



Office of the State Superintendent of Education:

A STEP BY STEP GUIDE FOR

IMPLEMENTING WELLNESS GUIDELINES IN



Child Development Facilities

The background of the entire page is a repeating pattern of white line-art vegetable icons inside blue circles. The icons include broccoli, carrots, tomatoes, cucumbers, and leafy greens. A large white circle is centered on the page, containing the acknowledgement text.

ACKNOWLEDGEMENTS

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State Superintendent of Education (OSSE)

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INTRODUCTION



Early childhood is a period of rapid growth and brain development. Children who lack consistent access to nutritious foods during this formative period are more likely to be in poor health and experience developmental setbacks. Child development facilities are uniquely positioned to help children develop the strong bodies and minds needed for success in preschool and beyond. Nevertheless, many community-based facilities need additional support and funding to create healthier childcare environments.

This need motivated the District of Columbia to pass the Healthy Tots Act of 2014, which provides funding and resources to support child care facilities' ability to serve nutritious meals and offer high-quality wellness programming. A portion of the Healthy Tots Act strengthens nutritional standards for meals served in childhood development

centers, and provides additional local reimbursement for participation in the federal Child and Adult Care Food Program (CACFP) – a program that reimburses childhood centers for serving nutritious meals. The Healthy Tots Act also provides technical assistance and resources to optimize wellness in District childcare facilities, through competitive grants and other initiatives. The Office of the State Superintendent of Education (OSSE) Wellness Guidelines were crafted to give structure to the wellness areas identified in the Act.

For more information about the Healthy Tots Act visit: <http://osse.dc.gov/page/healthy-tots-act>

BACKGROUND

What are the OSSE Wellness Guidelines for Child Development Facilities?

The OSSE Wellness Guidelines for Childcare Facilities are a collection of specific actions that can help early childhood development facilities integrate key components of wellness into their education programming and facility operations. The Guidelines are based on information from the country's premier early childhood wellness resources and research organizations, including Nemours Children's Health System, Caring for Our Children, United States Department of Agriculture, and American Academy of Pediatrics. Local standards found in the D.C. child development facility licensing regulations and the D.C. Greens School Challenge are included as well.¹

The Healthy Tots Wellness Guidelines address six (6) wellness areas:

- 1 Providing effective nutrition and healthy eating education.
- 2 Serving tasty, healthy meals.
- 3 Promoting physical activity.
- 4 Enhancing facility environmental sustainability.
- 5 Ensuring wellness professional development for staff.
- 6 Partnering with families to promote facility wellness.

¹ See Appendix I for link to the OSSE Wellness Guidelines for Child Development Facilities Reference Section

How do the six areas support wellness?

Providing effective nutrition and healthy eating education

This wellness area ensures that children are being educated on food and the benefits of eating nutritious foods. Food is integrated with the curriculum and programs that promote wellness are encouraged in this component.

Serving tasty healthy meals

This wellness area ensures that children are being educated on food and the benefits of eating nutritious foods. Food is integrated with the curriculum and programs that promote wellness are encouraged in this component.

Promoting physical environmental sustainability

This wellness area ensures that all children are participating and engaging in physical activity. It also includes best practices for screen time and supportive environment.

Enhancing facility environmental sustainability

This wellness area ensures that early learning communities are taking an Eco-friendly approach for the day to day business operation. It also includes recycling and energy conservation.

Ensuring wellness professional development for staff

This wellness area supports the educator's personal well-being. It ensures employees have a staff wellness policy along with resources and training in the following areas: physical activity, stress management, stress reduction and eating habits. Employees also have the opportunity to learn evidence based materials on nutrition for children, breastfeeding and age appropriate gross-motor skills.

Partnering with families to promote facility wellness

In this wellness area, families are encouraged to learn about the Child and Adult Care Food Program (CACFP) as well as partake in training and programming. The wellness policy can help ensure that families receive information about children nutrition, breastfeeding, physical activity and screen time. The wellness guidelines includes respect for all families, cultures and customs. Resources are made available for families in their spoken languages.

What is the purpose of the OSSE Wellness Guidelines?

The OSSE Wellness Guidelines provide early childhood care facilities with road map on how to maintain a consistently supportive wellness environment for children aged 0-5. Childcare facilities can also use the Guidelines to evaluate the state of their wellness environment on an annual basis. Once a baseline evaluation is completed, technical assistance can be provided to assist the early learning environment. In addition, the OSSE Wellness Guidelines:

- ✓ **Communicates core values and principles regarding healthy habits to child care providers, to current and potential families and to the community.**
- ✓ **Supports child care providers and families act as role models for children by practicing healthy habits themselves.**
- ✓ **Sets a standard that is clear and consistent (which avoids future misunderstandings and confusion).**
- ✓ **Helps guide those teaching children about the importance of these healthy habits.**
- ✓ **Assists in creating a wellness policy.**

IMPLEMENTING THE GUIDELINES AT YOUR FACILITY

OSSE Wellness Guidelines are best utilized as an instrument to help childcare facilities identify best practices in supporting a healthy early learning environment. The following pages serve as a guide to help assess strengths and weaknesses of your current wellness programming, assist in prioritizing wellness guidelines to be implemented, help build a wellness policy, and finally serves a resource to assist with parent conversations around wellness issues.

A STEP-BY-STEP GUIDE TO IMPLEMENTING OSSE WELLNESS GUIDELINES

Step 1: Taking the OSSE Wellness Guideline Self-Assessment for Child Development Facilities²

Before you start please consider the following:

- ✓ Become familiar with the wellness guidelines.
- ✓ Determine who should be a part of the process; directors, teachers, parents, cook and/or Healthy Tots Act Specialist.
- ✓ Schedule Time to take the assessment (1 hour): It may be a good idea to complete one (1) wellness topic at a time.

During the process, use the response explanations below to complete the self-assessment.

When you take the assessment, please check the appropriate box for each response. Each response gives you an idea as to where your childcare home/center stands with each wellness guideline. Please read and familiarize yourself with the assessment responses in the chart below.

Yes, fully implemented	In the process of implementing	Not started, interested in implementing	No, unable to implement
The standard is met 90% to 100% of the time.	The facility is actively taking concrete steps to prepare and implement the standard. The facility has started implementing the standard within the last two months.	The facility has a genuine interest in implementing the standard and the standard is appropriate for the population served.	The standard is not appropriate for the population served at the facility. The facility has a verifiable barrier to implanting the standard.

After taking the assessment, understand your results.

There are three (3) important categories that are necessary for you to utilize and understand in order to complete the OSSE Wellness Guidelines Priority Tool. Understanding your results categorizes the wellness guidelines and assist with prioritizing implementation of specific guidelines with the OSSE Wellness Guidelines Priority Tool. Please read the chart below.

Overall results for each wellness area	High-priority guidelines-Licensing requirements	Facility's pre-existing focus area
Determine areas of strengths and areas of improvement. Strengths - items that have been answered "yes, fully implemented" Area(s) of improvement - any item(s) where your response is: <ul style="list-style-type: none">- In the process of implementing- Not started, interested in implementing- No, unable to implement	Licensing requirements are identified with red asterisks . These items must be in compliance at all times according to the child care licensing regulations. These items are a PRIORITY to address. If any of these items show up on your DC HTA Wellness Guideline Priority Plan, address it immediately!!!	Current focus area based on pre-existing commitments These items are things you have focused on in the previous year.

² See Appendix III for a link to the OSSE Wellness Guidelines Self-Assessment for Child Development Facilities.

Step 2: Plan your priorities by using the OSSE Wellness Guidelines Priority Tool³

This example below will help you determine your wellness guideline priorities and keep you on track to reach your implementation goals. Organize your responses by wellness area topic based on the results of your wellness self-assessment. Focus on three (3) wellness guidelines for each category.

Ex. Serving Tasty Healthy Meals

List your top (3) strengths:	List your top (3) areas of improvement:	List your top (3) pre-existing focus area:	List your top (3) high priority licensing guideline areas that need to be addressed:
1. Infants are fed on demand. M5	1. Menus incorporate seasonal foods at least one time a week. M38	1. Fruit juice is not served to infants. M11	1. Infants are held during bottle feeding, Bottles are not propped during feeding. M9
2.	2.	2.	2.
3.	3.	3.	3.

Step 3. Step into action complete the OSSE Wellness Guidelines: Implementation Plan Template⁴

Answer the questions in the chart below to the best of your knowledge and be realistic.

1. When do you plan on completing the goal? (Date to Complete)
2. Describe how you will accomplish the activity, ensuring that action steps are specific, measureable, achievable, and realistic. (Action Steps)
3. Who will be involved in completing this goal? (Person Responsible)

Ex. Serving Tasty Healthy Meals

Wellness Topic: Serving Tasty Healthy Meals

Wellness Guideline: Fruit juice is not served to infants. M11

Date to Complete	Action Steps <i>Describe how you will accomplish the activity, ensuring that action steps are specific, measurable, achievable, and realistic.</i>	Person Responsible	Status			
			M	IP	NM	NA
11/12/2025	Juice will no longer be served to infants.	Director & Cook				
	Attend CACFP meal pattern training and/or nutritional training.	Director & Teachers				
	Ensure that all staff understands and sign a statement acknowledging the changes.	Director & Teachers				

KEY: M: Met IP: In Progress NM: Not Met N/A: Not applicable

Now it's up to you to use the tools to begin your wellness journey. Just remember that there is always room for improvement & to utilize these tools annually.

³ See Appendix IV for a link to the OSSE Wellness Guidelines Priority Tool.

⁴ See Appendix III for a link to the OSSE Wellness Guidelines: Implementation Plan

APPENDIX

Appendix I: Links to the OSSE Wellness Guidelines Resources

- The OSSE Wellness Guidelines for Child Development Facilities: <http://bit.ly/2NMN2nh>
- The OSSE Wellness Guidelines: Self-Assessment for Child Development Facilities: <http://bit.ly/2Ndy7Sf>



Office of the State Superintendent of Education

Wellness Guidelines for Child Development Facilities

*D.C. Child Care Licensing Requirement

SERVING TASTY HEALTHY MEALS

Wellness Guidelines

Meals Served

All foods served meet, at minimum, the requirements of the Child and Adult Care Food Program (CACFP). M1 *

The facility provides meals for infants. M2

The facility provides meals for children. M3

If needed, the facility supplements parent-provided meals so that they meet CACFP requirements. M4

Infants

Infants are fed on demand. M5

Infants are allowed to stop eating on their own. M6

Infants are held during bottle feeding. Bottles are not propped during feeding. M7*

Facility consults with parents when introducing age-appropriate solid foods. M8

Facility introduces breast-feeding infants gradually to iron-fortified foods no sooner than 4 months, preferable at 6 months. M9

Infants are not fed infant formula mixed with cereal, juice or other foods without written instructions from primary care physician. M10

Fruit juice is not served to infants. M11

Breastfeeding mothers are provided access to a private room for breastfeeding or pumping, other than a bathroom, with appropriate seating and privacy. M12*

Children

100% fruit juice is limited to no more than 4-6 ounces per day per children 1 – 6 years old. M13*

When fats and oils are needed in cooking, only plant-based oil used. M14

Milk for 12-23 month olds: Serve whole unflavored milk to children in this age group who are not breast fed or serve reduced-fat milk to those at risk for high cholesterol or obesity. (*Lactose-free or lactose-reduced milk are allowed*). M15 *

Milk for children 2 to 5 years old: Serve unflavored fat-free or low-fat (1%) milk to children in this age group. (*Lactose-free or lactose-reduced milk are allowed*). M16*

One to two grains per day are 100% whole grain or whole grain-rich. M17*
(Whole grain-rich = a food containing at least 50% whole and the rest are enriched.)

Red/orange vegetables are provided 2-3 times each week. M18

Dark green vegetables are provided 3-4 times each week. M19

Each week, at least one serving of beans/peas is provided. M20

The facility does not serve the same fruit and vegetable more than one time a day. M21

Each day, at least one component of the snack is a fruit or vegetable. M22

Meats served are minimally processed and free from additives and other artificial substances. M23

100% real cheese is served. M24

Limit excess sugar, e.g., does not serve candy or serve yogurt with no more than 23 grams of sugar per 6 ounces. M25*

Salt intake is limited by avoiding salty foods (e.g. chips, pretzels). M26

No sugary cereals served, i.e. containing 6 or fewer grams of sugar per ounce. M27*

No deep-fat fried and commercially pre-fried meats/meat alternates are served. M28

No deep-fat fried and commercially pre-fried vegetables are served. M29

Sugary drinks, including fruit drinks, sports drinks, sweet tea, and soda are never offered. M30

Indoors, drinking water is continuously available to all children and is served on demand. M31*

Outdoors, drinking water is continuously available to all children and is served on demand. M32*

Serving Food Safely

The facility works to prevent choking by cutting infant foods into pieces one-quarter inch or smaller and by cutting toddlers foods into pieces one-half inch or smaller. In addition to the food monitoring, children are always seated when eating to reduce choking hazards. M33

The facility ensures that all foods consumed are presented in a developmentally-appropriate texture and form. M34

The facility maintains written instructions and trains staff on the process to ensure children with allergies do not come into contact with the food allergen. M35 *

Local Foods/ Seasonal Foods

Contract with food service vendors that utilize locally grown, and locally processed and unprocessed foods from growers engaged in sustainable agriculture practices. M36

Locally grown and locally processed and unprocessed foods are served at least once per week. M37

Menus incorporate seasonal foods at least one time a week. M38

PROMOTING PHYSICAL ACTIVITY

Wellness Guidelines

Infants

Engaging activities for Tummy Time with all infants are offered at least 2-3 times per day while the child is awake. Staff responds promptly to cues for frustration, boredom or fatigue. PA1

To support infant development, swings, bouncy chairs and other confining equipment (except high chairs and strollers) are not used in the infant classroom at any time. PA2

Restrictive infant equipment (swings, bouncy chairs and other confining equipment except high chairs and strollers) are only used for up to 30 minutes twice a day. PA3*

Children

Toddlers (12 months-3 years old) engage in physical activity for 60 to 90 minutes per 8-hour day. PA4*

Preschoolers (3-5 years old) engage in physical activity for 120 minutes per 8-hour day. PA5*

Infants and children participate in two or more structured or caregiver/teacher/adult-led activities or games that promote movement each day. PA6 *

Children 2 years and older are not engaged in sedentary activities or activities requiring them to sit passively for more than 30 minutes continuously, except during scheduled rest or nap time. PA7*

Screen Time

Children 2 and younger do not have screen time. PA8 (Screen time includes TA and DVD viewing, video games, recreational computer use, internet surfing and other electron devices.)*

Children 2 years and older are engaged in no more than 30 minutes of screen time per week. (Screen time includes TA and DVD viewing, video games, recreational computer use, internet surfing and other electron devices.) PA9

Children 2 years and older are engaged in no more than 60 minutes of high-quality educational or physical activity media time per day. PA10*

For children 2 years and older, screen time is used for educational purposes or physical activity only. PA11

Supportive Environment				
Staff role model positive behaviors by being physically active with children, both indoors and outdoors. PA12				
Active play is not withheld from children who misbehave. PA13*				
Adequate space is available for indoor active play. PA14				
Adequate space is available for outdoor active play. PA15				

ENHANCING FACILITY ENVIRONMENTAL SUSTAINABILITY

Wellness Guidelines
There is a facility-wide recycling program. ES1
The facility has clearly marked containers for recycling. ES2
The facility does not use <i>Styrofoam™</i> in any parts of its food service. ES3
Facility uses reusable age-appropriate sized plates, bowls, cups, utensils and serving pieces for meal/snack times. ES4
Lights are turned off when a room is not in use. ES5
The facility welcomes daylight. Blinds are opened to let in natural light. In the summer when sunlight can make rooms too warm, the facility takes comfort into consideration first. ES6
The facility uses energy-efficient compact light bulbs, like compact florescent light bulbs (CFLs) or light-emitting diode (LED) bulbs. ES7
The facility powers down electronics by enabling the sleep setting on all computers and copiers. ES8
The facility always turns off computer monitors when not in use. (They are responsible for two-thirds of desktop computer consumption.) ES9
The facility unplugs appliances that aren't being used during breaks/vacations. (Even appliances that are plugged-in but not "on" still suck electricity.) ES10
HVAC temperature setbacks: The facility turns down the thermostat to 70 degrees during colder months and 75/76 degrees during warmer months. ES11 - <i>DC Green Schools - Energy Conservation Tips</i> (You can save up to 5% in heating costs for every degree you lower the temperature following this best practice.)
The facility unblocks vents to allow warm or cool air to properly circulate throughout the room. ES12 (Prevent airflow blockage by moving bookcases and other bulky items away from the heating and cooling units.)

PROVIDING EFFECTIVE NUTRITION AND HEALTHY EATING EDUCATION

Wellness Guidelines
Nutrition Education Delivery
Nutrition education helps children to understand that foods have different nutritional values. NE1
Nutrition education is offered through a standardized, evidence-based curriculum. NE2
Nutrition education is included with other subjects such as sensory development, language, science, math, and dramatic play. NE3
Children are taught about healthy foods and the pleasure of eating through formal opportunities (e.g. circle time). NE4
Children are taught about healthy foods and the pleasure of eating through informal opportunities (e.g. mealtime conversation). NE5
At least once per month, lesson plans include nutrition education that gives children the knowledge and skills they need to make healthy food choices. NE6
Nutrition education programming involves parents/guardians. NE7
Child care providers teach children about the taste, smell, and texture of foods as well as the benefits of eating healthy foods. They teach vocabulary and language skills about food and eating. NE8
Child care providers promote breastfeeding as optimum source of infant nutrition through posters, handouts, education, and a supportive environment. NE9
Gardening programs are included in the facility's nutrition education strategy. NE10
Farm-to-child care programs are included in the nutrition education strategy. NE11

Family-style Meal Service				
All meals to preschoolers are served family-style. When it becomes developmentally appropriate, children are encouraged to serve themselves with limited help. NE12				
Facility uses reusable age-appropriate sized plates, bowls, cups, utensils, and serving pieces for meal/snack times. NE13				
Facility teaches children appropriate portion sizes by using plates, bowls, and cups that are developmentally appropriate to nutritional needs. NE14				
Staff role model healthy eating and family-style meal service by sitting and eating with the children at snack and lunch times. NE15				
Role Modeling				
All staff role model healthy eating by eating foods that do not match wellness standards in the staff break area, away from view of children. NE16				
All staff role model healthy eating by transferring all beverages from their original container to cups that do not expose food company logos. NE17				
Supportive Environment				
Foods and beverages are not used as rewards or punishments. NE18				
Children are not forced or bribed to eat. NE19				
Every child care provider, including directors, food service workers and frontline staff, share the responsibility of providing nutrition education. NE20				
Wellness Policy				
The facility has a wellness policy. NE21				
The wellness policy includes realistic and measurable goals. NE22				
At least once a year, the facility checks the progress on implementing the wellness policy. NE23				
The facility has a Wellness Advisory Council that includes a teacher, parent/family and community member. NE24				

ENSURING WELLNESS PROFESSIONAL DEVELOPMENT FOR STAFF

Wellness Guidelines

Nutrition education/Physical Activity/Wellness PD				
Staff attends internal and/or external training on nutrition/healthy eating at least 2 times per year.				
(This is separate from food safety trainings.) PD1				
Staff attends internal and/or external training opportunities that teach age-appropriate gross motor activities and games that promote physical activity at least 2 times per year. PD2				
Child care providers' professional development includes available evidence-based materials that can be used to teach a basic knowledge of nutrition to children. PD3				
Professional development includes training on breastfeeding for all new employees and at least once per year thereafter. PD4				
Staff wellness				
Facility has a staff wellness policy. PD5				
Facility offers its staff resources and/or trainings on how to increase their personal wellness through physical activity at least 1 time per year. PD6				
Facility offers its staff resources and/or trainings on stress reduction and stress management. PD7				
Facility offers its staff resources and/or trainings on how to increase their personal wellness through healthful eating/chronic disease prevention at least 2 times per year. PD8				

PARTNERING WITH FAMILIES TO PROMOTE FACILITY WELLNESS

Wellness Guidelines

Families are educated on the Child and Adult Care Food Program (CACFP) meal requirements. FFW1

Families receive information about the program's nutrition, breastfeeding, physical activity and screen time policies when they enroll their infants/children. FFW2

Families are provided with information in the appropriate language about how to foster healthy eating, encourage physical activity and limit screen time at home. FFW3

Families are offered nutrition education by child care facilities (workshops, special programs, newsletters). FFW4

Families are encouraged to participate in the program's Wellness Advisory Council. (At least one family will participate.) FFW5

Nutrition education is offered to parents at least twice yearly. Evidence based, peer reviewed, culturally appropriate materials are written in a language and at a level the families can understand. FFW6

In all communication with parents/guardians/families, the child care providers show respect for the families' cultures and customs. FFW7

All families are welcomed and encouraged to participate in program activities. FFW8



OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION WELLNESS GUIDELINES FOR CHILD DEVELOPMENT FACILITIES: SELF-ASSESSMENT

*D.C. Child Care Licensing Requirement

SERVING TASTY HEALTHY MEALS				
Wellness Guidelines	Yes, fully implementing	In the process of implementing	Not started, interested in implementing	No, unable to implement
Meals Served				
All foods served meet, at minimum, the requirements of the Child and Adult Care Food Program (CACFP). M1*				
The facility provides meals for infants. M2				
The facility provides meals for children. M3				
If needed, the facility supplements parent-provided meals so that they meet CACFP requirements. M4				
Infants				
Infants are fed on demand. M5				
Infants are allowed to stop eating on their own. M6				
Infants are held during bottle feeding. Bottles are not propped during feeding. M7*				
Facility consults with parents when introducing age-appropriate solid foods. M8				
Facility introduces breast-feeding infants gradually to iron-fortified foods no sooner than 4 months, preferable at 6 months. M9				
Infants are not fed infant formula mixed with cereal, juice or other foods without written instructions from primary care physician. M10				
Fruit juice is not served to infants. M11				
Breastfeeding mothers are provided access to a private room for breastfeeding or pumping, other than a bathroom, with appropriate seating and privacy. M12*				
Children				
100% fruit juice is limited to no more than 4-6 ounces per day per children 1 – 6 years old. M13*				
When fats and oils are needed in cooking, only plant-based oil used. M14				

Milk for 12-23 month olds: Serve whole unflavored milk to children in this age group who are not breast fed or serve reduced-fat milk to those at risk for high cholesterol or obesity. (<i>Lactose-free or lactose-reduced milk are allowed</i>). M15*				
Milk for children 2 to 5 years old: Serve unflavored fat-free or low-fat (1%) milk to children in this age group. (<i>Lactose-free or lactose-reduced milk are allowed</i>). M16*				
One to two grains per day are 100% whole grain or whole grain-rich. M17*				
(Whole grain-rich = a food containing at least 50% whole and the rest are enriched.)				
Red/orange vegetables are provided 2-3 times each week. M18				
Dark green vegetables are provided 3-4 times each week. M19				
Each week, at least one serving of beans/peas is provided. M20				
The facility does not serve the same fruit and vegetable more than one time a day. M21				
Each day, at least one component of the snack is a fruit or vegetable. M22				
Meats served are minimally processed and free from additives and other artificial substances. M23				
100% real cheese is served. M24				
Limit excess sugar, e.g., does not serve candy or serve yogurt with no more than 23 grams of sugar per 6 ounces. M25*				
Salt intake is limited by avoiding salty foods (e.g. chips, pretzels). M26				
No sugary cereals served, i.e. containing 6 or fewer grams of sugar per ounce. M27*				
No deep-fat fried and commercially pre-fried meats/meat alternates are served. M28				
No deep-fat fried and commercially pre-fried vegetables are served. M29				
Sugary drinks, including fruit drinks, sports drinks, sweet tea, and soda are never offered. M30				
Indoors, drinking water is continuously available to all children and is served on demand. M31*				
Outdoors, drinking water is continuously available to all children and is served on demand. M32*				
Serving Food Safely				
The facility works to prevent choking by cutting infant foods into pieces one-quarter inch or smaller and by cutting toddlers foods into pieces one-half inch or smaller. In addition to the food monitoring, children are always seated when eating to reduce choking hazards. M33				
The facility ensures that all foods consumed are presented in a developmentally-appropriate texture and form. M34				
The facility maintains written instructions and trains staff on the process to ensure children with allergies do not come into contact with the food allergen. M35*				

Local Foods/ Seasonal Foods				
Contract with food service vendors that utilize locally grown, and locally processed and unprocessed foods from growers engaged in sustainable agriculture practices. M36				
Locally grown and locally processed and unprocessed foods are served at least once per week. M37				
Menus incorporate seasonal foods at least one time a week. M38				

PROMOTING PHYSICAL ACTIVITY

Wellness Guidelines	Yes, fully implementing	In the process of implementing	Not started, interested in implementing	No, unable to implement
Infants				
Engaging activities for Tummy Time with all infants are offered at least 2-3 times per day while the child is awake. Staff responds promptly to cues for frustration, boredom or fatigue. PA1				
To support infant development, swings, bouncy chairs and other confining equipment (except high chairs and strollers) are not used in the infant classroom at any time. PA2				
Restrictive infant equipment (swings, bouncy chairs and other confining equipment except high chairs and strollers) are only used for up to 30 minutes twice a day. PA3*				
Children				
Toddlers (12 months-3 years old) engage in physical activity for 60 to 90 minutes per 8-hour day. PA4*				
Preschoolers (3-5 years old) engage in physical activity for 120 minutes per 8-hour day. PA5*				
Infants and children participate in two or more structured or caregiver/teacher/adult-led activities or games that promote movement each day. PA6*				
Children 2 years and older are not engaged in sedentary activities or activities requiring them to sit passively for more than 30 minutes continuously, except during scheduled rest or nap time. PA7*				
Screen Time				
Children 2 and younger do not have screen time. PA8				
(Screen time includes TA and DVD viewing, video games, recreational computer use, internet surfing and other electron devices.)*				
Children 2 years and older are engaged in no more than 30 minutes of screen time per week. (Screen time includes TA and DVD viewing, video games, recreational computer use, internet surfing and other electron devices.) PA9				
Children 2 years and older are engaged in no more than 60 minutes of high-quality educational or physical activity media time per day. PA10*				
For children 2 years and older, screen time is used for educational purposes or physical activity only. PA11				

Supportive Environment				
Staff role model positive behaviors by being physically active with children, both indoors and outdoors. PA12				
Active play is not withheld from children who misbehave. PA13*				
Adequate space is available for indoor active play. PA14				
Adequate space is available for outdoor active play. PA15				

ENHANCING FACILITY ENVIRONMENTAL SUSTAINABILITY

Wellness Guidelines	Yes, fully implementing	In the process of implementing	Not started, interested in implementing	No, unable to implement
There is a facility-wide recycling program. ES1				
The facility has clearly marked containers for recycling. ES2				
The facility does not use <i>Styrofoam™</i> in any parts of its food service. ES3				
Facility uses reusable age-appropriate sized plates, bowls, cups, utensils and serving pieces for meal/snack times. ES4				
Lights are turned off when a room is not in use. ES5				
The facility welcomes daylight. Blinds are opened to let in natural light. In the summer when sunlight can make rooms too warm, the facility takes comfort into consideration first. ES6				
The facility uses energy-efficient compact light bulbs, like compact florescent light bulbs (CFLs) or light-emitting diode (LED) bulbs. ES7				
The facility powers down electronics by enabling the sleep setting on all computers and copiers. ES8				
The facility always turns off computer monitors when not in use. (They are responsible for two-thirds of desktop computer consumption.) ES9				
The facility unplugs appliances that aren't being used during breaks/vacations. (Even appliances that are plugged-in but not "on" still suck electricity.) ES10				
HVAC temperature setbacks: The facility turns down the thermostat to 70 degrees during colder months and 75/76 degrees during warmer months. ES11 - <i>DC Green Schools - Energy Conservation Tips</i> (You can save up to 5% in heating costs for every degree you lower the temperature following this best practice.)				
The facility unblocks vents to allow warm or cool air to properly circulate throughout the room. ES12 (Prevent airflow blockage by moving bookcases and other bulky items away from the heating and cooling units.)				

PROVIDING EFFECTIVE NUTRITION AND HEALTHY EATING EDUCATION

Wellness Guidelines	Yes, fully implementing	In the process of implementing	Not started, interested in implementing	No, unable to implement
Nutrition Education Delivery				
Nutrition education helps children to understand that foods have different nutritional values. NE1				
Nutrition education is offered through a standardized, evidence-based curriculum. NE2				
Nutrition education is included with other subjects such as sensory development, language, science, math, and dramatic play. NE3				
Children are taught about healthy foods and the pleasure of eating through formal opportunities (e.g. circle time). NE4				
Children are taught about healthy foods and the pleasure of eating through informal opportunities (e.g. mealtime conversation). NE5				
At least once per month, lesson plans include nutrition education that gives children the knowledge and skills they need to make healthy food choices. NE6				
Nutrition education programming involves parents/guardians. NE7				
Child care providers teach children about the taste, smell, and texture of foods as well as the benefits of eating healthy foods. They teach vocabulary and language skills about food and eating. NE8				
Child care providers promote breastfeeding as optimum source of infant nutrition through posters, handouts, education, and a supportive environment. NE9				
Gardening programs are included in the facility's nutrition education strategy. NE10				
Farm-to-child care programs are included in the nutrition education strategy. NE11				
Family-style Meal Service				
All meals to preschoolers are served family-style. When it becomes developmentally appropriate, children are encouraged to serve themselves with limited help. NE12				
Facility uses reusable age-appropriate sized plates, bowls, cups, utensils, and serving pieces for meal/snack times. NE13				
Facility teaches children appropriate portion sizes by using plates, bowls, and cups that are developmentally appropriate to nutritional needs. NE14				
Staff role model healthy eating and family-style meal service by sitting and eating with the children at snack and lunch times. NE15				
Role Modeling				
All staff role model healthy eating by eating foods that do not match wellness standards in the staff break area, away from view of children. NE16				
All staff role model healthy eating by transferring all beverages from their original container to cups that do not expose food company logos. NE17				

Supportive Environment				
Foods and beverages are not used as rewards or punishments. NE18				
Children are not forced or bribed to eat. NE19				
Every child care provider, including directors, food service workers and frontline staff, share the responsibility of providing nutrition education. NE20				
Wellness Policy				
The facility has a wellness policy. NE21				
The wellness policy includes realistic and measurable goals. NE22				
At least once a year, the facility checks the progress on implementing the wellness policy. NE23				
The facility has a Wellness Advisory Council that includes a teacher, parent/family and community member. NE24				

ENSURING WELLNESS PROFESSIONAL DEVELOPMENT FOR STAFF

Wellness Guidelines	Yes, fully implementing	In the process of implementing	Not started, interested in implementing	No, unable to implement
Nutrition education/Physical Activity/Wellness PD				
Staff attends internal and/or external training on nutrition/ healthy eating at least 2 times per year. (This is separate from food safety trainings.) PD1				
Staff attends internal and/or external training opportunities that teach age-appropriate gross motor activities and games that promote physical activity at least 2 times per year. PD2				
Child care providers' professional development includes available evidence-based materials that can be used to teach a basic knowledge of nutrition to children. PD3				
Professional development includes training on breast-feeding for all new employees and at least once per year thereafter. PD4				
Staff wellness				
Facility has a staff wellness policy. PD5				
Facility offers its staff resources and/or trainings on how to increase their personal wellness through physical activity at least 1 time per year. PD6				
Facility offers its staff resources and/or trainings on stress reduction and stress management. PD7				
Facility offers its staff resources and/or trainings on how to increase their personal wellness through healthful eating/ chronic disease prevention at least 2 times per year. PD8				

PARTNERING WITH FAMILIES TO PROMOTE FACILITY WELLNESS

Wellness Guidelines	Yes, fully implementing	In the process of implementing	Not started, interested in implementing	No, unable to implement
Families are educated on the Child and Adult Care Food Program (CACFP) meal requirements. FFW1				
Families receive information about the program's nutrition, breastfeeding, physical activity and screen time policies when they enroll their infants/children. FFW2				
Families are provided with information in the appropriate language about how to foster healthy eating, encourage physical activity and limit screen time at home. FFW3				
<i>Families are offered nutrition education by child care facilities (workshops, special programs, newsletters). FFW4</i>				
Families are encouraged to participate in the program's Wellness Advisory Council. (At least one family will participate.) FFW5				
Nutrition education is offered to parents at least twice yearly. Evidence based, peer reviewed, culturally appropriate materials are written in a language and at a level the families can understand. FFW6				
In all communication with parents/guardians/families, the child care providers show respect for the families' cultures and customs. FFW7				
All families are welcomed and encouraged to participate in program activities. FFW8				

Appendix IV: OSSE Wellness Guidelines Priority Tool

After completing the OSSE Wellness Guidelines Priority Tool Self-Assessment use your responses from the assessment to complete the Healthy Tots Wellness Guideline Priority Tool. To understand where each wellness guideline should be placed, use the Understanding Your Results Chart in this guide. This tool has been adopted from the DC Child Care Centers Promoting Lifelong Activity in Youth (P.L.A.Y) Program Local Wellness Template and can be used to create, implement and achieve your wellness goals.

Providing Effective Nutrition & Healthy Eating Education

[ECE FACILITY OR SCHOOL NAME] aims to provide age-appropriate and culturally sensitive instruction in nutrition, health and physical education that help children develop the knowledge, attitudes, and skills to enjoy healthy eating habits and a physically active lifestyle.

List your top (3) strengths:	List your top (3) areas of improvement:	List your top (3) pre-existing focus area:	List your top (3) high priority licensing guideline areas that need to be addressed:
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.

Promoting Physical Activity

[ECE FACILITY OR SCHOOL NAME] acknowledges the positive benefits of physical activity/education for the children's health and academic achievement. It is the goal of [ECE FACILITY OR SCHOOL NAME] shall ensure that all children receive 90 to 120 minutes of active play daily. These minutes shall consist of a combination of adult-led/structured active play and child-initiated/unstructured active play (at least 60 minutes of structured physical activity). Additionally, recognizing that physical education is a crucial and integral part of a child's education, we will provide opportunities to ensure that children engage in healthful levels of vigorous physical activity to promote and develop the child's physical, mental, emotional, and social well-being.

List your top (3) strengths:	List your top (3) areas of improvement:	List your top (3) pre-existing focus area:	List your top (3) high priority licensing guideline areas that need to be addressed:
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.

Serving Healthy Tasty Meals

A component of the educational mission of the [ECE FACILITY OR SCHOOL NAME] is teaching children to establish and maintain life-long healthy eating habits.

List your top (3) strengths:	List your top (3) areas of improvement:	List your top (3) pre-existing focus area:	List your top (3) high priority licensing guideline areas that need to be addressed:
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.

Enhancing Facility Environmental Sustainability

[ECE FACILITY OR SCHOOL NAME] will seek to improve its environmental sustainability and engage in sustainable agriculture practices

List your top (3) strengths:	List your top (3) areas of improvement:	List your top (3) pre-existing focus area:	List your top (3) high priority licensing guideline areas that need to be addressed:
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.

Ensuring Wellness Professional Development for Staff

[ECE FACILITY OR SCHOOL NAME] are committed to our children's health. We recognize the importance of staff as positive role models for children as they learn to live healthy lives.

List your top (3) strengths:	List your top (3) areas of improvement:	List your top (3) pre-existing focus area:	List your top (3) high priority licensing guideline areas that need to be addressed:
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.

Partnering with Families to Promote Facility Wellness

[ECE FACILITY OR SCHOOL NAME] ensures that families receive information about children nutrition, breastfeeding, physical activity and screen time.

List your top (3) strengths:	List your top (3) areas of improvement:	List your top (3) pre-existing focus area:	List your top (3) high priority licensing guideline areas that need to be addressed:
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.

Appendix V: OSSE Wellness Guidelines Implementation Plan

After completing the OSSE Wellness Guidelines Priority Tool, use the following template to create an actionable plan to implement your facility's priority wellness guidelines and to track your progress. See page 8 of this guide for detailed instructions.

Wellness Topic:

Date to Complete	Action Steps <i>Describe how you will accomplish the activity, ensuring that action steps are specific, measurable, achievable, and realistic.</i> Wellness Guideline:	Person Responsible	Status			
			M	IP	NM	NA
	a.					
	b.					
	c.					
Date to Complete	Action Steps <i>Describe how you will accomplish the activity, ensuring that action steps are specific, measurable, achievable, and realistic.</i> Wellness Guideline:	Person Responsible	Status			
			M	IP	NM	NA
	a.					
	b.					
	c.					
Date to Complete	Action Steps <i>Describe how you will accomplish the activity, ensuring that action steps are specific, measurable, achievable, and realistic.</i> Wellness Guideline:	Person Responsible	Status			
			M	IP	NM	NA
	a.					
	b.					
	c.					

KEY: M: Met IP: In Progress NM: Not Met N/A: Not applicable



OFFICE OF THE STATE DEPARTMENT OF EDUCATION FOR CHILD DEVELOPMENT FACILITIES: REFERENCE SECTION

SERVING TASTY HEALTHY MEALS

Meals Served

- M1. Healthy Tots Regulations; DC Child Care Licensing Sec. 155.2
- M2. CACFP Regulations
- M3. CACFP Regulations
- M4. DC Child Care Licensing Regulations

Infant Feeding

- M5. CACFP Regulations
- M6. CACFP Regulations
- M7. DC Child Care Licensing Regulations Sec. 156.2(p)
- M8. CACFP Infant Feeding Guide; Caring for Our Children Standard 4.3.1.11
- M9. Caring for Our Children Standard 4.3.1.11
- M10. Caring for Our Children Standard 4.3.1.5
- M11. 2017 CACFP Meal Pattern Standard
- M12. Let's Move Child Care; CACFP Best Practices; American Academy of Pediatrics

Child Feeding

- M13. Caring for Our Children
- M14. CACFP Meal Pattern Standard
- M15. CACFP Meal Pattern Standard
- M16. CACFP Meal Pattern Standard and Best Practice
- M17. Healthy Schools Act
- M18. Healthy Schools Act
- M19. CACFP Meal Pattern Best Practice
- M20. CACFP Meal Pattern Best Practice
- M21. CACFP Meal Pattern Best Practice
- M22. CACFP Meal Pattern Best Practice
- M23. CACFP Meal Pattern Best Practice
- M24. CACFP Meal Pattern Standard
- M25. CACFP Meal Pattern Best Practice

- M26. CACFP Meal Pattern Standard
- M27. CACFP Meal Pattern Best Practice
- M28. CACFP Meal Pattern Best Practice
- M29. Let's Move Child Care
- M30. CACFP Meal Pattern Standard
- M31. CACFP Meal Pattern Standard; DC Child Care Licensing Sec. 155.14
- M32. Caring for Our Children Standard 4.5.0.10; DC Child Care Licensing Sec. 155.14

Serving Food Safely

- M33. Caring for Our Children Standard 4.5.0.10
- M34. Caring for Our Children Standard 4.2.0.10
- M35. P.L. A.Y. Program Local Wellness Policy Template/Nemours; D.C. Child Care Licensing Sec. 154

Local Foods/Seasonal Foods

- M36. Healthy Tots Wellness Work Group Standard
- M37. Healthy Tots Wellness Work Group Standard
- M38. Healthy Tots Wellness Work Group Standard

PROMOTING PHYSICAL ACTIVITY

Infants

- PA1. American Academy of Pediatrics, Nemours Sample Policies for Physical Activity in ECE Centers
- PA2. Nemours Sample Policies for Physical Activity in ECE Centers
- PA3. DC Child Care Licensing 143.4

Children

- PA4. Caring for Our Children Standard 3.1.3.1; D.C. Child Care Licensing Sec. 143.1
- PA5. Caring for Our Children Standard 3.1.3.1; D.C. Child Care Licensing Sec. 143.1
- PA6. Caring for Our Children Standard 3.1.3.1; D.C. Child Care Licensing Sec. 143.2
- PA7. DC Child Care Licensing Sec. 143.3

Screen Time

- PA8. Caring for Our Children Standard 2.2.0.3; D.C. Child Care Licensing Sec. 143.2
- PA9. Caring for Our Children Standard 2.2.0.3
- PA10. Caring for Our Children Standard 2.2.0.3; D.C. Child Care Licensing Sec. 143.6
- PA11. Caring for Our Children Standard 2.2.0.3

Supportive Environment

- PA12. Caring for Our Children Standard 2.4.1
- PA13. Caring for Our Children Standard 3.1.3.1; D.C. Child Care Licensing Sec. 141.4 (f)
- PA14. Caring for Our Children Standard 6.1
- PA15. Caring for Our Children Standard 6.1

ENHANCING FACILITY ENVIRONMENTAL SUSTAINABILITY

- ES1. through ES12. DC Green Schools Challenge Tips

PROVIDING EFFECTIVE NUTRITION AND HEALTHY EATING EDUCATION

Nutrition Education Delivery

- NE1. DC Early Learning Standards: Common Core Alignment #34 c. Demonstrates behaviors that promote health and safety.
- NE2. NAP SACC Self-Assessment
- NE3. Nemours Child Care Wellness Policy Best Practice
- NE4. Nemours Child Care Wellness Policy Best Practice
- NE5. Nemours Child Care Wellness Policy Best Practice
- NE6. Nemours Child Care Wellness Policy Best Practice
- NE7. Caring for Our Children Standard 4.7.0.2
- NE8. Caring for Our Children Standard 4.7.0.1
- NE9. Caring for Our Children Standard 4.3.1.1
- NE10. Caring for Our Children Standard 2.4.1
- NE11. Healthy Tots Wellness Guidelines

Family-style Meal Service

- NE12. Caring for Our Children Standard 4.5.04
- NE13. Caring for Our Children Standard 4.5.01
- NE14. Caring for Our Children Standard 4.3.2.2
- NE15. Caring for Our Children Standard 2.4.1.2

Role Modeling

- NE16. Caring for Our Children Standard 2.4.1.2
- NE17. Caring for Our Children Standard 2.4.1.2; A current practice in some D.C. ECE facilities.

Supportive Environment

- NE18. CACFP Meal Pattern Standard 226.20(p); Caring for Our Children Standard 4.5.0.11
- NE19. Caring for Our Children Standard 4.5.0.11
- NE20. Caring for Our Children Standard 2.4.1.2

Wellness Policy

- NE21. Healthy Tots Wellness Work Group Standard
- NE22. Nemours Child Care Wellness Policy Workbook
- NE23. Nemours Child Care Wellness Policy Workbook
- NE24. Nemours Child Care Wellness Policy Workbook

ENSURING WELLNESS PROFESSIONAL DEVELOPMENT FOR STAFF

- PD1. Caring for Our Children 1.4.4.1; Nemours Child Care Wellness Policy Best Practice
- PD2. Caring for Our Children 1.4.4.1; Nemours Child Care Wellness Policy Best Practice
- PD3. Nemours Child Care Wellness Policy Best Practice
- PD4. Nemours Child Care Wellness Policy Best Practice

Staff Wellness

- PD5. Nemours Child Care Wellness Policy Best Practice
- PD6. Healthy Tots Wellness Work Group Standard
- PD7. Healthy Tots Wellness Work Group Standard
- PD8. Healthy Tots Wellness Work Group Standard

PARTNERING WITH FAMILIES TO PROMOTE FACILITY WELLNESS

- FFW1. Nemours Child Care Wellness Policy Best Practice
- FFW2. Nemours Child Care Wellness Policy Best Practice
- FFW3. Nemours Child Care Wellness Policy Best Practice
- FFW4. Caring for Our Children Standard 4.7.0.2
- FFW5. Caring for Our Children Standard 4.7.0.2
- FFW6. Caring for Our Children Standard 4.7.0.2
- FFW7. Nemours Child Care Wellness Policy Best Practice
- FFW8. Nemours Child Care Wellness Policy Best Practice



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