

The Role of CCHCs in Supporting Nutrition and Physical Activity

Nydia Ntouda: On today's webinar, we have Kimberly Clear Sander, Mercedes Gutierrez, and Shonika Kwarteng. She'll have to forgive me if I didn't pronounce that correctly. But you'll hear from them all in a little bit. They'll introduce themselves. First up is Kim. You can take it away.

Kimberly Clear-Sandor: Thank you, Nydia. I appreciate all that housekeeping and good information. We will continue to remind folks that things will be popping up in the chat so you can access all those good resources.

Thank you all for being here as Nydia said. We're going to talk about nutrition and physical activity and how health consultants can support them in the early childhood programs. My name is Kimberly Sandor. I'm a nurse, and I'm a family nurse practitioner, and I've been working in early childhood programs and Head Start for a lot of years now is all I can say.

Working first really as a child care health consultant and have just worked for probably 30+ programs over the years supporting programs to achieve their health and safety goals that they have. Doing these webinars with you is a special place in my heart as we think about how health consultants can support early childhood programs, whether it be child care, Head Start, Early Head Start, partnerships, or whatever it may be. I am so lucky to be joined on these webinar series with my two colleagues, Mercedes, and Shonika. Mercedes.

Mercedes Gutierrez: Hi, everyone. My name is Mercedes Gutierrez, and I am MD MPH, and also a senior training and technical assistance associate with the National Center for Health, Behavioral Health, and Safety. I've been in early childhood for 10 to 15 years, somewhere in there. But I've worked in both Head Start programs as a health manager, and also have supported programs as a child care health consultant. I'm excited to be here with you again today. I'll pass it along to Shonika.

Shonika Kwarteng: Good afternoon, everyone. I am Shonika Kwarteng. I am also one of the training and technical assistance associates here at the National Center for Health, Behavior Health, and Safety. By trade, I am a registered dietician, and I've worked in early childhood, too, for about 20 years now. More recently, I have served as a nutrition manager and director for Head Start programs. I am very happy to be working with you today.

Kimberly: Thank you, Shonika, and Mercedes. We really enjoyed pulling together this webinar. But it's a lot of material. And we are going to hopefully have an opportunity to introduce you to some of the high-level principals and some great resources to support you in doing your work. Next slide, please.

Our main objectives today that we're going to learn about the important role of nutrition and physical activity for young children. I am thinking that that's not a new thought for you. We will be talking a little bit about why it's important that we're intentional in thinking about how we could support programs that way.

We're also going to be circle back to a webinar we had done in the past on the social determinants of health. Because when we learn about social issues affecting 80% of health outcomes, it's so important when we're trying to advance health and address health that we understand those social determinants of health because they are major drivers in our ability to achieve health. We'll talk about that as it relates to nutrition and physical activity.

We're going to think about what are some key areas that we a health consultant can collaborate with an early childhood program, and be able to ways they can offer healthy foods, and ways they can incorporate physical activity, and share with you a bunch of resources for you to go ahead and explore and consider as you do your work.

Well, we're in this space together today. We know some of you are from Head Start, Early Head Start partnerships, child care programs. Wherever you may be, we hope that this content is something that you can use and extrapolate and think about in your program. How can you bring this information back to the early childhood setting that you work within?

Our conversations will be broad and will not be specific to one thing or another. We hope that as we go through, you think about how that it would impact you and your role in your program. We also want to harness all the experience in the room. We always have such a wonderful array of people with different backgrounds and expertise who have done lots of amazing things. Because as we all focus on improving the health of children and families, that's everyone's goal. That's on the line here.

We've all tried things. Please share in the chat. Everyone loves to learn from each other as much as to share what we have in today's session. As Nydia mentioned, we also have the Q&A box. We will try and stay on top of that as we go through the session today. OK. Next slide. I'd just like to begin by saying, what is a child care health consultant? Because sometimes it's a term or a word that may or may not be familiar to you. Some states they call them health consultants, some states they may call them a nurse consultant.

But, in general, we take the definition from caring for our children. It is that a health consultant is a health professional with education and experience in child and community health who has specific training in early care and education and child care health consultation. Health consultants can support the health, safety, and wellness of young children, families, and staff in the program, and can foster quality by observing for recommended practices and identifying hazards in a facility, or even a family child care home.

The idea is that a health consultant works with the program and supports the program in achieving their goals. We know that I call it — there's 50 different flavors of who is a health consultant, what are they asked to do. Each state have their own regulations and their own guidance. But this is the general definition that we're using. But it's important to be aware of what's the guidance in your own state. Next slide, please.

The National Center created child care health consultant competency to try and grab the breadth and depth of the work, experience, and knowledge of health consultants. We have the link live on our screen or we have the link on the screen. But it's also in your PDF of the slide deck, as well as the resource list. This goes to all the child care health consulting competencies. You can see that there are general competencies that you might notice on the slide. It starts at number 6.

There is a number 1 through 5 that talks about different consultation competencies. And then 6 through 16 looks at the different subject matter areas of expertise. We've continued to develop our webinars based on these different competencies so that you have a place to go back and refer to different areas. But they are broad. You do need to look at them and think about how does this apply to you, your knowledge, your expertise, and how can you use it to help you do your work. Today's session, next slide, please, is focusing in on number 13 nutrition and physical activity.

It has two subtopics. 13A, talks about best practices in nutrition, and 13B, talks about best practices and physical activity. I'm going to apologize upfront because I think we could probably spend at least two hours on each topic, if not, a full day. We hope today that we are really bringing you some of the nuggets to support you in doing your work in the early childhood programs. We're going to start off with a grounding in the social determinants of health and thinking about how that impacts nutrition and physical activity.

Mercedes: Thanks, Kim. As Kim mentioned, we are going to review the social determinants of health. If you were not with us for our previous webinar on social determinants of health, I want to give you an idea of what we're talking about here.

Any time we talk about health, whether it be nutrition and physical activity like we're talking about today, we have to keep in mind that there are social determinants of health, which are the conditions in which our children and families are living in, whether it be their environments, their neighborhood, the education, all of these conditions that are really having a greater impact on their health outcomes.

Like Kim mentioned, we are today focusing on physical activity and nutrition. It is important to keep in mind that these social determinants of health have a wide range of effects and impacts on the health outcomes of the children and families that we work with. If you take a look at the diagram on the right-hand side of your slide, this was adapted from healthy people 2030. And in the center, it represents the individual.

Then, you look at the social determinants of health that are impacting that individual. When we talk about economic stability, we're talking about, are they experiencing poverty, what is their employment rate in the area that they live in, how does food security look like, are they experiencing food insecurity. When we look at education, access, and quality, we're thinking about, what's the high school graduation rate in that area that they live in? What's the language and literacy levels of the community? Are there opportunities for quality early childhood education in that area?

When we think about health care access and quality, that is really do they as simple as it is stated have access to health care and quality health care. Do they have to travel far to access quality health care? Is there only a primary care provider and not access to specialists that they might need in their area? Then we look at the neighborhood and built environment. We're talking about the quality of the health is, we're talking about what is the crime rates within the neighborhood, we're talking about just is it clean, is it dirty, are there needles when you walk outside.

Then thinking about social and community context, does it feel like a neighborhood? I mean, you can think about 50 years ago when people really lived in a neighborhood and could let their children outside to play, and you knew that your neighbors were watching your children. Is that their? Do you feel that cohesiveness within your neighborhood, or do you feel discriminated against and that you don't fit in? We know that the social determinants of health have an unduly burden on communities of color. This causes higher rates of chronic diseases like high blood pressure and asthma among people of color.

If you see in this diagram, the social determinants of health are all encircled by a blue ring. That blue ring represents structural and systemic racism and other forms of oppression. All of these social determinants of health are impacted by structural and systemic racism. Thinking about the role of a child care health consultant, you know that you can support children and families and support your programs by just being aware of the social determinants of health that are impacting that community that you are working in.

When you're considering nutrition and physical activity, be sure to understand what's the economic stability like within the neighborhood. Are they able to buy good and healthy food? Thinking about education and how it relates to nutrition and physical activity, are the educational programs providing healthy foods? Are they providing opportunities for physical activity? Are they providing an understanding of what good nutrition and physical activity looks like? Next slide, please.

Taking a look at one of those social determinants of health. This is one of that the piece of the pie on that diagram on the last slide. That's specifically the neighborhood and built environment. I mentioned before, this relates to the quality of the housing, this relates to access to transportation or the availability of healthy foods within the area. It also, when thinking specifically about nutrition and physical activity, relates to access to healthy foods. Those safe access to safe outdoor areas like a park or even a sidewalk, just as basic and simple as a sidewalk. Is there access to a sidewalk?

We think about also in the context of nutrition, a food desert versus a food swamp. Many of you may be aware of what a food desert is. That's really just is there availability and access to a food retail outlet, or a grocery store. Maybe there's not a grocery store in the neighborhood. Maybe there's access to corner stores or some smaller little vendor that sells foods.

But when we talk about accessibility, we're talking about, is there availability of healthy foods in those smaller stores? Maybe there's many, many corner stores. They don't sell fresh fruits, they don't sell anything that's not canned or packaged, maybe they don't even sell water.

That is a food desert. The CDC defines food swamps as an environment that's saturated with unhealthy foods because of the large number of corner stores and fast food outlets specifically within a quarter-mile radius of your home. It's defined as four or more corner stores or fast food outlets within that quarter-mile radius of a home.

Unfortunately, we see that many low-income families or minority populations are living in food swamps. Again, your role would be to be aware of what our families and children are able to access, what stores they're able to access, and maybe identify areas for partnerships with resources within the community where you can bring fresh foods and opportunities for physical activity to your programs. Next slide, please.

That really relates to the social and community context. Social and community context, again, is one of the social determinants of health. And it's really promoting that cohesiveness that people feel within their community. Sometimes, as I mentioned before, the community could be unsafe. There could be a high crime rate, it just could be unsafe to go outside. How do we promote events within our programs that boost that community and social engagement?

You see on the slide here, you can host community events within your program. You can plant a community garden which allows people to feel some sense of cohesion with their families that are within the program. Keeping in mind having culturally relevant programming when you're doing this. Serve traditional foods, understand what's the demographics or the population that you work with, and make sure that you're inviting them to participate and recognizing and respecting the different cultures of the children and families that you work with.

I want to go to the next slide. We're going to ask you in the chat. If the families in your program do not have access to safe physical activities, what are some strategies that you all use to promote physical activities within your programs? I already saw them coming in. It's like, I couldn't even get the question out. Our nutrition department hosted a nutrition fair last year. And the theme was farm to table. Love it.

That actually speaks to the education part 2. Because farm-to-table is like this really catchy phrase that popular culture phrase. But helping our families understand what farm-to-table means and what it could actually look like for them. Fresh foods that are delivered straight to the families. We have activity boxes that families can check out, use, and return. Oh, I love that. What's in the activity boxes?

Give ideas for creating an obstacle course at home. I love that. even setting up I'm thinking about the activity boxes. A lot of times, we see that kids just like boxes to play with, too. If you have any boxes, you can set up obstacle courses with those boxes.

Some of our centers provide after-program hours, physical activities for parents and children. Oh, that's a great idea and partnering. Having a community partner that you could partner with to offer that, looking to people that are already giving those exercise, activities, and letting them know that they could host it at your program. It helps both your program and the community. Activities for the home, that can be done inside. Like, oh, was this the boxes? Thank you. Oh, outdoor game balls, jump ropes. Taking community walks together. Thank you all. This is exactly what we were looking for.

Kimberly: I think keep reading these because, again, sharing each other's wisdom. When I'm thinking about this, I'm up in the Northeast, and we're having a lot of that smoke that's in the air. It's making me even think about when we're talking about the social you're talking about the physical neighborhood. When we talk about the neighborhood and built environment, we're also talking about air quality and things going on out there, and the days you can't go outside. And building upon those ideas as well is a great strategy.

Mercedes: That's such a great point, Kim. Because thinking about the social determinants of health. Like there are some areas where air quality is always an issue. That is something that you have to consider and understand about the communities that you're working with. Yes, air quality is an issue for us this week. But there are some programs that you want to as a consultant work with to build up and understand what is their air quality situation, how can you help them monitor it all of the time. We can go to the next slide, and I'm going to pass it to my colleague.

Shonika: Thank you, Mercedes. As we mentioned, the child care health care consultant competency on nutrition and physical activity has two components, which is nutrition and physical activity. What I'll be talking about is the nutrition portion. Nutrition and early childhood is complex. It's fast-paced, it's very individualized. We will not be able to discuss each of the various stages. What our goal is today is to try to highlight some of the key factors. Because as we were talking about this webinar, we know that we can do nutrition by itself for at least eight hours. We are here for only a short time. We're just going to hit some of the high points.

You are welcome to continue our discussion in the chat, and also over into my peers on the channel, where we talk about these things. The period of time from birth to five, of course, is a very critical important period of rapid growth and development. Also key for establishing a healthy foundation that supports this rapid growth and development by establishing eating patterns that help provide the foundation for these healthy eating behaviors, practices that will carry them on throughout their life.

During this period, nutrients that are critical for brain development and growth must be provided in adequate amounts. We know that children in this age group tend to have smaller appetites, they're experiencing food jags. Then, of course, they're also exploring the world around them that sometimes leads to them being interested in many other things outside of eating. Nutrition is vitally important as this time. When they're having those eating opportunities, it's really important that we're maximizing those opportunities.

Child care programs, they can encourage healthy eating habits in young children by providing a variety of these nutritious foods, while also limiting junk food, and then other sugary beverages, or just foods in general that don't lend a lot of nutrition quality to our growing babies. While we're also encouraging parents to do the same at home, as we know through our children in child care can spend upwards to 8 to 10 to 12 hours a day at their facilities, which means that a good portion of their daily food intake occurs in a child care location.

This is why the food that is served in a child care facility is very important. Then you should be developed to meet at least 1/3 to 1/2, if not more, based on we just mentioned the amount of time that children can spend in a child care facility of their nutrition requirements. But then also, too, offering a variety of foods such as vegetables and fruits, and whole grains, and lean protein sources. Of course, our low-fat dairy, including milk, yogurt, cheese should be provided. Then also offering to them a variety of tastes and textures that are also appropriate for their developmental stage.

Now, we won't talk a whole lot about this. But I also have to bring up at this point about children under 5 are at increased risk of foodborne illnesses and other related health complications because their immune systems are still developing. They can't fight off infections, as well as adults. They also produce less stomach acids that kill harmful bacteria in our stomachs, which make it easier for them to get sick. With that, foodborne illnesses can be particularly dangerous for young children, and it often causes symptoms such as vomiting, diarrhea, or a combination of both.

Because their little bodies are small, they can quickly lose a lot of their body fluids. That can become dehydrated. Young children, they depend on caregivers. Parents for food safety behaviors and practices. Handwashing is important. We talk about handwashing all the time. It's one of the number one ways that we can decrease the amount of bacteria, germs, and limit them getting sick.

Children and those caring for children, including our babies, should wash their hands and they should wash their hands often. You can take those babies and you can wash their hands under the sink as well just because they're babies doesn't mean that they don't need to wash their hands. It's especially important before, during food preparation while they're eating, before they're eating, caregivers before they're handling food, et cetera. As a child care health consultant, you can help programs access nutritious foods and providing those health and safety mealtime practices that are appropriate for children.

I think these are some of the best practices that are listed on our screen here, which are about developing nutrition plans, policies, and procedures. We just touched a little bit on the food safety preparation and storage, encouraging and supporting breast and chestfeeding, promoting a positive eating environment, and supporting individualized feeding and children with special health care needs, which we don't talk a whole lot about today, but also connecting programs and families to professional and community resources. Next slide, please.

I do have a couple of questions for you that one you can answer. I'm sorry. Can you launch the poll? We have a couple of questions here. Number 1. Does your program have a safe space for breast and chest feeding for parents? And you can just choose yes or no. Then our second question is true or false. Breast milk that is leftover from a feeding should be thrown out immediately. True or false. I'll give you a couple of minutes to answer these questions.

I think we may have enough responses that we can go ahead on and close the chat for us. Kate, thank you. It looks like about 80% of us though have programs that provide a safe space for breast feeding and breast feeding for our parents. As a child care health consultant, we work to provide support to programs.

Some of the ways that we can provide that support is, of course, allowing and encouraging mothers to breastfeed at a facility or providing a private space for mothers to breastfeed or breast milk. When we say a private space, it's a best practice to have a dedicated space where a mother feels supported. Not in a closet, or in a director's office, or certainly not the bathroom. I always just like to point out not the bathroom. I know that it comes with good intention. But I think of it in this way. You wouldn't want to eat your lunch in the bathroom. A baby shouldn't have to eat their lunch also in a bathroom.

But thinking about how are we really providing support and having a dedicated space where a mother doesn't feel like she is or not just breastfeeding moms, but breastfeeding parents in general, or breastfeeding people that we're not just providing lip service, but that we're actually providing spaces for them. Training our staff and preparing them about handling breast milk and storing breast milk. And also considering staff attitudes around breastfeeding. Because one thing we can say as a program, or your program can say that they support breastfeeding.

But do those caregivers in the classroom or everyone else that works with those breastfeeding parents, do they also have attitudes that support the program in that way? Especially for those parents that choose to nurse their children beyond the year are the attitudes welcoming. Does it, again, encourage those behaviors? Developing breastfeeding-friendly plans with each of the families.

Then making sure that breastfed infants are fed on demand and at appropriate intervals. That's getting into understanding our hunger and satiety cues, as well as supporting staff who are working with these infants on those hunger and satiety cues as well. That's going to give me my next question, which is true or false. Breast milk that is left over from a free feeding should be thrown out immediately. I like this because we're split on this decision.

The answer is false. According to the CDC, breast milk that is not finished during the feeding can be used within two hours. Thank you so much for participating in our poll. Kate, can we go to the next slide, please? This is a resource from the CDC about preparing and storing breast milk and storing it or preparing it. Because we know that breastfeeding is a labor of love that requires care to ensure that liquid gold is stored and handled properly. This resource here, just like I said, it shares with us some information about storing, and preparing, and handling breast

milk, creating policies and procedures to ensure that proper storage and use of breast milk is critical.

As a child care health consultant, you work with programs to develop a process that works for their specific space materials and equipment. Because we know that each facility has its own needs and different things like that. Consider ways to also incorporate parents into the process. Parents can be an invaluable source of information. That can be useful in trying to help with that.

This can help include determining feeding schedules. We can't emphasize enough identifying those and satiety cues, as well as establishing feeding plans in the event that they run out of milk. Because even though as a facility, you can be very breastfeeding friendly. What happens when the baby runs out of milk? What happens when you use up all of the milk that has been brought in by the parent? What are some of those plans for continuing to feed that infant if that is the case? Then, again, it's important that we're working with training staff and working with families to help understand this plan. Next slide, please.

We did talk a bit about breastfeeding. But the reality is not all families choose are able to breastfeed. Working with programs to establish appropriate feeding plans to address the needs of each instance is critical. Regardless in the beginning, all infants should be fed human, or breast milk, or iron fortified infant formula, or a combination of the two starting at birth. Then when they start showing signs of readiness, gradually introducing a variety of complementary foods or solid foods of varying textures around six months or when they're developmentally ready.

Infant developmental readiness is going to determine, excuse me, the type, and textures of food that the child should be fed. Although in infants age and size sometimes corresponds with their developmental readiness, that should not be the only factor to be considered when determining or deciding what and how to feed an infant because we know that each infant develops at their own rate. The rate at which an infant progresses to each new food and texture is going to be, again, depending on their own skills and their attitudes. Like, for example, we know that we have some infants that are very cautious. They may not be as open to trying new food.

Then we have some infants that are very adventurous. Again, it's best to allow infants to set their own pace for feeding. As infants mature, they develop the necessary skills to advance their diet from eating some of those strange complementary foods, to spoon-feeding themselves, to finger food, and then eventually beginning to feed themselves completely independently.

It is important to note that each instance is unique and develops on their own individual timelines. Whereas we love our developmental milestones and different things like that, it's important to remember that they are individuals, and it's going to depend on their own oral skills, their growth motor skills, their fine motor skills, social skills. I will talk a little bit about

some of the signs that an infant is ready for complementary foods because it's not by a clock. Again, like I just mentioned, it's about their developmental readiness.

When infants is able to control their head and neck, or if they're able to sit up alone or with support, when they start showing an interest in food. When they're around the middle table and they're interested in what's going on, what are other people eating when they start grabbing for food, or they can grasp food, that may be a time that they're ready to start. Introducing those complementary foods.

When they're starting to bring objects to their mouths like toys or food. When they also start using swallowing. Meaning that they're starting to be able to pull food to the back of their mouth, and they're not using that tongue thrust where they're pushing food out, those are some of the developmental skills that we're looking for in terms of being able to and being ready to start to introduce them to solid foods.

While infants are learning to eat can be a fun time, certain foods must never be given to infants because they may cause food poisoning or they contain chemical contaminants. Some examples and I'm not going to go into all of them because there is a longer list.

But in the interest of our time, I did want to make sure that I mentioned a couple of foods that we shouldn't introduce to children to our infants. And that it does include honey. Honey in whole are used in cooking or in any kind of processed foods. Like your cereals, or maybe even your Graham crackers. They're usually contaminated with *Clostridium botulinum*, botulinum spores. That may cause the infant to create a foodborne illness, including death.

Cow's milk, they're not able to process the proteins or the minerals and vitamins that are inside of them. Also sugar, we want to keep in mind that it just adds unnecessary calories and can lead to tooth decay. Then also, they're at risk for choking. They have tiny little airways. We want to be mindful of the types of foods that we are introducing to them and the amount.

I think I want to move on to our next slide. Because in the interest of time, I do see we're running close on time. I did want to mention a couple of resources that are available out there for introducing healthy foods and getting families started on how to feed infants and preschoolers and toddlers. We always refer to my plate. My plate has been valuable resources on what are the feeding quantity for each of the different age groups, what is the amount, how much is it OK for each of our children to have. Then a lot of early childhood programs do participate in the Child and Adult Care Food Program.

It is a federally funded program that allows for programs to be able to feed children. They have a lot of resources, including meal pattern, posters, et cetera, that can be used to help develop some of those menus for use in some of these early childhood programs. Next slide, please.

I did want to talk about this case scenario right quick. This is another opportunity for you to think about some of the policies and procedures that I'm going to keep on going. You can add your comments in the chat.

A program that you're working with offers food service that allows parents to bring food in if they choose. One child is a picky eater and the parent packs several bags of chips, cookies, and juice every day. Thinking about the work that you do, what type of nutrition and food service policies does this program need in place?

In the interest of time, I'm going to keep going. But you can go ahead on and answer some of this in the chat while I go ahead on and we can respond to those. Next slide, please.

These are some just a brief example of some of the food and nutrition policies that you may work with and develop for your programs that you're working with. And so, again, we just want to touch on a very high level of some of the things that go into nutrition and food service. Because like we know, this is a lot of information. We really can't go on for days and days about this. I am going to turn it over to Mercedes who can give us a little bit of information on physical activity.

Mercedes: Thank you, Shonika. Next slide, please. As a review, we are reviewing the child care health consultant competency number 13. The second part of 13 talks specifically about physical activity. And there are ways that consultants can help support physical activity. Some might be just helping programs, right?

Some of those policies I see no outside food policy coming up as an answer to that case scenario. There's other policies that could include nutrition guidelines for outside food, right? If you do work for a program that allows outside food, maybe you're helping them determine how to guide parents and how to provide that education to pack a nutritious lunch.

Thinking about the policy specifically for physical activity. You could be helping write policies on indoor and outdoor play, keeping safe spaces and safe environments, but also helping them understand how to integrate that physical activity into the child's routine. And so next slide, please. Why are we talking so much about physical activity for our little ones? Yes, of course, they play. But there are many benefits that are happening when they are playing.

The different types of play helps them develop many, many different helps benefit them in many ways. They are increasing their gross motor skills, they are learning judgment, they are learning to assess risk, and whether or not, to jump off of something, right? And they're also learning things about memory. Overall, it does help them maintain a healthy weight and strengthens their bones. It's important that we find ways to incorporate physical activity throughout the day for our young ones.

We're going to do another poll really quickly. This poll is, what are some challenges that programs may face in incorporating physical activity into their day? I know right now, Kim and I mentioned that air quality in the Northeast that could be hindering their physical activity. See a lot of responses coming in. Thank you. Is it a time issue? Is there not enough time on the playground, not enough space for indoor play, outdoor play? And the staff not participating?

If you have something other, please write it in the chat for us. And in the interest of time, I'm just going to end the poll now. Thank you all who had a chance to participate. I'm sorry that we ended that a little quickly. I see that there's not enough space indoors for a lot of you. And the staff not participating in play. We're going to talk a little bit about how you can incorporate physical activity for both the staff and the children. I'm going to close this out and head to the next slide. Physical activity is it changes and in its level and intensity throughout the child's development. Of course, infants also need physical activity. They need at least 30 minutes of tummy time.

Tummy time is their main focus of physical activity during that time because they're reaching, their strengthening their neck, they're learning how to look for something, or reach for something, or grasp. There's so many skills that they're developing during that tummy time and so much strengthening of muscles. Toddlers, we know need at least three hours of physical activity. That's spread throughout the day. It can't be just three hours outside at one time. It needs to be spread throughout their day.

Our children who are preschoolers or age 3 to 5 need at least three hours of physical activity or about 15 minutes every hour that they are awake. That could be climbing, throwing, catching, running. We know that our kids that age are very active. We want to encourage that in any way possible. Our outdoor activity promotes that gross motor development, allows them to develop and hone in on those skills. Take note that children's activity is much different from adult physical activity. You as an adult may be able to go to the gym for one hour in the morning or 30 minutes a day.

That's OK, right? But for our children, they really need it spread throughout their day. Next slide, please. How do we do this? There are two ways that you can incorporate physical activity for children. It could be structured physical activity. That's really planned and intentional, and it's led and directed by an adult. Ball tossing games, follow the leader. These are easy things that both the adult and the child can do. If you're a consultant, you can work with teachers to identify different ways that they can lead the activity in the day.

The unstructured physical activity is that free time, that self-selected free play, whether it's inside or outside. You might go inside and allow them to explore the spaces in their room or outside, and just bring some of those items that they can use for physical activity like small bikes or balls that you can bring out to the playground. That allows them to choose what they want to do and choose how they are going to incorporate physical activity for themselves. Next slide, please.

Kimberly: Mercedes, I was thinking when you talk about some of the things in the chat, even about teachers not knowing what to do, or feeling tired. The structured physical activity character when the caregiver does things with the children.

I had a program that made little like, I want to say, index cards and put them on a little ring and they attached it to their outdoor first aid bag. When they went outside, they didn't necessarily have to think about it, but they could pick one from the ring. They always had a host of ideas

and they could just find it really easily. Then the unstructured physical activity made me think of those activity boxes that people were talking about for kids. What are those activity things that you can bring outside, what are those small parts that you can always bring outside that they can play with. Just wanted to connect those ideas.

Mercedes: Yeah, definitely. Please continue to share in the chat. We always learn from each other. Continue to share those ideas. I see that somebody asked, Irene if they could swap information to get more ideas about that activity box. Please do. On this slide, it's just an example of how you can incorporate physical activity throughout the day. It's a resource that we're sharing on our resource page today. This is a screenshot of just half of the day actually. This is just like the morning half of the day.

Different ways where it's both teacher-led and free time, and student-led where they can just explore and do what they want throughout the room to incorporate that physical activity. Please take a look if you're trying to think of ways to incorporate physical activity, use this resource. Another resource that we want to share with you. Next slide, please. On these two links that we're sharing, there are lesson plans for physical activity and how they can be incorporated throughout the day.

The example on this slide is for infants. You would think, oh, there's activity lesson plans for infants. Wow. Well, this game is a really cute game of just Shake Rattle and Roll, where you show the infant how to actually use a rattle, and then work your way up through their developmental progressions. Maybe you're put it placing it far away from them that they can reach for it. Then the next time you're placing it slightly under a cloth that they know that there's something under a cloth. There are so many different things that are happening during development with this just simple lesson that you can do with programs. Next slide, please.

Just reminding you that as a childcare health consultant, there are ways to incorporate physical activity and for programs. These are some policies that you can support programs with when thinking about physical activity, and how they incorporate it into their daily routine, their daily schedule. There are really many opportunities to incorporate best practices into the program. Next slide.

Kimberly: Well, thank you Mercedes and Shonika, for all that information. We knew it was going to be quick today. I hope folks go back and look at some of those pieces. Because as a health consultant, coming into a program, and talking about nutrition and physical activity, doesn't have to be an add-on. It can really be incorporated into everything that's going on throughout the day. As a health consultant, finding those opportunities to bring up information and share information to achieve some of these nutrition activities may come about in different ways.

Mercedes shared that modeling healthy behaviors is a great way to promote physical activity. Encouraging the teachers to participate in physical activity or healthy nutrition is a great way to promote physical activity in the classroom. As you go back and reflect on some of these pieces, think about what might be your opportunity to work with a program in this space. Next slide,

please. I think, for me, working as a health consultant, I might have some knowledge, and ideas, and expertise to bring. The director might not be asking me for help in those areas.

We know that so much of the work of a consultant is based on your relationship with the director. What's important to your director, what goals are they trying to achieve, and how can you support them in that. But as a health consultant, you may be there during meal time or physical activity time. Notice some different things that could be tweaked or improved. How do you bridge that gap? Like what are the strategies that you might be able to use to open the door to having these important conversations?

One of the resources that we well, even just the one that Mercedes shared showing the schedule for the day. It's so great to look at a teacher's schedule for the day. Nutrition physical activity doesn't have to be an add on. But think about ways we can doubly incorporate it.

In her slide, they talked about choice time having music and movement things. If you have music and movement objects there, children will get up and move, and teachers can encourage them to get up and move so that they're having little bits of activity as the day goes on. Perhaps during a transition. From one area, maybe we're going out to play. And everyone's going to quack like a duck and waddle a little bit. These are just ways to incorporate the physical activity into things that they're already doing.

Same with nutrition. You can do nutrition and physical activity together. You can do things about I don't know if anyone has done. Well, I'm going to show it. Next slide, please. We put together this big resource list. When you look at the resource list, you'll see there are a couple of different nutrition and eating environment self-assessments of physical activity self-assessment. Then there's resources for learning more. If you go to the next slide.

One of the big things that many of you may have heard from the Head Start community is I am moving and I am learning. This integrates nutrition and physical activity together. I wanted to show you the video where they sing a song. It's like they throw it in the pot and stir the soup. I know I'm not a singer. The kids do the whole motions with the song. They're talking about nutrition as they go like you throw in some broccoli, or in some red radishes, and you can use colors, and food and be moving all together.

I am moving, I am learning has great ideas for doing that. They support school readiness skills, active learning, developing movement skills, and concepts. I really encourage you to check that out as you're thinking, how can I show this to teachers and early childhood folks and get them to see themselves doing it? The next slide shows something out of Nemours. It has a whole thing on get kids moving that talks about different ways. Again, you can integrate nutrition and physical activity into the schedule and things you're already doing.

As a health consultant, I find doing some of those self-assessments and checklists as a great concrete place to start a conversation. If I'm doing observations, I can work with a director to say, I'd really love to observe the outdoor environment. You can go ahead and do the assessment, and then review the results with the director, and see if you could offer

suggestions on how to make some of those pieces easier. Having some ready resources, I always find as a health consultant is a key. Because sometimes, we don't want them to feel burdened. We know our programs are managing a lot all the time.

But sometimes easy a little tweaks can make things a little bit. Bring in that nutrition and physical activity and easy way. Next slide, please. Today, we've been to the top, right from the top of the hour. We really dove into all the different ways thinking about the program, as well as the needs of children and families based on where they live, and how the program can support those nutrition and physical activity needs. Thinking about educating families, educating teachers, helping teachers incorporate these important critical concepts into their daily activities. We hope you're able to review the slides and check out some of these resources.

We'd love to hear back from you in our my peer space about how you're incorporating nutrition and physical activity into your day. Next slide, please. We've been answering questions all along. I think we're good on that. We have our upcoming September webinar, where we'll be talking about supporting programs at the beginning of this — that's the next slide. At the beginning of the school year. We hope to see you at that session. I'm going to turn it over to Nydia. Thank you to Mercedes and Shonika for all that wonderful information. I will have Nydia close us out.

Nydia: OK, great. Wanted to make sure folks could see the upcoming webinar in September. Thank you so much once again to Kim Clear-Sandor, Shonika Kwarteng, and Mercedes Gutierrez for all this information today. If you have more questions, you can go to my peers, or write to health at ecetta.info. The evaluation URL will appear when you leave the Zoom platform. Remember, after you submit the evaluation, you will see a new URL. and that's the link that will allow you to access, download, save, and print your certificate.