In addition to the CDC and Nemours logos, you are welcome to add your state logo(s) and unique project name to these slides.

• Welcome programs and participants back to the Learning Session;
• Review LS3 topic areas; and
  • Family-style dining;
  • Breastfeeding support; and
  • Family engagement.
• Answer any questions participants may have regarding LS3 materials and Action Period Tasks.
Enter acknowledgments for your state partners.

The ECELC is a project funded by the Centers for Disease Control and Prevention (CDC) to support early care and education (ECE) providers to promote best practices in healthy nutrition, physical activity, breastfeeding support, and screen time.

Nemours is supporting this project nationally through their expertise, materials, and time throughout the implementation process.

Gretchen Swanson Center for Nutrition is administering the evaluation component of this project.
This session will focus on how providers can improve best practices for physical activity in their program.

In the “Facilitating Change in Your Program” segment later today, participants will continue the action planning process and will complete the “Program Policies” column of their Action Plan. Participants will present the changes they’ve made through a storyboard presentation at Learning Session 5.
Learning Session 4 Objectives

At the end of the Learning Session, participants will be able to:

1. Describe best practices for physical activity for preschool, toddlers, and infants.
2. Have the information to continue the Action Plan, with a focus on program policies; and
3. Document and communicate the process of healthy change through a storyboard presentation.
Conduct the *Taking Steps to Success* activity located in the Implementation Guide.
Review the ABCs of a Healthy Me messaging framework.

This Learning Session will be discussing the “A” of the ABCs of a Healthy Me.

Note: Remind participants that this is a handout that can be downloaded electronically.

Active play
• Every day, inside and outside

Breastfeeding
• Support and access to a private space

Cut down on screen time
• None for children under age 2 years
• No more than 30 minutes per week for children ages 2 years and older

Drink milk and water
• Offer milk at meals and make water available to quench thirst

Eat healthy foods
• Fruits, vegetables, whole grains, lean protein, low-fat dairy
ECE providers can keep these key points and the following questions in mind when intentionally planning for physical activity.

• Time – How long?

• Type – What kind? Light, moderate, vigorous? Structured or unstructured?

• Location – Indoors or outdoors?

• Sedentary time – The amount of time children are sitting and not moving.

• ECE provider engagement – Providers should be meaningfully engaged in physical activity, not sitting on the sidelines and watching. They also serve as role models for children, and thus should demonstrate with enthusiasm that physical activity is fun.

• Integration into learning activities – Physical activity should not be done in isolation. It should be purposefully integrated into the curriculum to align with the overall goals of the program.
**Body Mass Index (BMI)** – a calculation based on an individual’s height and weight.

BMI is a standard “tool” to judge a person’s body weight and the amount of body fat. This tool is used for individuals aged two years and older.

Carrying excess body fat puts you at greater risk for health problems such as heart disease, cancer, diabetes and stroke.

**Physical activity has been linked to greater self-regulation and thus greater academic achievement:**

The longer a child is in MVPA, the greater their self-regulation with increased:

- Memory;
- Attention; and
- Inhibitory control.

**Self-regulation is required for:**

- Problem solving;
- Learning; and
- Memorization.
Motor development is the foundation for healthy physical development in children. The next few slides look at motor development and ways to support it at home and in your early care and education programs.
Children learn through their interactions and observations of both adults and their peers. A child with stronger gross and fine motor skills in the classroom will challenge their peers and increase their skills by participating in the same activity. For example, mixed age group classrooms influence the younger children to model after the older children’s behavior.
There are two types of motor development, gross and fine, which develop during the infant and toddler years. Skills develop as a child grows if they are provided a nurturing environment to allow them to explore and experiment.

• **Gross motor skills** involve larger muscles found in the arms and legs. This includes an infant or toddler holding their head up, sitting or standing on their own, reaching out with a hand, crawling, walking, running, etc.

• **Fine motor skills** involve smaller muscles found in the hands, feet, fingers, and toes. This includes an infant or toddler grasping a toy, clapping their hands, picking up and dropping blocks into a container, tearing paper, and holding a crayon or pencil.

Motor development is *influenced by the interactions an infant or toddler has with caregivers, family members, and his/her peers*. The amount of time an infant is in a seat, swing, or walker; the way he/she is held or not held; and the varying sizes of toys can have an impact on the development of these vital skills.
Promoting Motor Development in Infants

- **Gross motor skills**
  - Encourage physical activity (i.e. “tummy time”)
  - Place toys just out of reach of infant and encourage them to move towards them
  - Provide open space(s) for infants to explore
  - Move the infant gently by rolling, swaying, or bouncing

- **Fine motor skills**
  - Prop infants up with pillows to allow he/she to explore objects with support
  - Play hand and/or finger games with the infant
  - Encourage the infant to grasp your finger
  - Provide different size toys (i.e. puzzles, blocks, balls, etc)

ECE providers can practice encouraging the development of gross and fine motor skills through being conscience of the amount of time an infant is sitting in a swing or seat versus how much time is spent exploring the objects around them.

• Some ECE providers have found it helpful when they have to put an infant in a swing or seat (outside of mealtime) to set a timer to 10-15 minutes. When the timer goes off they know that they need to take the infant out of the swing or seat.

**Note:** Encourage participants to think of other things they can do to promote the development of gross and fine motor skills.

Best practices for physical activity in infants will be discussed later today.
A developmental screening is a short test to ensure children are learning basic skills during the appropriate developmental stage. A developmental screening generally occurs during a child’s doctor visit. The doctor and/or nurse assess the child to look for developmental delays. At this time, if developmental delays are observed they will address any questions or concerns with parents and discuss next steps.

As a provider it is important to be aware of the developmental stages a child goes through, and identifying those children who may not have met specific milestones. If a child has a developmental delay it is important to get help as soon as possible. There are many ways to inform parents and program staff about developmental delays in children:

• Host a parent night and have an Early Intervention Specialist come in and talk to parents about characteristics they should look for;
• Provide staff training on developmental delays among children; and
• Have resources available to parents and program staff.

As a provider it is important to SUPPORT the families as much as possible. This can be a very difficult time for those parents who may have a child that has been identified as having a developmental delay. Be as supportive as possible to continue to provide a welcoming environment in your program.

Note: Additional Resources regarding developmental delays can be found here:
http://www.cdc.gov/ncbddd/childdevelopment/screening.html
Note: If time permits and using the link on the slide, walk participants through the website and the resources available to assist them and families with identifying developmental delays in young children.
Note: Use the Tossing & Catching activity kit to conduct the activity, Bean Bag Toss. Take this time to connect your states Early Learning Standards to this activity. Once you conduct the activity, facilitate a discussion around what common Early Learning Standards domains were addressed. Use your state’s Early Learning Standards as a guide to facilitate this discussion or use the domains listed in the Implementation Guide. There may be additional domains covered so encourage the participants to think about what else can be included.
Note: Inform participants that they will receive a lot of great resources today to help them intentionally plan for physical activity throughout their ECE program schedule. These resources will be introduced and used throughout the Learning Session, specifically during the physical activity breaks.

To understand the various developmental stages of preschoolers, it is vital to understand the development of infants and toddlers. Knowledge of the stages of infant development lays the foundation for future developmental stages.

Note: Stress to all participants, even those that do not have infants and toddlers enrolled in their program, that sensory development is important to know to be able to share information with parents that have infants and/or toddlers at home and to identify any possible delays during various stages as they may indicate a need for additional services.
Best Practices for Physical Activity

- The best practices for physical activity in ECE include 8 areas:
  - intensity, time, integrating activity throughout the day, type, provider’s role, equipment, being outdoors, and policies
‘Moderate to Vigorous’ refers to the intensity of physical activity. Moderate intensity activity is faster than a slow walk, but still allows you to talk easily. Vigorous intensity activity, like a fast walk, jog or run, causes you to breathe so much faster and deeper than normal that it interferes with your ability to talk (e.g. leaves you ‘breathless’).

Children who are breathless are exercising their heart and lungs along with the muscles in their arms and legs!

As long as someone does not have health restrictions, being breathless during physical activity is healthful and safe.
The recommended amount of moderate to vigorous activity for pre-schoolers and toddlers may seem daunting at first. Don’t despair! Children can rack up a lot of minutes of moderate to vigorous activity through several short bursts of activity spread throughout the day while they are primarily focused on other learning activities.

Be aware that infants who are new to tummy time might find it very uncomfortable at first. If this is the case, start with just 15 to 30 seconds during the first few tries. Then, increase the length gradually as the infant becomes more comfortable with moving on his or her stomach. When an infant starts to fuss, pick him or her up and try it again later. Otherwise, the infant might become discouraged and associate tummy time with negative experiences. As infants have more and more opportunities for tummy time, their enjoyment of the activity should increase.
While scheduled times dedicated to physical activity are critical, active play should not be limited to those times alone. Physical activity is an effective teaching strategy for lesson plans, can facilitate transitions, and make circle time more joyful.

The goal is to have young children:
- up and moving
- engage larger muscle groups by hopping or throwing, for example
- think about the learning concept as they are being active

Integrating activity throughout the day can go a long way toward young children getting the full amount of moderate to vigorous activity they should be getting each day while in ECE.
It is best to choose games where children do not get “out” or are eliminated from the activity and side lined. These activities can be used in the classroom during circle time or as an indoor physical activity on a rainy day.
Click on the photo (hyperlink) to start the video.
https://www.youtube.com/watch?v=WEoRfkcl28U
You engage in adult-led, or ‘structured’ play activities whenever you directly lead children in an activity that promotes movement such as jumping, throwing, balancing, or kicking. This activity might take the form of a game, such as ‘Simon Says’ or simply be an activity dedicated to practicing specific motor skills.

The planned game or activity should:
- support age-appropriate motor development
- be non-competitive and non-elimination to encouraging full participation and reduce the likelihood of children feeling self-conscious or comparing themselves to others.
- have no or minimal waiting time. Consider using multiple stations if an activity only accommodates a few children at a time.
- Be adapted so that children with developmental or physical disabilities can fully participate.

You can lead active play with infants through gentle touching and gentle moving of arms and legs, such as:
- Gently guide infants to roll.
- Safely help infants up to a standing position and hold them there briefly.
- Do gentle rocking and gentle swaying with infants to music.
- Encourage responsive interactions by joining in play with children and following the child’s lead. Adults can take turns with the child, promoting play and conversations, such as imitating the play of the child. If a child puts a play piece of fruit onto a plate, the adult can do the same. If a child points at a toy truck and says “truck,” the adult can also say “truck.”
Children lead themselves in free active play, but you still have an important role!
With toddlers and pre-schoolers, you should:
• Encourage each child to engage in activities that support their specific abilities and interests
• Be encouraging and supportive. For example, you can encourage children to run by saying “Look at that yellow leaf, let’s race to get it.”
• Be up and active during this time to role model physical activity.
• Ensure there is adequate portable play equipment that supports physical activity (such as balls, hula hoops, riding toys, streamers).

For free play with infants, you should:
• Place infants on the ground to promote free movement. The ground should be well maintained, clean, and free of any objects the infant could eat.
• Provide a play space with infant toys, music, and play mats and rugs with varying colors, patterns, pictures, and textures.
• Place infants so they may interact with providers and other infants.
• Encourage infants to practice head control, pushing themselves up, rolling, crawling, and creeping.
Free Active Play
(Toddlers & Preschoolers)

- With toddlers and preschoolers:
  - Encourage each child to engage in activities that support their specific abilities and interests.
  - Be encouraging and supportive. For example, you can encourage children to run by saying “Look at that yellow leaf, let’s race to get it.”
  - Be up and active during this time to role model physical activity.
  - Ensure there is adequate portable play equipment that supports physical activity (such as balls, hula hoops, riding toys, streamers).
Free Active Play (Infants)

- **For free play with infants:**
  - Place infants on the ground to promote free movement. The ground should be well maintained, clean, and free of any objects the infant could eat.
  - Provide a play space with infant toys, music, and play mats and rugs with varying colors, patterns, pictures, and textures.
  - Place infants so they may interact with providers and other infants.
  - Encourage infants to practice head control, pushing themselves up, rolling, crawling, and creeping.
ECE providers should be involved and responsive during structured and unstructured physical activity by encouraging, prompting, and challenging children.

ECE providers should role model and participate during active play. This is a great time to get their exercise in throughout the day in order to meet the recommendations for adults:

• 2 hours + 30 minutes (150 minutes) a week of moderate-intensity;
• 1 hour + 15 minutes (75 minutes) a week of vigorous-intensity physical activity; and
• Muscle strengthening exercises at least 2x/week.

If a provider has physical limitations they can modify the movements the children are doing. Providers can benefit from physical activity by:

• Boosting their energy levels;
• Maintaining a healthy weight; and
• Reducing stress.
Encourage responsive interactions by joining in play with children and following the child’s lead. For example, if a child throws a ball toward a target, you can do the same. If a child is hopping around pretending to be a rabbit, you can ask the child about what other activities rabbits do or what other animals hop.
Indoor/Outdoor ECE Provider Engagement Activities (Infants)

- **Touch Tour** - introduce infants to senses (soft and hard objects, squishy items, cool and warm water)
- **String Along** - tie small objects to a thick piece of yarn and have infants practices grabbing and moving the toys while holding onto the yarn
- **Pile small boxes up** - have infants knock them down
- **Texture Crawl** - have infants crawl across various textures (rubber mat, carpet, scarves, bubble wrap, and velvet) This can be used as an indoor or outdoor activity
- **Peek-a-Boo**

Resource: [www.life.familyeducation.com](http://www.life.familyeducation.com)

This website provides various activities that programs can use for the classroom and to encourage parents to use in the home.
All children birth to six should have continuous opportunities for developing age-appropriate motor skills.

**How do you know what skills are age-appropriate?**
For example, when should a child walk? Some children walk at eight months, while others don’t take their first step until they are sixteen months old. Many people use twelve months as a rule of thumb, but experts say parents need not be concerned enough to consult a pediatrician until a child reaches eighteen months.

The handout below, from the Centers for Disease Control and Prevention (CDC), includes brief milestone checklists for children ages two through five years.
Watch this video for an example of an activity supporting different types of gross motor development skills.

Click on the photo (hyperlink) to start the video.
https://www.youtube.com/watch?v=1r8FiOK2kAo
ECE providers can provide play experiences to support optimal motor development. These experiences can including:

- **Ball handling**: Opportunities to collect, handle, toss, kick, explore, and manipulate a wide variety of sizes and textures. Exploration is more important at this age than skill.
- **Balance**: Opportunities to step up, turn corners, change directions, practice walking on different surfaces (i.e. ramps, low beams, tape on the floor, etc.).
- **Manipulation**: Opportunities to stack, string, twist, turn, pound, build with small blocks, and fit puzzle pieces in place. Manipulation of small objects can help build and strengthen fine motor skills.
- **Space awareness**: Opportunities to play and explore freely to help build a child’s awareness to the relationship of body to space and objects.
- **Obstacles**: Support exploration, problem solving, motor skills, and language.
- **Wheeled toys (e.g. wagon, riding toys, scooter boards, push and pull toys, etc)**: Develop strength and stability by pushing and pulling toys, and develops coordination and opportunities for cooperation.
- **Pretend play or dramatic play**: Thoughtful props stimulate “pretend” movements to impact development. Objects can include pretend phones, dolls, stuffed animals, kitchen props, cars and trucks, plastic lawnmower, etc.
- **Rhythm**: Opportunities to listen and respond to music while singing, dancing, and playing instruments.
Adults can influence a child’s development by providing a child with responsive interactions and an environment that includes sensory experiences.

Infants learn through four sensory areas including:

1. Visual (seeing)- infants prefer people and faces more than objects and focuses more on bold patterns.
2. Auditory (hearing)-infants recognize and expand to sounds and familiar voices and love sounds they make.
3. Tactile (touch)- can build security and trust and develops body awareness.
4. Vestibular (motion)- gentle rocking and swaying provides a sense of comfort.
Note: Choose and conduct an activity from the Tossing & Catching activity kit. Facilitate a large group discussion on how the activity can be modified for infants and toddlers.
Note: Have participants turn to the March Head Start Body Start Activity Calendar in the Participant Handbook. Inform participants that the full 12-month physical activity calendar can be found on the Healthy Kids Healthy Future website (www.healthykidshealthyfuture.org).
Having an all-purpose room or a gymnasium is not necessary. Small classrooms, hallway, or living-room corners can suffice for indoor active play that reaches moderate to vigorous intensity.

Be flexible

Identify a plan to quickly move furniture for a larger space to engage young children in physical activity.

Learning to engage children successfully in moderate to vigorous intensity activity in very small spaces might take some special training and practice.
ECE providers should provide appropriate involvement and supervision while children are using equipment to allow exploration and development of motor skills. Children should be given room to explore and utilize the equipment, but an adult should be close by to monitor play and ensure safety.

Equipment should be free of hazards that create an unsafe environment.

Equipment should not only be age appropriate but also appropriate to support children who require additional assistance.
When a child is disruptive or out-of-control during active play, it can be tempting to withhold the active play time from them. It might be necessary to provide such children with time and space to calm down before they can resume active play with other children.

Using physical activity as a punishment is a sure way to take the fun out of activity and lead children to have negative associations to it.
Ideally, all children birth to six years should be taken outdoors 2 – 3 times a day. Both toddlers and preschoolers should be outdoors 60 to 90 minutes every day. There is no recommended duration for infants’ in terms of outdoor play. Outdoor play develops and enhances social developmental skills such as interacting with peers, exploration through using their senses, and participating in imaginative play.

Most infants love to experience the outdoors through stroller rides. Outdoors is also a great place to do tummy time. Lay a blanket on the ground for tummy time. Be sure to change up the scenery by laying the infants by changing the location.

Young children are more active when they are outdoors and are more apt to engage in activities that use their large muscle groups.

Being outdoors is not just important for physical activity and motor skill development. Direct sunlight is also essential for Vitamin D.
Use inclement weather as a learning opportunity. ECE providers can introduce children to various elements through active participation in structured outdoor activities.

ECE providers can encourage parents to bring in weather appropriate clothing to ensure children can still participate in outdoor activities. For example, parents can bring in raincoats, boots, and umbrellas to allow their child to explore mud, water, and puddles.

Children should not go outside when weather and other environmental conditions, such as smog and pollen counts, pose a significant health or safety risk. State child care licensing regulations usually set guidelines for environmental conditions.
Click on the photo (hyperlink) to start the video. The video is also on the Companion USB under “Feldenkrais Class by Baby Liv” if you do not have internet access.
Infant Physical Activity

- Limit use of restricting equipment to no more than 15 minutes at a time (except when napping or eating) or eliminate:
  - Sit-in walkers and jumpers
  - Swings
  - High chairs
  - Car seats in the classroom
  - Strollers
Have comprehensive physical activity policies

- Written policies help everyone have a clear and shared understanding of how your program supports physical activity
- Be sure to regularly communicate policies for physical activity to parents along with all other program policies
- Comprehensive policies will address all best practices covered in this learning session
Distribute the *Best Practices for Physical Activity* guide. Review the guide with the participants so they are aware of the content and how to use it. Remember, distribute one per program.

The *Nemours’ Best Practices for Physical Activity* guide includes:

- Why physical activity is important;
- Practical advice for intentional planning of physical activity;
- Recommendations by age group;
- Practical ways to support the recommendations;
- Sample policies;
- Tip sheets for families; and
- List of tools for use in the classroom.

**Note:** Distribute one per program.
Note: Distribute the Tossing & Catching activity kits. One per program.
Part C: Overcoming Challenges to Meeting Physical Activity Best Practices
Challenge: Unsure About How to Promote Physical Activity

I’ve never enjoyed physical activity or been very good at it. I can’t imagine being a good role-model for children in terms of physical activity

- Solution #1: Become familiar with children’s developmental milestones
- Solution #2: Incorporate physical activity into existing daily routines
- Solution #3: Make transitions more active
- Solution #4: Seek out training opportunities and reach out to a technical assistance provider

Solution #1: Become familiar with children’s developmental milestones
Use the CDC Milestone Checklists to guide you in setting up age-appropriate active play

Solution #2: Incorporate physical activity into existing daily routines
Solution #3: Make transitions more active

Solution #4: Seek out training opportunities and reach out to a technical assistance provider
Ask your CACFP Sponsor, Child Care Resource and Referral agency or other local technical assistants to bring in a trainer to teach on doing physical activities with infants, toddlers, and preschoolers
Solution #1: Plan ahead and have options and your fingertips. Be flexible with your schedule.
- Have a plan ready for where, when, and how indoor physical activity time will happen when outdoor physical activity has to be cancelled at the last minute.
- If the grass and playground equipment are wet, take a nature walk outside. Use it as an opportunity for a fun outdoor adventure to teach them about what causes rain. If there is a light sprinkle, just make sure children are prepared for the walk by wearing boots and carrying an umbrella. Nature walks also work well on hot summer days when it may be too hot for children to engage in more vigorous physical activities.
- Create a stack of physical activity index cards, each of which describes an easy indoor physical activity.
- Consider modifying the summer schedule to provide outdoor play in morning when temperatures tend to be lower. In the winter, switch things up and offer outdoor play in the afternoon when it may be warmer. Similarly, if it rains in the morning, try to work in extra time for outdoor play in the afternoon.

Solution #2: Identify who will make the decision to cancel outdoor physical activity, based on weather and air quality and the criteria for canceling. Do not leave the decision up to provider personal preference or comfort.

Solution #3: Ask families to send appropriate clothing for children to play outside in any weather.
- Use water play with hoses, sprinklers, and baby pools to make outdoor time cooler in hot weather. You can have parents drop off children in water clothes and bring dry clothes to change into.

Solution #4: Keep an extra supply of hats, coats, gloves, raingear, and sunscreen at your program.
Solution #1: Be creative in your search for space
- Even if your play area is small, you can do active play with children
- Make use of long hallways.
- Move tables, chairs, and toys aside to create an open space for play.
- Use crowded spaces to your advantage and set up an obstacle course. Encourage children to crawl under tables, step over chairs, and push toys back and forth across the room.
- Create a learning center devoted to physical activity to incorporate physical activity breaks into center time.
- Rotate using different kinds of small, portable play equipment. Balls, yoga mats, and push-pull toys are great for promoting physical activity. Swap pieces in and out to keep things fresh.

Solution #2: Seek out special resources and training for promoting physical activity in small spaces
- Take advantage of the outdoors. If your indoor play space is small, take children outside. Most indoor games can be played outside!
- Consider whether you really need everything in your space that you typically have out all at once. Can some items be rotated in and out? Can some things be removed permanently?
Challenge: I’m not able to be very physically active

- I have knee/hip/back issues that make being active with the children very difficult.

Watch this video to learn solutions and how to modify activities for yourself just as you would modify an activity for a child:

https://www.youtube.com/watch?reload=9&v=aElArMhqz0
Challenge: I have kids with very different skill levels

- How do I do activities that work for everyone?

- Solution #1: Choose activities that can be adapted to all ability levels.
- Solution #2: Go with cooperative activities rather than competitive ones.
- Solution #3: Get up and Dance! Music is a great way to get everyone moving.
- Solution #4: Support child initiated activity.

Solution #1: Choose activities that can be adapted to all ability levels.
Most activities can be adapted to provide a range of challenges to children by making some simple changes to how the activity is typically set up, such as:
- Frequent visual or verbal cues
- Partner children with a friend
- Having fewer, simpler rules and instructions
- Using different equipment based on ability
  - Example: Adapted Throwing Game: Instead of having all of the children throw at a single target, offer multiple targets, both big and small. Place some targets closer to the children and others further away. Let children select the targets they wish to try to hit with soft throwing objects.

Solution #2: Go with cooperative activities rather than competitive ones
- Non-competitive, adapted Treasure Hunt: Rather than determining which child gathered the most objects and wins, challenge the children to bring objects as they find them and place them in a single container. Use tape to split the space in two sections, one for older children where objects are harder to find. If older children find all the objects in their space first, they can encourage younger children to find remaining objects. The group can count the number of objects collected.

Solution #3: Get up and Dance! Music is a great way to get everyone moving.
- Freeze Dance: Children dance freestyle when the music is playing and then immediately freeze whenever the music stops (hold infants while you sway to the music too!). This gives children practice listening to instructions, expressing their creativity of movement, and is a way to help them transition from one activity to another

Solution #4: Support child initiated activity.
- During free play observe what a child chooses to do on his/her own and look for ways to add more physical activity into it. (e.g. if a child is enjoying carrying objects from one place to another, ask if s/he can carry a heavier object to a farther location.)
Challenge: Unsure how to make tummy time productive

- You know that infants need tummy time, but you are unsure about what things you should be doing to make sure that they are getting the most out of it

- Solution #1: Use tummy time to promote gross motor development
- Solution #2: Participate in tummy time with infants
- Solution #3: Change up tummy time routines

Solution #1: Use tummy time to promote gross motor development
- Provide a space for tummy time that allows you to engage and play games with the infant that challenges them to twist, turn, grasp, and sit upright
- If the infant can’t support him or herself on their forearms, place a pillow or a rolled up towel under her chest and armpits. This position will allow the infant to look around at the environment, grasp for toys, and interact with you

Solution #2: Participate in tummy time with infants
- Get down on the floor and talk, sing, and play with the infant. Tummy time is a great opportunity for bonding!
- If an infant starts to fuss, you will be right there to help divert his or her attention. Move a sparkly toy or a toy that makes noise in front of the infant
- If you sense an infant is becoming frustrated or about to be fussy, take a minute to cheer him or her up. Try putting the infant onto his or her back and blowing “raspberries” on their tummy. This may allow the infant to continue with tummy time

Solution #3: Change up tummy time routines
- If an infant is consistently fussy during tummy time, look for any links between tummy time fussiness and preceding activities. For example, some infants do not do well with tummy time after meals because they tend to spit up, others don’t do well before naptime because they are sleepy
Note: Choose and conduct an activity from the Tossing & Catching activity kit.
Note: Explain to participants that making healthy changes is a process. Areas of improvement are identified and then steps should be taken to continue to make changes to the program. Ask participants to pull out their five areas of improvement identified from their NAP SACC results. This segment will be used to start identifying action steps needed to create change in the outer most ring of the social ecological model, program policies.

Creating program policies is important for sustaining the great changes programs are making within their programs. Program policies should be created and updated in employee and parent handbooks.
This model displays the impact of relationships and environment on the individual, or the child at the center. For example, providers have a big influence on families, and families influence providers as well. The ecosystems closest to the child have the greatest impact. To make a difference, focus on the child at the center and also on the other environments around the child.

For the “Facilitating Change in Your Program” segment of the day, we will focus on their goals and identify action steps to creating program policies.

**Note:** Have participants turn to the *Action Plan Worksheet* located in the Participant Handbook as you use the following slides to explain the “Program Policies” columns of the Action Plan and assist them in developing action steps for both columns.
Note: Have participants turn to the sample Action Plan in the Participant Handbook. Participants should only focus on “Program Policies” for today. This is the last column that will be completed.

Remember: This is just an example to get participants started. Participants do not have to use a goal for physical activity. Goals can be around any of the areas introduced in LS1 including:

• Healthy eating and beverages;
• Physical activity;
• Screen time; and/or
• Breastfeeding support.
**Note:** Review each action step outlined in the “Program Policies” column. Point out the dates that were assigned and the person held responsible to help guide the program in moving along with the actions steps.

- Remind participants that this is simply a sample. The dates and people who are assigned will depend on the participants’ program and how they would like to roll out their Action Plan.
- The completed sample Action Plan can be found in the Participant Handbook as a guide as they draft their own action steps for the “Program Policies” column.
- This is the final column that the participants will complete for their Action Plan. Review their completed Action Plan and discuss the connection and action steps they plan to take to achieve their goal.
Note: Work as a large group or divide participants into two groups based on their assigned trainers to complete the “Program Policies” column of their Action Plan. As participants complete the column, discuss the importance of program policies during the action planning process. Encourage participants to think about how the steps they are developing can be continued after the project is complete.
Note: Encourage participants to turn to the Leadership Team Guide in the back of the Participant Handbook and follow along.
Trainers will call, email, and conduct site visits to support programs in completing action tasks.

Participants should continue to build on the storyboard throughout all Action Periods as action steps are identified and implemented for each column of the Action Plan Worksheet. Programs will have an opportunity to share their final storyboard at LS5. A description and example of a storyboard is shown on the following slides.
Programs will implement the action steps identified for creating program policies. Programs will continue to work on their storyboard based on their observations of the implementation process between LS2 and LS5. Programs may choose to use a variety of ways to express their story of change. This includes:

- Photos of the process including before, during and after the change(s);
- Anecdotes from teachers, families, children, and support staff;
- Assessments, observations and reflections;
- Documents including lesson plans or menus that demonstrate changes; and/or
- Children’s art work that describe the healthy changes in the program.

Participants will continue to build their storyboards between LS2 and LS5 and will bring their storyboards back to LS5 to present the change(s) they have made within their program.
Part E: Extending your Learning - Staff, Families and Program Policies
Best practices to keep in mind include:

- Communicate physical activity policies when children enroll, and regularly throughout the year to set expectations
- Provide education to families on developmental milestones and ways to support physical activity
- Give families regular feedback on progress their children are making
- Work with families to adapt activities for children with physical or developmental disabilities
You can teach parents about the importance of and how to promote physical activity by sharing information.

Occasionally post resources on your bulletin board or include a little something about it the new active games children have learned in your monthly or seasonal newsletter.

Parents can set a good example by being physically active themselves. Families can also choose one physical activity they can do together each weekend or on a regular basis.

Hold an annual family fun day, during which you train parents on supporting active play and demonstrate how different active games can be modified for children with different abilities.
Assist parents with discovering ways to get their child physically active. Help them to identify the ways that physical activity supports and promotes physical development.
Note: Have participants turn to the *10 Tips for Becoming More Active As a Family* worksheet in the Participant Handbook. Inform participants that this resource is available on www.choosemyplate.gov. Encourage them to make copies to share with families in their program.
The “Go Smart” phone app was developed by Nike in partnership with the National Head Start Association. It can be used by both ECE providers and parents to increase structured physical activity by using activities designed for children ages 0-12 months, 1 year and older, and 3 years and older.

Click on the photo (hyperlink) to show participants the website and encourage them to download the app on their mobile devices.
The recommendations for adults come from the 2008 Physical Activity Guidelines for Americans. In order to reach weekly recommendations for physical activity, adults can strive for 2 hours + 30 minutes per week of moderate-intensity OR 1 hour + 15 minutes per week of vigorous-intensity aerobic physical activity. In addition to aerobic physical activity, adults should do muscle strengthening exercises at least 2x/week.

Engaging in physical activity does not mean participants have to go to the gym. Activities that could count towards physical activity include, but are not limited to:

- Walking, jogging, or running;
- Playing a sport – soccer, basketball, football, tennis...etc.;
- Swimming;
- Riding a bicycle;
- Gardening; and
- Dancing.
Note: Inform participants that these sample policies are located in their *Nutrition and Wellness Tips for Young Children: Provider Handbook for the Child and Adult Food Care Program* they received in Learning Session 2.
Note: Use this time as an opportunity to reflect with the participants on today’s Learning Session. If time permits, have participants provide feedback on how the session went. Inform participants that the trainers will follow-up with them to prepare for Technical Assistance visits. Remind participants to complete their Action Period Tasks and the materials to bring back to Learning Session 5.
Insert your contact information.