children's internal cues of hunger and fullness:	<input type="checkbox"/> Not currently working on this best practice or N/A	<input type="checkbox"/> Some staff actively promoting	<input type="checkbox"/> Most staff actively promoting	<input type="checkbox"/> All staff are actively promoting with new staff and all families
Portion size and variety are used to ensure each child has enough food to avoid both hunger and over eating.	<input type="checkbox"/> Not currently working on this best practice or N/A	<input type="checkbox"/> Less than half the meals/snacks	<input type="checkbox"/> More than half the meals/snacks	<input type="checkbox"/> At every meal/snack
Vending machines that sell foods and beverages that do not support healthy eating are accessible to the children	<input type="checkbox"/> Not currently working on this best practice or N/A	<input type="checkbox"/> All of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Never

Indicator 3: Caregiver Behaviors

Caregivers do not offer food incentives for good behaviors like sweets or food-related parties and celebrations:	<input type="checkbox"/> Not currently working on this best practice or N/A	<input type="checkbox"/> Rarely	<input type="checkbox"/> Some days	<input type="checkbox"/> Every day
Caregivers gently encourage, but do not force, children to try all food components offered at meals and snacks:	<input type="checkbox"/> Not currently working on this best practice or N/A	<input type="checkbox"/> Rarely	<input type="checkbox"/> Some days	<input type="checkbox"/> Every day
Caregivers sit with children during meals and snacks, and eat the same foods as the children:	<input type="checkbox"/> Not currently working on this best practice or N/A	<input type="checkbox"/> Rarely	<input type="checkbox"/> Some days	<input type="checkbox"/> Every day
Caregivers do not use food as a reward:	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Always
Caregivers do not withhold food as punishment:	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Always
Caregivers encourages healthy foods for parties and fundraisers:	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Always
In front of the children, caregivers only drink healthy beverages like water, low-fat milk and 100% juice and eat healthy foods:	<input type="checkbox"/> Not currently working on this best practice or N/A	<input type="checkbox"/> Rarely	<input type="checkbox"/> Some days	<input type="checkbox"/> Every day

Indicator 4: Nutrition Education

Formal nutrition education is provided through curricula, games, lessons and/or books:	<input type="checkbox"/> Not currently working on this best practice or N/A	<input type="checkbox"/> 1-2 times per month	<input type="checkbox"/> 1-2 times per week	<input type="checkbox"/> Daily
Culturally appropriate nutrition support materials including pictures, posters, and play materials like books or toys that promote healthy eating are:	<input type="checkbox"/> Not displayed	<input type="checkbox"/> Displayed, but are limited to 1 area	<input type="checkbox"/> Displayed, but are limited to 2-3 areas	<input type="checkbox"/> Displayed in all classrooms and other areas of the facility
Nutrition education is integrated into other GELD domains (eg. language and literacy, math, science, social studies, creative development and cognitive processing):	<input type="checkbox"/> Not currently working on this best practice or N/A	<input type="checkbox"/> 1-2 times per month	<input type="checkbox"/> 1-2 times per week	<input type="checkbox"/> Daily
Taste testing activities are conducted to allow children to try new or unfamiliar foods:	<input type="checkbox"/> Never	<input type="checkbox"/> 1-2 times per year	<input type="checkbox"/> 1-2 times per month	<input type="checkbox"/> Weekly
Cooking activities or demonstrations are conducted to teach children that combining foods can create new flavors:	<input type="checkbox"/> Not currently working on this best practice or N/A	<input type="checkbox"/> 1-2 times per year	<input type="checkbox"/> At least once per month	<input type="checkbox"/> Once per week or more
Edible gardens are used as a learning resource:	<input type="checkbox"/> Not currently working on this best practice or N/A	<input type="checkbox"/> 1-2 times per year	<input type="checkbox"/> At every season	<input type="checkbox"/> Monthly or more

Indicator 5: Healthy Eating - Foods to Increase

Whole grains, like oatmeal, whole wheat bread, whole grain cereal, and brown rice are served:	<input type="checkbox"/> Not currently working on this best practice	<input type="checkbox"/> Once or twice per week	<input type="checkbox"/> 3-4 times per week	<input type="checkbox"/> Every day
A variety of fresh or frozen dark green, red and orange vegetables like broccoli, spinach, greens, romaine lettuce, carrots, sweet potatoes, and tomatoes are served:	<input type="checkbox"/> Not currently working on this best practice	<input type="checkbox"/> Once per week	<input type="checkbox"/> 2-3 times per week	<input type="checkbox"/> Every day
A fresh or frozen fruit, vegetable or both are served at snack for children 6 months or older as developmentally appropriate	<input type="checkbox"/> Not currently working on this best practice	<input type="checkbox"/> Once per week	<input type="checkbox"/> 2-3 times per week	<input type="checkbox"/> Every day
Lean proteins, like lean beef, pork, poultry, meat alternatives like tofu or beans; lentils; low-fat yogurt; eggs; and nuts are served:	<input type="checkbox"/> Not currently working on this best practice	<input type="checkbox"/> Once or twice per week	<input type="checkbox"/> 3-4 times per week	<input type="checkbox"/> Every day

Indicator 6: Healthy Eating - Foods to Limit

High sugar foods like sugary cereals, cookies, cakes, pies, muffins, brownies, cereal bars and sweet breads, yogurt and/or candy are served:	<input type="checkbox"/> Twice per week or more	<input type="checkbox"/> Twice per month or less	<input type="checkbox"/> Once or twice per year	<input type="checkbox"/> Never
Fruits with added sugars, like fruit canned in syrup, and sweetened apple sauce are served:	<input type="checkbox"/> Every day	<input type="checkbox"/> Once or twice per week	<input type="checkbox"/> 1-3 times per month	<input type="checkbox"/> Never
Fried or pre-fried vegetables, like hash browns, French fries, tater tots, fried okra and onion rings are served:	<input type="checkbox"/> Once per week or more	<input type="checkbox"/> 1-2 times per month	<input type="checkbox"/> 1-2 times a year	<input type="checkbox"/> Never
Processed cheese food or cheese spreads are served:	<input type="checkbox"/> Every day	<input type="checkbox"/> Once or twice per week	<input type="checkbox"/> 1-3 times per month	<input type="checkbox"/> Never
High fat or fried/pre-fried proteins like sausage, bacon, ground beef, hot dogs, chicken or beef nuggets, and fish sticks are served:	<input type="checkbox"/> Several days per week	<input type="checkbox"/> Once or twice per week	<input type="checkbox"/> 1-3 times per month	<input type="checkbox"/> Never
Fried, salty snacks such as potato or corn chips are served:	<input type="checkbox"/> Several days per week	<input type="checkbox"/> Once or twice per week	<input type="checkbox"/> 1-3 times per month	<input type="checkbox"/> Never
Foods made with artificial ingredients (sweeteners, flavors, colors etc) are served:	<input type="checkbox"/> Several days per week	<input type="checkbox"/> Once or twice per week	<input type="checkbox"/> 1-3 times per month	<input type="checkbox"/> Never

Indicator 7: Beverages

Sugar sweetened beverages, like soda, juice drinks (not 100% juice), sports drinks, sweet tea and Kool-Aid are served:	<input type="checkbox"/> Once per month or more	<input type="checkbox"/> Less than once per month	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
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Juice is offered to infants 0-12months	<input type="checkbox"/> Every day	<input type="checkbox"/> 3-4 times per week	<input type="checkbox"/> Once or twice a week	<input type="checkbox"/> Never
100% juice is served to children 1yr or older	<input type="checkbox"/> Every meal and snack	<input type="checkbox"/> At 1 meal and snack each day	<input type="checkbox"/> Only once per day or less	<input type="checkbox"/> Never
Free, clean drinking water is available during outdoor play, and caregivers encourage children to drink water during active play.	<input type="checkbox"/> Not currently working on this best practice	<input type="checkbox"/> When the weather is hot	<input type="checkbox"/> Only on certain activity days	<input type="checkbox"/> Every day
Program emphasizes healthy beverages for 1 year olds (12- 23 months) by serving unflavored whole milk and encouraging children to drink water:	<input type="checkbox"/> Not currently working on this best practice	<input type="checkbox"/> Sometimes, like after outdoor play	<input type="checkbox"/> Once or twice every day	<input type="checkbox"/> Many times throughout the day
Program emphasizes healthy beverages for children 2 to 5 years old by serving low fat or non fat milk, or plain or naturally flavored non-carbonated water:	<input type="checkbox"/> Not currently working on this best practice	<input type="checkbox"/> Sometimes, like after outdoor play	<input type="checkbox"/> Once or twice every day	<input type="checkbox"/> Many times throughout the day
Indicator 8: Caregiver and Family Nutrition Training				
A registered dietician or qualified nutritionist is consulted to ensure a variety of healthy, appealing and age-appropriate foods are served:	<input type="checkbox"/> Not currently working on this best practice or N/A	<input type="checkbox"/> Every other year	<input type="checkbox"/> Once or twice per year	<input type="checkbox"/> Quarterly
Nutrition training for caregivers is provided:	<input type="checkbox"/> Not currently working on this best practice or N/A	<input type="checkbox"/> Once or twice per year	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly
Nutrition training for parents is provided (including trying new foods):	<input type="checkbox"/> Not currently working on this best practice or N/A	<input type="checkbox"/> Once or twice per year	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly
Family handouts, brochures, newsletters or trainings that include nutrition information are provided:	<input type="checkbox"/> Not currently working on this best practice or N/A	<input type="checkbox"/> Once or twice per year	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly
Nutrition education and/or activities for employees are provided:	<input type="checkbox"/> Not currently working on this best practice or N/A	<input type="checkbox"/> Once or twice per year	<input type="checkbox"/> Once or twice a month	<input type="checkbox"/> At least once a week
Foods served at staff meetings and or family events is healthy:	<input type="checkbox"/> Not currently working on this best practice or N/A	<input type="checkbox"/> Once or twice per year	<input type="checkbox"/> Some meetings or events	<input type="checkbox"/> Every meeting or event
Indicator 9: Local Food Procurement				
Food items are purchased locally (from farms etc. within the county, within 100 miles, from Georgia or from a state bordering Georgia e.g. ,TN, AL, FL, SC):	<input type="checkbox"/> Not currently working on this best practice	<input type="checkbox"/> Once per year	<input type="checkbox"/> Once per month	<input type="checkbox"/> Weekly
Indicator10: Farm to Table				
Farmers serve as guest speakers or field trips to farms are provided to explain where food comes from:	<input type="checkbox"/> Not currently working on this best practice	<input type="checkbox"/> Once or twice per year	<input type="checkbox"/> Seasonally or quarterly	<input type="checkbox"/> Monthly
Center has students participate in Farm to Table initiatives or activities such as planting a center garden:	<input type="checkbox"/> Not currently working on this best practice	<input type="checkbox"/> Seasonally or quarterly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Every day
Indicator 11: Growing Season				
Menus are developed based on Georgia foods in season:	<input type="checkbox"/> Not currently working on this best practice	<input type="checkbox"/> Seasonal menus are tied to some foods in season	<input type="checkbox"/> Seasonal menus are tied to Georgia foods in season	<input type="checkbox"/> Monthly menus are tied to Georgia foods in season
Information is provided to families on Georgia foods that are in season:	<input type="checkbox"/> Not currently working on this best practice	<input type="checkbox"/> Seasonal menus are tied to some foods in season	<input type="checkbox"/> Seasonal menus are tied to Georgia foods in season	<input type="checkbox"/> Monthly menus are tied to Georgia foods in season

DOMAIN: PHYSICAL ACTIVITY

Indicator 1: Scheduled Physical Activity (unstructured time)

Tummy time and opportunities to move freely with adult supervision are provided for all infants, including those with special needs:	<input type="checkbox"/> Not currently working on this best practice	<input type="checkbox"/> 1 to 2 days a week	<input type="checkbox"/> Every day	<input type="checkbox"/> Multiple times a day
Total physical activity time, both indoors and outdoors, for toddlers, including those with special needs, is scheduled:	<input type="checkbox"/> Not currently working on this best practice	<input type="checkbox"/> Up to 59 minutes per 8 hour day (or up to 29 minutes per 4 hour day)	<input type="checkbox"/> 60-89 minutes per 8 hour day (or 30-44 minutes per 4 hour day)	<input type="checkbox"/> 90 minutes or more per 8 hour day (or 45 minutes per 4 hour day)
Total physical activity time, both indoors and outdoors, for toddlers, including those with special needs, is scheduled:	<input type="checkbox"/> Less than 90 minutes per day (or less than 45 minutes per 4 hour day)	<input type="checkbox"/> 90-119 minutes per day (or 45-59 minutes per 4 hour day)	<input type="checkbox"/> 120 minutes per day (or 60 minutes per 4 hour day)	<input type="checkbox"/> More than 120 minutes per day (or 60 minutes per 4 hour day)
Developmentally appropriate equipment is safe and sufficient for all children:	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Always
The program has adequate indoor space for physical activity:	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Always
Physical activities are adaptable, accessible, and inclusive of all children with all abilities, including those with special needs:	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Always

Indicator 2: Caregiver Behaviors

Caregivers interact with infants in daily physical activities to develop gross motor skills such as reaching, kicking, crawling, and standing:	<input type="checkbox"/> Less than once per day	<input type="checkbox"/> Every day	<input type="checkbox"/> Two times per day, everyday	<input type="checkbox"/> Three or more times per day, everyday
Physical activity time is withheld as punishment when children are misbehaving:	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Physical activity is used as a punishment when children are misbehaving:	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Caregivers participate in active play and encourage children to be active:	<input type="checkbox"/> Not currently working on this best practice	<input type="checkbox"/> 1 to 2 days a week	<input type="checkbox"/> Every day	<input type="checkbox"/> Multiple times a day
Physical activity options are aimed at engaging children in fun, recreational, and lifelong learning opportunities:	<input type="checkbox"/> Rarely	<input type="checkbox"/> 1 to 2 days a week	<input type="checkbox"/> Every day	<input type="checkbox"/> Multiple times a day
Caregivers/teachers encourage preschool and/or school-age children to participate in activity selection, organization, and leadership:	<input type="checkbox"/> Not currently working on this best practice	<input type="checkbox"/> 1 to 2 days a week	<input type="checkbox"/> 3-4 days a week	<input type="checkbox"/> Every day

Indicator 3: Physical Activity Education (structured time)

Formal physical activity education is provided through active participation using curricula, games, lessons, and/or books:	<input type="checkbox"/> 1-2 times per month	<input type="checkbox"/> At least once per week	<input type="checkbox"/> Every day	<input type="checkbox"/> Multiple times a day
Culturally appropriate physical activity support materials including pictures, posters, and play materials like books or toys that promote physical activity are:	<input type="checkbox"/> Not displayed	<input type="checkbox"/> Displayed, but are limited to 1 area	<input type="checkbox"/> Displayed, but are limited to 2-3 areas	<input type="checkbox"/> Displayed in several areas of the facility
Structured, or teacher-led, physical activity for toddlers, including those with special needs, is scheduled:	<input type="checkbox"/> Not currently working on this best practice	<input type="checkbox"/> Less than 15 minutes per 8 hour day (or less than 8 minutes per 4 hour day)	<input type="checkbox"/> 15-29 minutes per 8 hour day (or 8-14 minutes per 4 hour day)	<input type="checkbox"/> 30 minutes or more per 8 hour day (or 15 minutes per 4 hour day)
Structured, or teacher-led, physical activity for preschoolers, including those with special needs, is scheduled:	<input type="checkbox"/> Not currently working on this best practice	<input type="checkbox"/> less than 30 minutes per 8 hour day (or less than 15 minutes per 4 hour day)	<input type="checkbox"/> 30-59 minutes per 8 hour day (or 15-29 minutes per 4 hour day)	<input type="checkbox"/> 60 minutes or more per 8 hour day (or 30 minutes per 4 hour day)

<p>Physical activity is integrated into Georgia Early Learning Development Standards (GELDS) and other activities designed to promote cognitive and social development:</p> <p>Safe and developmentally appropriate physical activities are designed to be inclusive and are delivered sequentially as part of a lesson plan:</p>	<p><input type="checkbox"/> Not currently working on this best practice</p> <p><input type="checkbox"/> Never</p>	<p><input type="checkbox"/> 1-2 times per week</p> <p><input type="checkbox"/> Sometimes</p>	<p><input type="checkbox"/> At least once per day</p> <p><input type="checkbox"/> Most of the time</p>	<p><input type="checkbox"/> Multiple times a day</p> <p><input type="checkbox"/> Always</p>
<p>Indicator 4: Sedentary Activity</p>				
<p>Use of confining equipment, like swings, molded seats, jump seats, strollers or walkers is limited to:</p>	<p><input type="checkbox"/> 30 minutes at a time</p> <p><input type="checkbox"/> Every day</p>	<p><input type="checkbox"/> 15 minutes, several times day</p> <p><input type="checkbox"/> Some days</p>	<p><input type="checkbox"/> 15 minutes, 3-4 times per day</p> <p><input type="checkbox"/> Rarely</p>	<p><input type="checkbox"/> "Less than 15 minutes, 1-2 times per day"</p> <p><input type="checkbox"/> Never</p>
<p>Cribs, car seats and high chairs are used for purposes other than their primary purpose (cribs for sleeping, car seats for vehicle travel, and high chairs for eating):</p>	<p><input type="checkbox"/> More than 30 minutes at a time</p>	<p><input type="checkbox"/> 16-30 minutes at a time</p>	<p><input type="checkbox"/> 15 minutes at a time</p>	<p><input type="checkbox"/> Less than 15 minutes at a time</p>
<p>Indicator 5: Screen Time</p>				
<p>Children under the age of 2 years are permitted to watch television, videos or DVDs:</p>	<p><input type="checkbox"/> Every day</p>	<p><input type="checkbox"/> Some days</p>	<p><input type="checkbox"/> Rarely</p>	<p><input type="checkbox"/> Never</p>
<p>For children over the age of 2 years, total screen time, including television, videos, DVD's, and computer time is limited to:</p>	<p><input type="checkbox"/> More than 2 hours per week</p>	<p><input type="checkbox"/> 31 minutes to 2 hours per week</p>	<p><input type="checkbox"/> 30 minutes per week</p>	<p><input type="checkbox"/> Less than 30 minutes per week</p>
<p>Television, video or DVD viewing is permitted during meals or snacks:</p> <p>Family handouts, brochures, newsletters, or training that include recommended screen time recommendations are provided:</p>	<p><input type="checkbox"/> Every day</p> <p><input type="checkbox"/> Not currently working on this best practice</p>	<p><input type="checkbox"/> Some days</p> <p><input type="checkbox"/> Once per year</p>	<p><input type="checkbox"/> One day</p> <p><input type="checkbox"/> Twice per year</p>	<p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Monthly or more</p>
<p>Indicator 6: Caregiver and Family Physical Activity Training</p>				
<p>A qualified expert in early childhood physical activity is consulted to ensure a variety of fun and age-appropriate activities are provided:</p>	<p><input type="checkbox"/> Not currently working on this best practice</p>	<p><input type="checkbox"/> Less than once per year</p>	<p><input type="checkbox"/> Once per year</p>	<p><input type="checkbox"/> Twice per year or more</p>
<p>Physical activity training for caregivers is provided:</p>	<p><input type="checkbox"/> Not currently working on this best practice</p>	<p><input type="checkbox"/> Once per year</p>	<p><input type="checkbox"/> Twice per year to quarterly</p>	<p><input type="checkbox"/> Monthly or more</p>
<p>Physical activity training for parents is provided:</p>	<p><input type="checkbox"/> Not currently working on this best practice</p>	<p><input type="checkbox"/> Once per year</p>	<p><input type="checkbox"/> Twice per year to quarterly</p>	<p><input type="checkbox"/> Monthly or more</p>
<p>Family handouts, brochures, newsletters or trainings that include physical activity are provided:</p>	<p><input type="checkbox"/> Not currently working on this best practice</p>	<p><input type="checkbox"/> Once per year</p>	<p><input type="checkbox"/> Twice per year to quarterly</p>	<p><input type="checkbox"/> Monthly or more</p>
<p>Appropriate wellness information and/or physical activities are provided for employees:</p>	<p><input type="checkbox"/> Not currently working on this best practice</p>	<p><input type="checkbox"/> Once per year</p>	<p><input type="checkbox"/> Twice per year to quarterly</p>	<p><input type="checkbox"/> Monthly or more</p>

B

Build or Revise Your Policies and Plan for Improvement

Now that your assessment is complete, review the assessment ratings and begin to prioritize your efforts. Start by thinking about which Indicators are your strengths and which are areas for improvement. Consider which Indicators your Center/Day Care Home can improve over the next year and which Indicators will be most beneficial to the children in your Center/Day Care Home.

Step 1: Identify Areas for Improvement. Use page 19 to help you prioritize the Indicators in terms of strengths or areas for improvement.

Step 2: Select Priority Indicators for Improvement. Based on your identified areas of need, choose 1-3 Indicators in the Nutrition Domain and 1-3 Indicators in the Physical Activity Domain. Consider which Indicators will be most beneficial to your children and which ones you can realistically achieve.

Step 3: Build Your Plan(s) for Improvement (See page 20) This will help you:

- identify the steps or actions that need to be taken;
- set deadlines for these steps or actions to be complete;
- determine who will be responsible for each step/action; and
- decide how you know when the step/action has been completed.

Building Your Plan for Improvement



Step 1: Identify Areas for Improvement

Look back at each Indicator and the ratings on your assessment.

- Ratings in the far left or center columns are areas for improvement.
- Ratings in the far right column are your strengths or indicators to promote and celebrate.

Look at each Indicator as a whole with its ratings and note where it is in terms of needing work and improvement.

INDICATOR	NEEDS IMPROVEMENT: Work needed to meet the Indicator	MIXED RESULTS: Some work needed to meet the Indicator, but some strong aspects	STRENGTHS: Fully Meets the Indicator (Celebrate and Publicize!)
NUTRITION			
1. Breastfeeding			
2. Eating Environment			
3. Caregiver Behaviors			
4. Nutrition Education			
5. Healthy Eating – Foods to Increase			
6. Healthy Eating – Foods to Limit			
7. Beverages			
8. Training			
9. Policies			
10. Local Procurement			
11. Farm to Table			
12. Growing Season			
PHYSICAL ACTIVITY			
1. Unstructured Physical Activity			
2. Caregiver Behaviors			
3. Structured Physical Activity Education			
4. Sedentary Activity			
5. Screen Time			
6. Training			
7. Policies			

Step 2: Selecting Priority Indicators for Improvement

Now, use your work in Step 1 and prioritize results to select the Indicators you will work on. Select 1-3 Indicators in the Nutrition Domain and 1-3 Indicators in the Physical Activity Domain. You will use these Indicators to help you build your plan for improvement and create your policy document. When selecting your Indicators, consider the following:

- Which Indicator(s) will be the most beneficial for our children, families and staff?
- Which Indicator(s) can you realistically achieve over the next year?

Circle your prioritized Indicators in the chart in Step 1.

Step 3: Build Your Plan for Improvement

Create a Plan for Improvement (page 20) for each nutrition and physical activity Indicator selected.

Plan for Improvement

Indicator for Improvement: _____

What steps will we take	When will it be done?	Who will do it?	Who will help?	How will we know it is complete?

C

Create, Implement, and Evaluate Your Policy

A wellness policy document is a written set of statements around the specific practices promoted in your Center or Day Care Home. The day-to-day practices of your program play a key role in helping children develop healthy eating and physical activity habits. Before policy writing begins, take time to understand why policies are important and the steps involved in developing a policy document. Creating a policy document is your organization's commitment to operating in a certain way. Adopting a policy may be as simple as writing it and putting it in your organization's handbook or it may require a bit more time. Just as each organization's policies will be different, so will the process for adopting policies. Most organizations have a process that includes seeking input, writing, and implementing policies, as depicted below.



Seek Input

- Present the idea of a wellness policy to staff, parents and students and ask for their input.
- This can be done, formally, through a meeting or survey or informally, just by talking.
- If needed, get expert input on nutrition or physical activity recommendation.



Write the Policy

- Craft a draft of the policy.
- Adopt and formalize the policy in a handbook or policy book.



Implement the Policy

- Tell parents, staff, and students about the new policy.
- Provide appropriate training to staff.
- Answer questions.
- Involve everyone in the changes and allow for input.

Creating and implementing policies takes time. Use the Sample Nutrition and Physical Activity Policy Document and the Template to help you get started using your assessment results and plans for improvement. Be sure to engage staff and parents in your highest priority areas for improvement. As you prepare to carry out your policy and continue to promote compliance over time, be sure to—

- Tell parents, staff, and children about the new policy in age-appropriate terms.
- Answer questions from children, staff and parents, as well as volunteers and food vendors.
- Brainstorm with your staff and parents potential ways to carry out the policy in your facility.
- Provide appropriate training to staff about the policy and the reasoning behind the policy.
- Support teachers in making simple changes in their classrooms and routines to support the policy and activities to implement the policy.
- Involve everyone in the changes and allow for input.
- Ensure newly hired staff are aware of and support the policy.
- Seek out assistance as you need it from the Department of Public Health, DECAL, WIC, your local college, and other early care environments to implement your policy and to remove barriers to implementation.

Once you have implemented your policy, ask where there are additional opportunities for improvement, as described in the Next Steps section of this tool kit.

Sample Nutrition and Physical Activity Policy Document

The policy for each early care environment may look very different. This sample policy is only a sample. A final policy may be much more comprehensive and detailed, including actions or other specific approaches that will be taken to ensure that the policy is carried out, and/or may include requirements that go beyond the minimum requirements for Quality Rated Status.

Policy Statement of Need

This is where you describe why this policy is important to your Center. Use information from the Making the Case for Wellness in Georgia's Early Care Environments section in this tool kit and from the training.

SAMPLE TEXT: A healthy lifestyle is essential for the growth and development of young children. Good nutrition and physical activity supports children's physical health, academic achievement and emotional well-being. In an effort to promote healthy eating and physical activity for a lifetime, <Insert name of center here> has developed the following policies to encourage the development of healthy eating and physical activity habits among our children.

Breastfeeding and Infant Feeding (Nutrition Indicator 1)

SAMPLE TEXT: <Insert name of center here> supports breastfeeding and ensures that a private designated area for lactating mothers is provided on site and has appropriate seating and an electrical outlet.

Healthy Eating (Nutrition Indicators 5 and 6)

SAMPLE TEXT: <Insert name of center here> ensures that foods served to children at least meet the following Dietary Guidelines recommendations. This means that—

- All canned fruit is canned in its own juice or water
- Lean proteins are provided three or more times per week
- Whole grains are served three or more times per week
- High sugar grains are only served once per week or less
- Fresh or frozen fruits and vegetables are served at least 3 times per week
- Dark green red or orange vegetables are served at least twice a week
- Fried or pre-fried vegetables are not served
- Lean proteins are served at least three times per week
- Fried, pre-fried or high fat meals are served 3 times per month or less

Beverages (Nutrition Indicator 7)

SAMPLE TEXT: <Insert name of center here> ensures that all children have access to safe drinking water and are encouraged to drink water throughout the day. Sugar sweetened beverages are never served and 100% juice is served two times per week or less.

Nutrition Education (Nutrition Indicator 4)

Weekly nutrition instruction is provided at <Insert name of center here> to encourage healthy eating. Meal time is also used as a time to discuss healthy foods.

Physical Activity - Structured and Unstructured (Physical Activity Indicators 1 and 3)

<Insert name of center here> ensures that all children receive both structured and unstructured physical activity each day.

Unstructured time includes at least the following:

Infants – Supervised tummy time

Toddlers – 60 minutes unstructured; 30 minutes structured

Preschoolers – 90 minutes unstructured and 30 minutes structured

Structured or teacher-led time which involves formal physical activity education includes at least the following:

Toddler – 30 minutes or more per 8 hour day or 15 minutes per four hour day

Preschoolers – 60 minutes per 8 hour day or 30 minutes per four hour day.

Screen Time (Physical Activity Indicator 5)

At <Insert name of center here> children under 2 years of age are not permitted to watch TV, videos or DVDs. For children over age 2 total screen time is limited to 31 minutes to 2 hours per week, but never during meal or snack time.

If your Center does not have a handbook, you may want to consider adding a signature section to ensure parents and staff are aware of your policies.

.....

My signature below indicates that I have received a copy of the nutrition policy, it has been reviewed with me, and I have read and understand this policy.

Signature _____ Date _____

Please circle as appropriate: STAFF PARENT

If parent, name of child _____

Nutrition and Physical Activity Policy Document Template

Policy Statement

Why this is important:

Nutrition Indicator(s) _____

Policy Text:

Physical Activity Indicator(s) _____

Policy Text:

OPTIONAL:

My signature below indicates that I have received a copy of the nutrition policy, it has been reviewed with me, and I have read and understand this policy.

Signature _____ Date _____

Please circle as appropriate: STAFF PARENT

If parent, name of child _____

Next Steps



Congratulations!

You now have assessed your early care environment's wellness policy, built or revised your wellness policy, and carried it out. You are ready to submit this information to DECAL in support of your Quality Rated status, and to the Department of Public Health to seek recognition from Georgia Shape, the Governor's initiative to address childhood obesity.

Along with maintaining and reassessing your status, you also should continue to seek opportunities to improve nutrition and physical activity in your early care environment.

Ideas for Going Beyond Basic Wellness Policies

There are many ways to continue to promote good health in your early care setting. The Institute of Medicine, a national organization that provides recommendations to policymakers and the federal government, has outlined a complete set of early childhood obesity prevention policies that extend beyond what is required for Quality Rated Status. These include extensive physical activity recommendations, outdoor physical activity, promotion of exclusively breastfeeding or feeding of breast milk for the first 6 months of a child's life, and limiting screen time for young children. You can read more about these recommendations online at: <http://tinyurl.com/oylde2r>.¹

In the next pages of this tool kit, you will also find opportunities to further encourage good nutrition among the children in your care by bringing locally grown fruits and vegetables to the early care classroom through an approach called **Farm to Preschool**.

As a business and an employer in your community, healthy places for your employees and visitors are important as well. These opportunities include—

- Supporting breastfeeding mothers with children in your care and your staff with lactation space;
- Provide staff with opportunities for vigorous physical activity during breaks;
- Encourage healthy eating in your employee break area by doing things such as providing refrigeration space for employee lunches; and,
- Offering staff resources and education on self-care and managing stress and stressful situations.

For more information on creating a healthy workplace, please visit www.dph.ga.gov.

¹ Institute of Medicine. Early Childhood Obesity Prevention Policies: Goals, Recommendations, and Potential Actions. June 2011. Available from: <http://www.iom.edu/~media/Files/Report%20Files/2011/Early-Childhood-Obesity-Prevention-Policies/Young%20Child%20Obesity%202011%20Recommendations.pdf>

Next Steps



Going Beyond Basic Wellness Policies with Farm to Preschool

What is Farm to Preschool?

Farm to Preschool is an approach to bringing locally produced foods to early care environments. For early care settings that have adopted comprehensive wellness policies supporting good nutrition and physical activity, it can be a great way to take your wellness activities to the next level.

In Georgia, Farm to Preschool is an expansion of the national Farm to School program that incorporates a variety of nutrition related programs and activities to teach children about healthy food choices and availability of local foods by facilitating hands-on education and experiential learning through activities such as taste tests, cooking, and gardening. Farm to Preschool is aimed at school age children, typically ages 3-5, in any type of childcare setting. Such settings may include preschools, Head Start, center based childcare, programs in K-12 school districts, nurseries, or family home care facilities.

Goals of Farm to Preschool Programs

The goals of a Farm to Preschool program vary by provider, but many programs share common goals. Goals of a Farm to Preschool program may include:

- Educate children about local farming and food systems
- Influence eating habits and food preferences during formative years
- Improve the quality of foods served in the program
- Improve health food access, nutrition and prevent obesity and obesity-related disease
- Support local farmers and the local community
- Increase market opportunities for small farms
- Improve institution-community relationships

For farmers, preschool/childcare providers/educators, and community organizers, Farm to Preschool programs are an opportunity to work together to achieve the goals of many, while providing access to fresh, nutritious, local and delicious produce.

Implementing Farm to Preschool

Farm to Preschool implementation includes the same core elements as farm to school. Farm to Preschool differs by location but always includes one or more of the following:

- **Procurement:** Local foods are purchased, promoted and served at mealtime or as a snack or taste test;
- **Education:** Children participate in education activities related to agriculture, food, health, or nutrition; and
- **School gardens:** Children engage in hands-on learning through gardening districts, nurseries, or family home care facilities.

Farm to Preschool Resources:

- Georgia Organics Farm to Preschool: <http://georgiaorganics.org/for-schools/farmtopreschool>
- National Farm to Preschool: <http://farmtopreschool.org/home.html>
- Bright from the Start Farm to Preschool FAQ: <http://dec.al.ga.gov/Wellness/FarmToPreschool.aspx>

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