



Office of the State Superintendent of Education



THE OSSE WELLNESS GUIDELINES FOR CHILD CARE FACILITIES

ALIGNED WITH

**the Whole School, Whole Community,
Whole Child (WSCC) Model**

- A Culture of Wellness Approach -

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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 by ensuring that they create and maintain a Culture of Wellness in Early Childhood Education (ECE).

The District of Columbia passed the Healthy Tots Act of 2014 to increase support to child care facilities by providing funding and resources to serve nutritious meals and offer high-quality wellness programming. 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 child care centers for serving nutritious meals.

The Healthy Tots Act also provides technical assistance and resources to create and maintain a Culture of Wellness in District child care facilities, through competitive grants and other initiatives. The Office of the State Superintendent of Education (OSSE) Wellness Guidelines give structure to a Culture of Wellness in ECE and address the wellness areas identified in the Act. For more information about the Healthy Tots Act, visit: osse.dc.gov/page/healthy-tots-act

What is the Culture of Wellness in Early Childhood Education(ECE)?

A Culture of Wellness in ECE describes an environment that is actively and strategically designed to facilitate connections and strong relationships between child care staff, children, and family caregivers; promote physical and mental health, wellness, and safety through all aspects of operations (such as policies, expectations and practices); foster a safe, healthy, engaging and supportive work environment; and align with research-based practice guidelines.

What are the OSSE Wellness Guidelines for Childcare Facilities?

The Wellness Guidelines are a collection of specific actions that can help early learning facilities develop and maintain a Culture of Wellness for ECE by integrating key components of wellness into their education programming and facility operations. The Wellness Guidelines are based on guidance and best practices from the nation's leading health and early learning organizations, including the American Academy of Pediatrics, Centers for Disease Control and Prevention (CDC), Head Start Early Childhood Learning & Knowledge Center, Nemours Children's Health System, Caring for Our Children, the National Child Traumatic Stress Network and the US Department of Agriculture. OSSE's whole-school approach to educator wellness also informed the guidelines.

What is the Whole School, Whole Community, Whole Child (WSCC) model?

The CDC's Whole School, Whole Community, Whole Child (WSCC) model is a collaborative approach to learning and health. It is action-oriented, focuses on the whole child using an early learning program or school-wide approach, and integrates health and wellness into learning as a strategy to meet educational outcomes. Each wellness guideline fits within the WSCC model. The WSCC model is shown on the right.



How does the WSCC help achieve developmental and academic outcomes?

From birth through adolescence, the health and wellness of children and the environments they develop and learn in have been proven to impact their lifelong health and educational achievement. By focusing on the whole child, WSCC provides the framework and tools necessary for early learning programs and schools to create WSCC-Influenced Learning Environments (WILE). It is within these environments that children's health barriers to learning are addressed so their learning potential can flourish. For additional information, please visit the [CDC's WSCC webpage](#).

How does the WSCC model support a Culture of Wellness?

The WSCC model provides a conceptual model of how to integrate multiple content areas that combine to create a Culture of Wellness for ECE. These include:

1. Whole Child: Implement physical, social, emotional, and academic supports that align to the whole child tenets at the center of the WSCC model, i.e., healthy, safe, engaged, supported and challenged.
2. Whole Educator: Implement organizational and individual systems that provide a positive culture and relationships that support the need of educators to effectively support child outcomes.
3. Data, Evaluation, and Implementation: Use data and evaluation to assess and understand the root needs of your community, set goals, implement programs to address those needs and track progress.
4. Relationship Building: Implement processes to your **team** across roles and responsibilities and with external partners to provide social, emotional, and physical supports.
5. Families and Community: Authentically **engage** with families and the community to give voice and ensure their representation in the education of their children.
6. Mental Health and Well-being: Trauma-informed practices and identified strategies for building resilience and mitigating trauma for children, family/caregivers, and staff.

How do the Wellness Guidelines support the development of the Culture of Wellness ECE?

The Wellness Guidelines provide early learning facilities with a roadmap on how to maintain a consistently supportive wellness environment for children from birth to age 5. Early learning facilities can also use the wellness guidelines to evaluate the condition of their wellness environment on an annual basis. Once a baseline evaluation is complete, technical assistance can be provided. In addition, the Wellness Guidelines have great benefits to the early learning community in Washington, DC:

- 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 acting as role models for children by practicing healthy habits themselves.
- Sets a wellness standard that is clear and consistent.
- Helps guide those teaching children about the importance of these healthy habits.

The Eight Components of the Wellness Guidelines

1. Educator Wellness
2. Nutrition Services
3. Family Engagement
4. Social Emotional Health
5. Teaching Healthy Habits and Self-Care Practices
6. Physical Activity
7. Physical Environment and Environmental Sustainability
8. Community Partnerships and Health Services

FIRST STEP: Completing the OSSE Wellness Guidelines Self-Assessment for Child Development Facilities

Before you start, please consider the following:

1. Become familiar with the Wellness Guidelines.
2. Determine who should be a part of the process: directors, teachers, parents, cook and/or Healthy Tots Act Specialist.
3. Schedule time to complete the assessment (approximately 1 hour). Teams may wish to complete one wellness topic at a time.

Use the response options below to complete the self-assessment. When you take the assessment, check the appropriate box for each response. Each response provides the team an idea as to where your child care home/center stands with each wellness guideline. Please read and familiarize yourself with the assessment response options in the chart below.

FULLY IMPLEMENTED	PARTIALLY IMPLEMENTED	NOT IMPLEMENTED	UNABLE TO IMPLEMENT
The facility is successfully implementing the standard. The standard is met 80 to 100 percent of the time.	The facility is taking concrete steps to prepare and implement the standard. The standard is met 69 to 79 percent of the time.	The facility has tried to implement the standard without success or has not tried to implement the standard at all. This standard is met less than 60 percent of the time.	The facility has a verifiable barrier to implementing the standard.

SECOND STEP: Complete the OSSE Wellness Guidelines Self-Assessment Mosaic Data Tracker

The purpose of this mosaic data tracker is to provide a fun and interactive visual to showcase where each facility is on their wellness journey. Facilities should complete the mosaic data tracker annually along with the self-assessment to monitor progress. Feel free to complete the mosaic tracker with as much participation from children, families and staff so that everyone can feel a part of the wellness journey!

THIRD STEP: Complete the OSSE Wellness Guidelines Implementation Plan

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

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, measurable, achievable, realistic, and timebound (Action Steps)
3. Who will be involved in completing this goal? (Person Responsible)

FORTH STEP: Complete the OSSE Wellness Guidelines for Early Learning Facilities Policy Pledge

Early child care providers will be tasked with completing the OSSE Wellness Guidelines for Early Learning Facilities Policy Pledge. The goal is to have all child care facilities in Washington, DC on the same page with health and wellness.

The OSSE Wellness Guidelines for Early Learning Facilities

EDUCATOR WELLNESS				
ECE WSCC Aligned Area(s): Educator Wellness				
<p>Description: OSSE's Division of Health and Wellness promotes a whole school approach to educator wellness to improve staff stress, staff retention, and student achievement. Educator wellness honors educators as whole people whose state of social, emotional, physical, mental and professional well-being is impacted by the school's organizational and individual systems. These systems create positive or negative working conditions that impact the teaching and learning environment for students and educators. This wellness area supports program leadership and employees to reflect on their organizational and individual staff wellness practices, have a staff wellness policy, and resources and training in the following areas: physical activity, stress management, stress reduction and eating habits. Employees also can learn evidence-based materials on nutrition for children, breastfeeding, age-appropriate gross-motor skills and trauma.</p>				
FULLY IMPLEMENTED (FI) PARTIALLY IMPLEMENTED (PI) NOT IMPLEMENTED (NI) UNABLE TO IMPLEMENT (UI)	FI	PI	NI	UI
1. Program leadership ensures that DC Childcare Licensing Regulations and health and safety requirements are always in good standing.				
2. Program leadership provides staff recognition and team building activities to staff that fosters a safe, engaging and self-care supportive work environment.				
3. Program leadership ensures their facility has a comprehensive employee wellness policy.				
4. Program leadership and staff ensures that at least once a year, the facility checks the progress of implementing the employee's wellness policy.				
5. Program leadership ensures a positive work environment where staff have frequent opportunities to take lead on decisions about education practices and strategies that work for their classroom.				
6. Program leadership encourages and supports staff who wish to breastfeed their own infants.				
7. The facility has a dedicated space for staff breaks that offer comfortable seating, water, soft lightening, stress reduction resources, etc.				
8. The facility maintains an environment of care for staff and program leadership that addresses, minimizes and treats secondary traumatic stress , and that increases staff wellness.				
9. Program leadership offers an employee assistance program such as check-ins or consultations with a mental or physical health provider to address personal well-being concerns.				
10. The facility offers staff and program leadership resources and/or training on stress reduction, how to increase their personal wellness through physical activity and stress management at least one time per year.				

FULLY IMPLEMENTED (FI) PARTIALLY IMPLEMENTED (PI) NOT IMPLEMENTED (NI) UNABLE TO IMPLEMENT (UI)	FI	PI	NI	UI
11. Program leadership and staff are offered training that addresses the intersections of trauma with culture, history, race, gender, location and language; acknowledge the compounding impact of structural inequity; and are responsive to the unique needs of diverse communities.				
12. Program leadership and staff are offered training to build knowledge and skills to understand and process their own vicarious trauma .				
13. Program leadership supports staff to feel comfortable requesting brief unscheduled ‘wellness breaks’ in addition to regular breaks to cool down or regroup if they are feeling overwhelmed. Programs can use floaters to cover these short breaks.				
14. On an annual basis, program leadership collect feedback from staff regarding the workplace environment. Example: What makes staff feel well in the workplace? What causes stress in the workplace?				
15. Program leadership utilizes staff feedback to inform their employee wellness policy and reflect on possible updates to organizational policies, procedures and practices.				

NUTRITION SERVICES

ECE WSCC Aligned Area(s): Nutrition Environment & Services

Description: This wellness area ensures that all children are being served age-appropriate nutritious foods, practicing healthy eating habits while including families.

FULLY IMPLEMENTED (FI) PARTIALLY IMPLEMENTED (PI) NOT IMPLEMENTED (NI) UNABLE TO IMPLEMENT (UI)	FI	PI	NI	UI
16. All meals served shall follow the following legislative rules and regulations: CACFP Regulations, CACFP Meal Pattern Standards and DC Childcare Licensing Regulations.				
17. Infants and children practicing special diets, including a vegetarian/vegan diet, should be accommodated				
18. 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.				
19. In addition to food monitoring, children are always seated when eating to reduce choking hazards.				
20. Facility consults with parents when introducing age-appropriate solid foods.				
21. Facility follows Women, Infant, and Children (WIC) recommendations for breastfeeding. Facility introduces breastfeeding infants gradually to iron-fortified foods no sooner than four months, preferably at 6 months.				
22. Infants are not fed infant formula mixed with cereal, juice, or other foods without written instructions from a primary care physician.				
23. Breastfeeding mothers are provided access to a private room for breastfeeding or pumping, other than a bathroom, with appropriate seating and privacy.				
24. The facility does not serve the same fruit and vegetables more than once a day.				
25. Each day, at least one component of the snack is a fruit or vegetable.				
26. Locally grown, and locally processed and unprocessed foods are procured from farmers markets, Community Supported Agriculture (CSA), local area grocery stores, cooperative purchasing, urban gardens, or directly from growers engaged in sustainable agriculture practices.				
27. Locally grown and locally processed and unprocessed foods are served during meals and snacks on a regular basis.				
28. Seasonal foods are incorporated into menus on a quarterly basis.				

FAMILY ENGAGEMENT

ECE WSSC Aligned Area(s): Family Engagement

Description: 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, trauma, community events and screen time. The wellness guidelines include respect for all families, cultures, and customs. Resources are made available for families in their spoken languages.

FULLY IMPLEMENTED (FI) PARTIALLY IMPLEMENTED (PI) NOT IMPLEMENTED (NI) UNABLE TO IMPLEMENT (UI)	FI	PI	NI	UI
29. Families are offered nutrition education by child care facilities on the CACFP meal requirements (workshops, special programs, newsletters).				
30. 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.				
31. Families are encouraged to participate in the program's Wellness Advisory Council. (At least one family will participate.)				
32. In all communication with families, the child care providers show respect for the families' cultures and customs.				
33. Facilities inform families about community events intended for children, such as museum exhibits, concerts, storytelling and theater through newsletters, bulletin boards and other messaging.				
34. Resources are made available to children, families and providers on trauma exposure, its impact and treatment.				
35. Facilities engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma.				
36. Classroom nutrition education programming involves families.				
37. Program leadership and staff are offered training that addresses parent and caregiver trauma and its impact on the family system.				

SOCIAL-EMOTIONAL HEALTH

ECE WSCC Aligned Area(s): Social and Emotional Climate

Description: This wellness area ensures all children are in a healthy social and emotional environment, developing healthy relationships and learning healthy social behaviors. Employees are equipped to manage classroom behavior and are trained to address trauma. The wellness guidelines include respect for all families, cultures, and customs. Resources are made available for families in their spoken languages.

FULLY IMPLEMENTED (FI) PARTIALLY IMPLEMENTED (PI) NOT IMPLEMENTED (NI) UNABLE TO IMPLEMENT (UI)	FI	PI	NI	UI
38. Opportunities should be provided for each infant and toddler to develop meaningful relationships with caregivers.				
39. Physical activity and intentional movement are integrated in ways that support social-emotional health and learning. Physical activity is not used as a reward or punishment.				
40. When responding to challenging behaviors, teachers avoid using negative responses (e.g., “stop pushing!” “no running!”). Your redirect should focus on what the child should or might (e.g., “be careful!” “keep your hands to yourself,” “walk please!”)				
41. Children have varied opportunities to recognize and name their feelings and the feelings of others.				
42. Toddlers and preschoolers have varied opportunities to develop skills for entering social groups, developing friendships, learning to help and using other prosocial behaviors.				
43. Children have varied opportunities to interact positively, respectfully and cooperatively with others; learn from and with one another; and resolve conflicts in constructive ways.				
44. Children have varied opportunities to learn to understand, empathize with and consider other people’s perspectives.				
45. Preschool children are given opportunities to affect what happens in the classroom through participation in decision making about classroom behavior, plans and activities.				
46. When a teacher must respond to a child’s challenging, unpredictable or unusual behavior, the response reflects the teacher’s knowledge of the child’s home life and classroom experiences and can assess the function of a behavior and provide thoughtful, consistent, and individualized responses whenever they occur.				
47. Teachers involve families and other professionals, as needed, to develop individualized plans to address difficult behaviors.				
48. Facilities use evidence-based, culturally responsive assessment and treatment for traumatic stress and associated mental health symptoms.				
49. Teachers know children’s families and understand the social, linguistic, and cultural contexts in which the children live.				
50. Teachers develop individual relationships with children by providing care that is responsive, attentive, consistent, comforting, supportive and culturally sensitive.				

TEACHING HEALTHY HABITS AND SELF-CARE PRACTICES

ECE WSCC Aligned Area(s): Self-Care and Healthy Habits

Description: This wellness area ensures that all 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.

FULLY IMPLEMENTED (FI) PARTIALLY IMPLEMENTED (PI) NOT IMPLEMENTED (NI) UNABLE TO IMPLEMENT (UI)	FI	PI	NI	UI
51. Children are offered opportunities for sensory exploration of new foods through cooking lessons, dramatic play, taste tests and field trips to gardens, farms, farmer's markets or even the grocery store.				
52. Staff engage in conversation with children about the benefits of food, about role of food in our body and support the child in using all their senses to explore foods during mealtimes, dramatic play, and other parts of the day.				
53. Facilities promote breastfeeding as the optimum source of infant nutrition through posters, handouts, education, and a supportive environment.				
54. Gardening and Farm to Childcare programs are included in the facility's nutrition education strategy.				
55. All meals for preschoolers are served family-style. When it becomes developmentally appropriate, children are encouraged to serve themselves with limited help.				
56. Facility uses reusable age-appropriate sized plates, bowls, cups, utensils and serving pieces for meal/snack times.				
57. Children are encouraged to use cooking tools, serving utensils and personal utensils during cooking activities, snacks, and meals.				
58. Staff assist children in practicing positive eating practices such as table manners, expressing hunger and fullness cues and setting and cleaning up the table.				
59. The child's fullness cues are respected by not pressuring, bribing, or forcing them to try a new food or finish their plate if they are resistant, allowing the child to eat as little or as much as they need.				
60. During mealtime, staff model positive eating behaviors by avoiding making negative comments, facial expressions and/or reactions about food and beverages in front of children.				
61. Staff refrain from eating foods that do not match wellness standards in the staff break area and transfer all beverages from their original container to cups that do not expose food company logos, away from view of children.				
62. Children are taught the appropriate names for their body parts to increase body awareness and personal safety.				
63. Children learn about routine health maintenance practices, such as vaccination, vision screening, blood pressure screening, oral health examinations and blood tests, helping children understand these activities and appreciate their value rather than fearing them.				
64. Facilities promote the habit of regular tooth brushing. All children with teeth should brush or have their teeth brushed with a soft toothbrush of age-appropriate size at least once during the hours the child is in child care.				

PHYSICAL ACTIVITY

ECE WSCC Aligned Area(s): Physical Activity

Description: 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.

FULLY IMPLEMENTED (FI) PARTIALLY IMPLEMENTED (PI) NOT IMPLEMENTED (NI) UNABLE TO IMPLEMENT (UI)	FI	PI	NI	UI
65. The facility promotes active play every day. Children have ample opportunities to do moderate to vigorous physical activities such as running, climbing, dancing, skipping, and jumping.				
66. Infants have supervised tummy time every day when they are awake. Caregivers interact with an awake infant on their tummy for short periods (3–5 minutes), increasing the amount of time as the infant shows they enjoy the activity.				
67. Play areas are fully enclosed and away from heavy traffic areas.				
68. Infants (birth to 12 months of age) are taken outside two to three times per day, as tolerated. Outdoor play for infants may include riding in a carriage or stroller.				
69. For children two years and older, screen time is used for educational purposes or physical activity only. (Screen time includes TV and DVD viewing, video games, recreational computer use, internet surfing and other electronic devices.)				

PHYSICAL ENVIRONMENT AND ENVIRONMENTAL SUSTAINABILITY

ECE WSCC Aligned Area(s): Physical Environment

Description: 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.

FULLY IMPLEMENTED (FI) PARTIALLY IMPLEMENTED (PI) NOT IMPLEMENTED (NI) UNABLE TO IMPLEMENT (UI)	FI	PI	NI	UI
70. Daylight is maximized by opening and closing blinds rather than using electric lights.				
71. Electric energy is conserved by installing occupancy sensors in enclosed rooms where staff may forget to turn off lights after use or if light switches are manual, placards with graphics are placed near light switches and faucets reminding children and staff to turn off items when leaving a room.				
72. New child care center staff are trained in efficient use of equipment and systems as part of new-hire orientation.				
73. Outdoor play areas incorporate planted areas where children can learn about planting vegetables and flowers.				
74. Caregivers/teachers should be aware of environmental hazards such as unsafe drinking water, loud noises and lead in soil when selecting an area to play outdoors.				
75. Use fragrance-free, certified, least-toxic cleaning, sanitizing and disinfecting products.				
76. Check the air quality index (AQI) each day and use the information to determine whether it is safe for children to play outdoors.				
77. Recycle all paper, cardboard, glass, aluminum, and plastic.				
78. Reduce consumption of pesticides by thoroughly wash all fruits and vegetables to avoid possible exposure to pesticides, and take the opportunity to educate children about the importance of doing so				
79. Reduce lead consumption by using only cold water for drinking, cooking, and making baby formula; flush all cooking and drinking outlets after long periods of non-use; and clean debris from outlet screens or aerators on a regular basis.				
80. Avoid conditions that lead to excess moisture which cause mold by maintaining adequate ventilation (which can include exhaust fans and open screened windows) and repairing water leaks and keep humidity within a desirable range (30-50 percent).				
81. Securely store all used batteries and fluorescent and compact fluorescent light bulbs; then recycle them at a hazardous waste facility.				

COMMUNITY PARTNERSHIPS AND HEALTH SERVICES

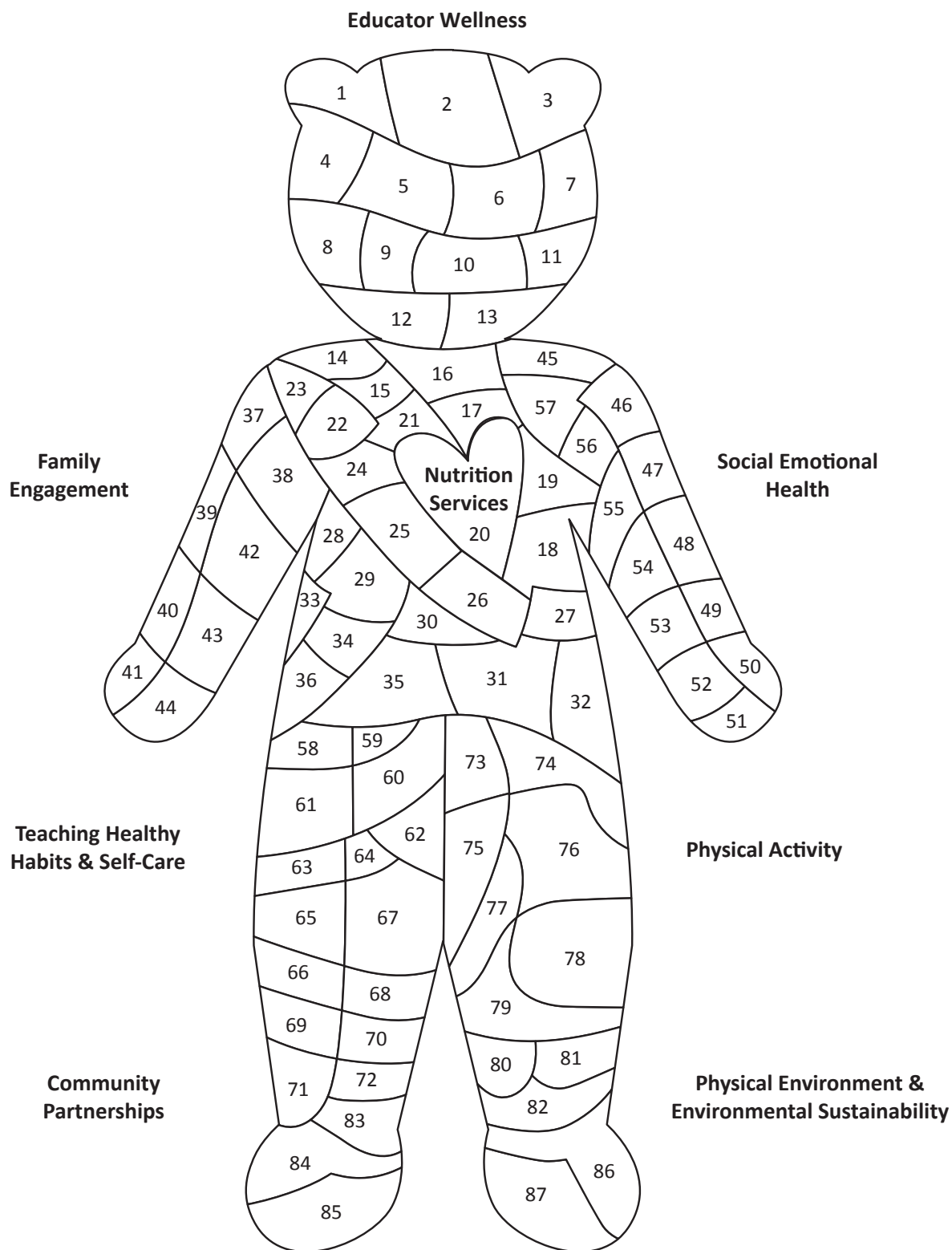
ECE WSCC Aligned Area(s): Community Involvement, Counseling, Psychological, and Social Services, Health Services and *Childcare Health Consultant* (CCHC)

Description: This wellness area ensures early child care providers create and maintain relationships with the community. It ensures that children and family have information and access to the following services: *Counseling, Psychological, Social Services, Health Services and CCHC.*

FULLY IMPLEMENTED (FI) PARTIALLY IMPLEMENTED (PI) NOT IMPLEMENTED (NI) UNABLE TO IMPLEMENT (UI)	FI	PI	NI	UI
82. Facilities partner with community organizations and groups to cosponsor or participate in cultural events such as programs at historical sites, library reading events or visiting multicultural performers that enrich the experience of enrolled children and families.				
83. Facilities invite members of the performing and visual arts community, such as musical performers, coordinators of traveling museum exhibits, local artists, puppeteers and community residents to share their interests and talents with the children.				
84. Facilities have partnerships and professional relationships with agencies, consultants and organizations in the community that increase access to additional mental health resources and service and meet the needs and interests of the children and families they serve.				
85. Facilities regularly compile and maintain a current list of children and family support services available in the community.				
86. Facilities with a significant number of non-English-speaking family's partner with a CCHC who is culturally sensitive and knowledgeable about community health resources for the family's native culture and languages.				
87. Facilities assist families in continuing to follow recommended schedules of well-child and oral health care.				

The OSSE Wellness Guidelines for Early Learning Facilities Self-Assessment Mosaic Data Tracker

Directions: Please color/fill in your responses from the OSSE Wellness Guidelines Self-Assessment. Each number represents a specific guideline and needs to be colored/filled in with the color that matches your response.



ANSWER KEY:

FULLY IMPLEMENTED (FI) | **PARTIALLY IMPLEMENTED (PI)** | **NOT IMPLEMENTED (NI)** | **UNABLE TO IMPLEMENT (UI)**

The OSSE Wellness Guideline for Early Learning Facilities Implementation Planning Tool

Instructions: After completing the OSSE Wellness Guidelines Self-Assessment, use the following template below to create an actionable time-bound plan to implement your facility's priority wellness guidelines and to track your progress. Please see the example below.

Short Term Goals: What do you want to accomplish in the next one to three months?

Long Term Goals: What do you want to accomplish in the next three to six months?

Date to Complete	Action Steps: Describe how you will accomplish the activity, ensuring that steps are specific, measurable, achievable, time-bound, and realistic. Wellness Guidelines:	Person Responsible	Status M: Met IP: In Progress NM: Not Met NA: Not Applicable
1/1/2028	a. The facility does not serve the same fruit and vegetable more than one time a day.	Teacher	In Progress
	b.		
	c.		
Date to Complete	Action Steps: Describe how you will accomplish the activity, ensuring that steps are specific, measurable, achievable, time-bound, and realistic. Wellness Guideline:	Person Responsible	Status
	a.		
	b.		
	c.		
Date to Complete	Action Steps: Describe how you will accomplish the activity, ensuring that steps are specific, measurable, achievable, time-bound, and realistic. Wellness Guideline:	Person Responsible	Status
	a.		
	b.		
	c.		

Educator Wellness

Short-term Goals: What do you want to accomplish in the next one to three months?

Long-term Goals: What do you want to accomplish in the next three to six months?

Date to Complete	Action Steps: Describe how you will accomplish the activity, ensuring that steps are specific, measurable, achievable, time-bound, and realistic. Wellness Guidelines:	Person Responsible	Status M: Met IP: In Progress NM: Not Met NA: Not Applicable
	a.		
	b.		
	c.		
Date to Complete	Action Steps: Describe how you will accomplish the activity, ensuring that steps are specific, measurable, achievable, time-bound, and realistic. Wellness Guideline:	Person Responsible	Status
	a.		
	b.		
	c.		
Date to Complete	Action Steps: Describe how you will accomplish the activity, ensuring that steps are specific, measurable, achievable, time-bound, and realistic. Wellness Guideline:	Person Responsible	Status
	a.		
	b.		
	c.		

Nutrition Services

Short-term Goals: What do you want to accomplish in the next one to three months?

Long-term Goals: What do you want to accomplish in the next three to six months

Date to Complete	Action Steps: Describe how you will accomplish the activity, ensuring that steps are specific, measurable, achievable, time-bound, and realistic. Wellness Guidelines:	Person Responsible	Status M: Met IP: In Progress NM: Not Met NA: Not Applicable
	a.		
	b.		
	c.		
Date to Complete	Action Steps: Describe how you will accomplish the activity, ensuring that steps are specific, measurable, achievable, time-bound, and realistic. Wellness Guideline:	Person Responsible	Status
	a.		
	b.		
	c.		
Date to Complete	Action Steps: Describe how you will accomplish the activity, ensuring that steps are specific, measurable, achievable, time-bound, and realistic. Wellness Guideline:	Person Responsible	Status
	a.		
	b.		
	c.		

Family Engagement

Short-term Goals: What do you want to accomplish in the next one to three months?

Long-term Goals: What do you want to accomplish in the next three to six months?

Date to Complete	Action Steps: Describe how you will accomplish the activity, ensuring that steps are specific, measurable, achievable, time-bound, and realistic. Wellness Guideline:	Person Responsible	Status M: Met IP: In Progress NM: Not Met NA: Not Applicable
	a.		
	b.		
	c.		
Date to Complete	Action Steps: Describe how you will accomplish the activity, ensuring that steps are specific, measurable, achievable, time-bound, and realistic. Wellness Guideline:	Person Responsible	Status
	a.		
	b.		
	c.		
Date to Complete	Action Steps: Describe how you will accomplish the activity, ensuring that steps are specific, measurable, achievable, time-bound, and realistic. Wellness Guideline:	Person Responsible	Status
	a.		
	b.		
	c.		

Social-Emotional Health

Short-term Goals: What do you want to accomplish in the next one to three months?

Long-term Goals: What do you want to accomplish in the next three to six months?

Date to Complete	Action Steps: Describe how you will accomplish the activity, ensuring that steps are specific, measurable, achievable, time-bound, and realistic. Wellness Guideline:	Person Responsible	Status M: Met IP: In Progress NM: Not Met NA: Not Applicable
	a.		
	b.		
	c.		
Date to Complete	Action Steps: Describe how you will accomplish the activity, ensuring that steps are specific, measurable, achievable, time-bound, and realistic. Wellness Guideline:	Person Responsible	Status
	a.		
	b.		
	c.		
Date to Complete	Action Steps: Describe how you will accomplish the activity, ensuring that steps are specific, measurable, achievable, time-bound, and realistic. Wellness Guideline:	Person Responsible	Status
	a.		
	b.		
	c.		

Teaching Healthy Habits and Self-Care Practices

Short-term Goals: What do you want to accomplish in the next one to three months?

Long-term Goals: What do you want to accomplish in the next three to six months?

Date to Complete	Action Steps: Describe how you will accomplish the activity, ensuring that steps are specific, measurable, achievable, time-bound, and realistic. Wellness Guideline:	Person Responsible	Status M: Met IP: In Progress NM: Not Met NA: Not Applicable
	a.		
	b.		
	c.		
Date to Complete	Action Steps: Describe how you will accomplish the activity, ensuring that steps are specific, measurable, achievable, time-bound, and realistic. Wellness Guideline:	Person Responsible	Status
	a.		
	b.		
	c.		
Date to Complete	Action Steps: Describe how you will accomplish the activity, ensuring that steps are specific, measurable, achievable, time-bound, and realistic. Wellness Guideline:	Person Responsible	Status
	a.		
	b.		
	c.		

Physical Activity

Short-term Goals: What do you want to accomplish in the next one to three months?

Long-term Goals: What do you want to accomplish in the next three to six months?

Date to Complete	Action Steps: Describe how you will accomplish the activity, ensuring that steps are specific, measurable, achievable, time-bound, and realistic. Wellness Guideline:	Person Responsible	Status M: Met IP: In Progress NM: Not Met NA: Not Applicable
	a.		
	b.		
	c.		
Date to Complete	Action Steps: Describe how you will accomplish the activity, ensuring that steps are specific, measurable, achievable, time-bound, and realistic. Wellness Guideline:	Person Responsible	Status
	a.		
	b.		
	c.		
Date to Complete	Action Steps: Describe how you will accomplish the activity, ensuring that steps are specific, measurable, achievable, time-bound, and realistic. Wellness Guideline:	Person Responsible	Status
	a.		
	b.		
	c.		

Physical Environment & Environmental Sustainability

Short-term Goals: What do you want to accomplish in the next one to three months?

Long-term Goals: What do you want to accomplish in the next three to six months?

Date to Complete	Action Steps: Describe how you will accomplish the activity, ensuring that steps are specific, measurable, achievable, time-bound, and realistic. Wellness Guideline:	Person Responsible	Status M: Met IP: In Progress NM: Not Met NA: Not Applicable
	a.		
	b.		
	c.		
Date to Complete	Action Steps: Describe how you will accomplish the activity, ensuring that steps are specific, measurable, achievable, time-bound, and realistic. Wellness Guideline:	Person Responsible	Status
	a.		
	b.		
	c.		
Date to Complete	Action Steps: Describe how you will accomplish the activity, ensuring that steps are specific, measurable, achievable, time-bound, and realistic. Wellness Guideline:	Person Responsible	Status
	a.		
	b.		
	c.		

Community Partnership and Health Services

Short-term Goals: What do you want to accomplish in the next one to three months?

Long-term Goals: What do you want to accomplish in the next three to six months?

Date to Complete	Action Steps: Describe how you will accomplish the activity, ensuring that steps are specific, measurable, achievable, time-bound, and realistic. Wellness Guideline:	Person Responsible	Status M: Met IP: In Progress NM: Not Met NA: Not Applicable
	a.		
	b.		
	c.		
Date to Complete	Action Steps: Describe how you will accomplish the activity, ensuring that steps are specific, measurable, achievable, time-bound, and realistic. Wellness Guideline:	Person Responsible	Status
	a.		
	b.		
	c.		
Date to Complete	Action Steps: Describe how you will accomplish the activity, ensuring that steps are specific, measurable, achievable, time-bound, and realistic. Wellness Guideline:	Person Responsible	Status
	a.		
	b.		
	c.		

OSSE Wellness Guidelines for Early Learning Facilities Policy Pledge

After completing the OSSE Wellness Guidelines Self-Assessment, use your responses to implement your wellness journey! This tool has been adopted from the DC Childcare 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.

Educator Wellness

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

Nutrition Services

[ECE FACILITY OR SCHOOL NAME] is committed to serving age-appropriate nutritious foods. A component of the educational mission of the [ECE FACILITY OR SCHOOL NAME] is teaching children to establish and maintain lifelong healthy eating habits.

Family Engagement

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

Social Emotional

[ECE FACILITY OR SCHOOL NAME] ensures all children are in a healthy social and emotional environment, developing healthy relationships and learning healthy social behaviors. Ensures all families, cultures and customs are respected. Resources are made available for families in their spoken languages.

Teaching Healthy Habits and Self-Care Practices

[ECE FACILITY OR SCHOOL] 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.

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.

Physical Environment and Environmental Sustainability

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

Community Partnerships

[ECE FACILITY OR SCHOOL NAME] ensures early child care providers create and maintain working relationships with the community. We recognize and acknowledge that children and family will have information and access to the following services: *Counseling, Psychological, Social Services, Health Services and Childcare Health Consultant (CCHC) Social Emotional Health.*

OSSE Wellness Guidelines for Early Learning Facilities Reference Page

EDUCATOR WELLNESS

1. Nemours Childcare Wellness Policy Best Practice
2. Nemours Childcare Wellness Policy Best Practice
3. Nemours Childcare Wellness Policy Best Practice
4. Caring for Our Children
5. DC Childcare Licensing
6. DC Childcare Licensing
7. Caring for Our Children
8. Caring for Our Children
9. Healthy Tots Wellness Work Group Standard
10. Healthy Tots Wellness Work Group Standard
11. Caring for Our Children; DC Childcare Licensing
12. Caring for Our Children; The National Child Traumatic Stress Network
13. Caring for Our Children; The National Child Traumatic Stress Network
14. The Educator Wellness Institute: A Whole School Approach to Improve Staff Stress and Retention and Student Achievement Participant Workbook
15. The Educator Wellness Institute: A Whole School Approach to Improve Staff Stress and Retention and Student Achievement Participant Workbook

NUTRITION SERVICES

16. Healthy Tots Regulations; DC Childcare Licensing
17. Caring for Our Children; Nemours Childcare Wellness Policy Best Practices
18. Caring for Our Children
19. Caring for Our Children
20. Caring for Our Children
21. Caring for Our Children
22. Caring for Our Children
23. Let's Move Childcare; CACFP Best Practices; American Academy of Pediatrics
24. Caring for Our Children
25. Healthy Schools Act
26. Healthy Schools Act
27. CACFP Meal Pattern Standard
28. CACFP Meal Pattern Best Practice

FAMILY ENGAGEMENT

29. Nemours Childcare Wellness Policy Best Practice
30. Nemours Childcare Wellness Policy Best Practice

31. Nemours Childcare Wellness Policy Best Practice
32. Caring for Our Children
33. Caring for Our Children
34. Caring for Our Children
35. Nemours Childcare Wellness Policy Best Practice
36. Nemours Childcare Wellness Policy Best Practice
37. Nemours Childcare Wellness Policy Best Practice

SOCIAL EMOTIONAL HEALTH

38. Caring for Our Children
39. OSSE Licensing Regulations
40. Head Start Performance Standard
41. Head Start Performance Standard
42. NAEYC Early Learning Program Accreditation Standards and Assessment Items
43. NAEYC Early Learning Program Accreditation Standards and Assessment Items
44. NAEYC Early Learning Program Accreditation Standards and Assessment Items
45. NAEYC Early Learning Program Accreditation Standards and Assessment Items
46. NAEYC Early Learning Program Accreditation Standards and Assessment Items
47. NAEYC Early Learning Program Accreditation Standards and Assessment Items
48. NAEYC Early Learning Program Accreditation Standards and Assessment Items
49. The National Child Traumatic Stress Network
50. NAEYC Early Learning Program Accreditation Standards and Assessment

TEACHING HEALTHY HABITS AND SELF-CARE PRACTICES

51. Nemours Childcare Wellness Policy Best Practices
52. Caring for Our Children
53. Caring for Our Children
54. Caring for Our Children
55. Caring for Our Children
56. Caring for Our Children
57. Caring for Our Children
58. Nemours Childcare Wellness Policy Best Practices
59. Nemours Childcare Wellness Policy Best Practices

60. Caring for Our Children
61. Caring for Our Children
62. Caring for Our Children
63. Caring for Our Children
64. Caring for Our Children

PHYSICAL ACTIVITY

65. Caring for Our Children
66. American Academy of Pediatrics, Nemours Sample Policies for Physical Activity in ECE Centers
67. DC Childcare Licensing
68. DC Childcare Licensing
69. DC Childcare Licensing

PHYSICAL ENVIRONMENT & ENVIRONMENTAL SUSTAINABILITY

70. Caring for Our Children
71. Caring for Our Children
72. Caring for Our Children
73. Caring for Our Children
74. Caring for Our Children
75. NAEYC Early Learning Program Accreditation Standards and Assessment Items
76. Caring for Our Children
77. NAEYC Early Learning Program Accreditation Standards and Assessment Items
78. NAEYC Early Learning Program Accreditation Standards and Assessment Items
79. NAEYC Early Learning Program Accreditation Standards and Assessment Items
80. Caring for Our Children
81. Caring for Our Children

COMMUNITY PARTNERSHIPS AND HEALTHY SERVICES

82. NAEYC Early Learning Program Accreditation Standards and Assessment Items
83. NAEYC Early Learning Program Accreditation Standards and Assessment Items
84. NAEYC Early Learning Program Accreditation Standards and Assessment Items
85. NAEYC Early Learning Program Accreditation Standards and Assessment Items
86. NAEYC Early Learning Program Accreditation Standards and Assessment Items
87. NAEYC Early Learning Program Accreditation Standards and Assessment Items



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