

EMPOWER GUIDEBOOK

Third Edition

Ten Ways to Empower Children to Live Healthy Lives

Standards for Empower Child Care Facilities in Arizona



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EMPOWER

Introduction and Background

Greetings Empower Superheroes!

You have an amazing opportunity to help shape the health of young children that you care for. By your everyday use of the Empower Standards, you are helping young children and their parents develop healthy habits that will last a lifetime. You want your work to make a lasting difference, to prepare children for their future, and to help children be successful in school and life. You also want your work to make a lasting difference for parents, to be their partner during their child's most formative years, and to support them through everyday routines. You chose to work in Early Care and Education (ECE) because you care about young children and want the best for each and every child. Use the Empower Standards in your program every day. There is no better gift you can give. Be an Empower Superhero!

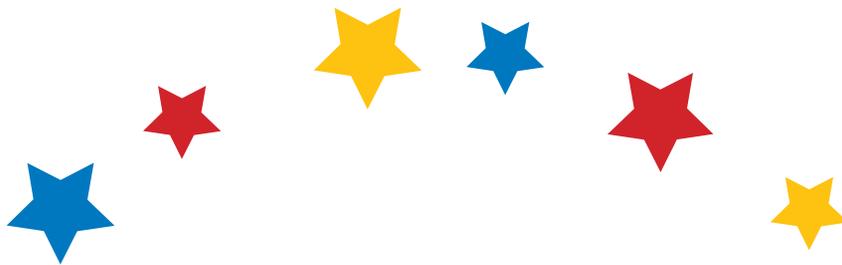
The Empower Standards are an Arizona brand. The Empower Standards were developed, piloted, and finally implemented statewide in 2010 when state funding decisions created a financial crisis for the child care community. The solution was the birth of the Empower Standards. Arizona's child care centers and child care small group homes, which are licensed by the Arizona Department of Health Services (ADHS) Bureau of Child Care Licensing (BCCL), now had an alternative to paying very expensive fees. They could voluntarily agree to implement the Empower Standards in exchange for discounted licensing fees of 50%. This agreement continues today and is revisited every 3 years when licensing fees are renewed.

Today, approximately 2,400 ADHS licensed child care facilities (over 99%) participate in the Empower Standards and thousands of Arizona's young children have benefitted. There are two simple parts to implementing Empower in your facility: 1) establish policies for each standard and 2) implement each standard, which promotes health, physical activity, nutrition, and other wellness activities. This **3rd edition** of the Empower Guidebook is designed to help you do just that!

As staff members, child care providers, parents, health professionals and community members, we want all young children to develop lifelong healthy habits. We know that these early habits begin both in the home and early child care environments. As staff members and child care providers working in ECE settings, it's your job to model and teach healthy behaviors for children in your care and assist parents to promote these behaviors at home.



The Empower Guidebook is designed to provide you with tools that make your job easier. The Standards and Guidebook are based on current science, public health research, national recommendations and best practices. And since ECE settings serve many diverse families, including children with special health care needs, the Empower Guidebook reflects the needs of a broad range of children. (Children with special health care needs refer to a child with an ongoing medical condition, behavioral challenge, developmental delay or disability.)



In summary, the guidebook can be used by professionals in a variety of settings, including:

- Child care centers, family child care, small group homes, before or after school programs, part-day preschool and Head Start programs.
- Sponsoring agencies, community coalitions, local early childhood organizations, government agencies, and other groups interested in improving health and prevention practices in ECE settings.

By implementing the Empower Standards, you are supporting healthy relationships with food, encouraging physical activity, preventing exposure to tobacco and second-hand smoke, supporting sun safety and promoting healthy oral health practices so the children in your care can develop a healthy foundation for optimal growth and development.

Thank you for your work and being an
everyday Empower Superhero for Health!

HOW TO USE THE GUIDEBOOK

The Empower Guidebook is organized by each of the 10 Empower Standards. In each section you will find:

- **Standard**
- **Rationale**
- **Policy samples**
- **Additional information**

★ **Standard:** Your job is to read about each standard and learn why it is important to include in your facility. We want you to fully understand how implementing the standard contributes to children's health and wellness. Each standard is based on current science, public health research, national recommendations and best practices.

Be sure that you understand the various components that are required in order for the standard to be fully implemented. For example, for Standard 3, Provide a Breastfeeding-Friendly Environment, there are three components that you need to have in place to fully implement this standard:

1. Provide a private comfortable place with an electrical outlet, near running water
2. Provide space in a refrigerator and/or freezer
3. Post breastfeeding welcoming signage or promotion information

★ **Rationale:** The rationale provides the reasons why this standard is important to implement and how it contributes to a child's health and wellness. Using Standard 3 again as an example, the rationale describes how breastfeeding contributes to a child's health in a variety of ways: Breast milk is the ideal and natural way for babies to be fed and is easily digestible. Breastfeeding offers protection from obesity and illness such as ear infections, respiratory infections, diarrhea and more.

The nutrition is ideal and supports optimal growth and development for the first 6 months of life. There are several benefits to the mother as well, including lowering the mother's risk of diabetes, breast cancer, and heart disease.

- ★ **Policy Samples:** You are required to have a written policy for each of the 10 Empower Standards. To get you started, we have provided two samples for you to use. One is more in depth than the other. If you have no policies in place, you may choose one of the samples. Write the name of your facility on it, and make this your policy for now. It's that easy! Over time, we hope that you will make revisions. Write new policies that are created with input from your parents, staff members, and child care providers and that focus on the culture of your particular facility. Natural times for facilities to implement new policies are during enrollment at the beginning of the school year in late summer/early fall or after winter break in early January. It's important to communicate these policies to all staff members, child care providers, and parents so everyone understands the benefits and procedures. If you have other policies for licensing or contracts, or handbooks for staff members, child care providers, and parents, the Empower policies can serve as a companion piece.

- ★ **Additional Information:** Because we want to keep the Empower Guidebook focused only on the Empower standards and policies, we have moved some of the previous companion pieces to the Empower website at theempowerpack.org. For example, for **Standard 3: Provide a Breastfeeding-Friendly Environment**, you can find more information on inclusion of children with special health care needs and disabilities, multi-age grouping, family engagement, language and cultural adaptations, and various settings including homes and center facilities at theempowerpack.org. **Click on Standard 3**. Additionally, you can find activity resources, best practice recommendations, parent letters, training videos, frequently asked questions (FAQ) and more related to **Standard 3: Provide a Breastfeeding-Friendly Environment** at the Empower website, theempowerpack.org. **Click on Standard 3**.

10 WAYS TO EMPOWER CHILDREN TO LIVE HEALTHY LIVES

- ★ **Standard 1:** Provide at least 60 minutes of daily physical activity, including adult-led and free-play. Limit screen time to three hours or less per week and no more than 60 minutes of sedentary activity at a time.
- ★ **Standard 2:** Practice “sun safety.”
- ★ **Standard 3:** Provide a breastfeeding-friendly environment.
- ★ **Standard 4:** Determine whether the facility is eligible for the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP), and participate if eligible.
- ★ **Standard 5:** Limit serving fruit juice to no more than two times per week.
- ★ **Standard 6:** Serve meals family-style and do not use food as a reward.
- ★ **Standard 7:** Provide monthly oral health education or implement a toothbrushing program.
- ★ **Standard 8:** Ensure that staff members and child care providers receive three hours of training annually on Empower topics.
- ★ **Standard 9:** Make Arizona Smokers’ Helpline (ASHLine) education materials available at all times.
- ★ **Standard 10:** Maintain a smoke-free environment.

Empower child care facilities will develop and implement a written policy for each standard that meets the needs of all children served.



Standard 1

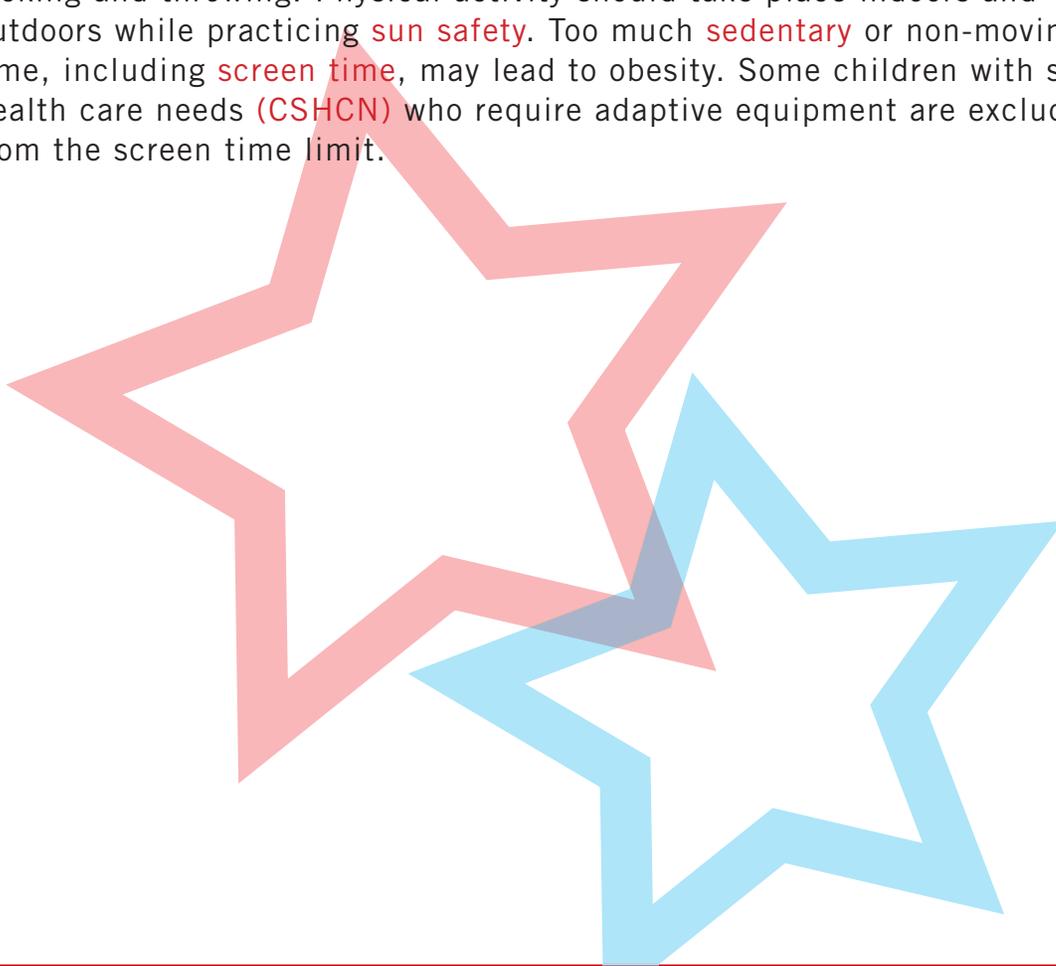
STANDARD 1

PHYSICAL ACTIVITY

Provide at least 60 minutes of daily physical activity, including adult-led and free-play. Limit screen time to three hours or less per week and no more than 60 minutes of sedentary activity at a time.

Why is this Standard important?

Physical activity and movement are important for a child's learning and growth. During the first six years of life, children learn healthy habits through physical activity. They develop **gross motor skills** like jumping, kicking and throwing. Physical activity should take place indoors and outdoors while practicing **sun safety**. Too much **sedentary** or non-moving time, including **screen time**, may lead to obesity. Some children with special health care needs (**CSHCN**) who require adaptive equipment are excluded from the screen time limit.



You can find activity resources, best practice recommendations, parent letters, training videos, and more related to **Standard 1: Physical Activity** at the Empower website, theempowerpack.org. Click on Standard 1.

To meet this Standard, develop and follow a written policy to include:

- ★ Following a daily physical activity **curriculum** that includes the amount of time, type, and difficulty or intensity of the activity:

Time: At least 60 minutes per day for children one year and older and as appropriate for CSHCN (see Table 1).

Type: Must include both **adult-led and free-play** physical activity according to the guidelines in Table 1.

- Every child, including CSHCN, should have the opportunity to participate outdoor and indoor physical activity.
- Physical activity should never be used or withheld from children as punishment.

Intensity: Physical activity should include both **moderate** and **vigorous** forms of physical activity, adjusted as appropriate for CSHCN (see Table 2).

- Children may find some activities more difficult than others.
- If children are greatly fatigued by an activity, have them switch to a less intense activity or modify the activity.

- ★ Limiting sedentary time to less than 60 minutes at a time, except when sleeping and as appropriate for CSHCN.

- Limiting time infants spend in devices that restrain movement (examples include a car seat, bouncy chair, stroller, or swing)

- ★ Limiting screen time to three hours or less per week.

- No screen time during meal or snack time.
- Children under age two should have no screen time.
- Some CSHCN may have more screen time than three hours per week as needed.
- Some exceptions may be made for school age children working on homework



For more information on inclusion of children with special health care needs and disabilities, multi-age grouping, family engagement, language and cultural adaptations, and various settings including homes and center facilities related to **Standard 1: Physical Activity**, please visit the Empower website at theempowerpack.org. Click on Standard 1.

PHYSICAL ACTIVITY GUIDELINES (Table 1)

Age Group	Time spent in physical activity, per 8-hour day	Time spent in physical activity, per 4-hour day
Birth through 11 months	<ul style="list-style-type: none"> ★ Start with short periods of tummy time (3 to 5 minutes) and increase as the infant shows enjoyment ★ Include activities that safely support infant's developmental milestones (kicking, crawling, reaching for objects) 	<ul style="list-style-type: none"> ★ Start with short periods of tummy time (3 to 5 minutes) and increase as the infant shows enjoyment ★ Include activities that safely support infant's developmental milestones (kicking, crawling, reaching for objects)
1 through 6+ year-olds	Adult-Led 30 min + Free-Play 30 min = Total 60 min	Adult-Led 15min + Free-Play 15 min = Total 30 min

Tip: The recommended amount of time for physical activity can be split into shorter periods. For example, the 60 minute requirement could be met by four sessions of 15 minutes each. For infants with special health care needs, refer to the child's parent or physician for guidance.

MODERATE AND VIGOROUS INTENSITY ACTIVITIES (Table 2)

Moderate Intensity	Vigorous Intensity
<ul style="list-style-type: none"> ★ Walking ★ Bouncing a ball ★ Dancing ★ Climbing ★ Playing on outdoor playground equipment 	<ul style="list-style-type: none"> ★ Active games involving running and chasing, such as tag ★ Skipping ★ Jumping rope ★ Kicking a soccer ball ★ Shooting baskets

You can find activity resources, best practice recommendations, parent letters, training videos, and more related to **Standard 1: Physical Activity** at the Empower website, theempowerpack.org. Click on Standard 1.

PHYSICAL ACTIVITY SAMPLE POLICY #1



(Name of child care facility) is committed to our children’s health and understands the unique needs of each child. We value our staff members and child care providers as positive role models who help children begin healthy habits at a young age. We promote, both indoor and outdoor physical activity by following the guidelines below. This policy is for an 8-hour per day facility and is specific to each age group.

For children birth through 11 months

- ★ Daily physical activity is planned and initiated:
 - Staff members and child care providers will engage infants in short periods of tummy time (3 to 5 minutes) and increase the amount of time as infants show enjoyment, or as appropriate for children with special health care needs (CSHCN).
 - Staff members and child care providers will include activities that safely support infants’ developmental milestones.
- ★ Sedentary time will be limited to less than 60 minutes at a time, except when sleeping.
- ★ Screen time is not permitted except as appropriate for CSHCN.

For children 12 months to 23 months:

- ★ Daily physical activity is planned and initiated:
 - Staff members and child care providers will include at least 60 minutes per day in curriculum for physical activity and as appropriate for CSHCN.
 - At least 30 minutes will be adult-led and 30 minutes will be free-play as appropriate for CSHCN.
 - Staff members and child care providers will encourage both moderate and vigorous levels of physical activity.
- ★ Sedentary time is limited to less than 60 minutes at a time, except when sleeping.
- ★ Screen time is not permitted except as appropriate for CSHCN.

For children two years and older:

- ★ Daily physical activity is planned and initiated:
 - Staff members and child care providers will include at least 60 minutes per day in curriculum for physical activity and as appropriate for CSHCN.
 - At least 30 minutes will be adult-led and 30 minutes will be free-play as appropriate for CSHCN.
 - Staff members and child care providers will encourage both moderate and vigorous levels of physical activity.
- ★ Sedentary time is limited to less than 60 minutes at a time, except when sleeping.
- ★ Screen time is limited to three hours or less per week.
 - Exceptions to screen time limits include: children needing assistive and/or adaptive equipment or when screen time engages children in physical activity or is used for educational purposes.

Physical activity will never be used or withheld as a punishment.

For more information on inclusion of children with special health care needs and disabilities, multi-age grouping, family engagement, language and cultural adaptations, and various settings including homes and center facilities related to **Standard 1: Physical Activity**, please visit the Empower website at theempowerpack.org. Click on Standard 1.



PHYSICAL ACTIVITY SAMPLE POLICY #2



(Name of child facility) is committed to our children's health and understands the unique needs of each child. We encourage all children to engage in a variety of fun physical activities based on their age and development. Children who are inactive for long periods of time are more likely to become overweight. We will promote physical activity by following the guidelines below. This policy is for an 8-hour per day facility.

- ★ Infants will participate in tummy time and age-appropriate activity daily as enjoyed by the child and as appropriate for children with special health care needs (CSHCN).
- ★ Children over the age of one are provided with at least 60 minutes of physical activity each day or as appropriate for CSHCN. This includes both adult-led and free-play activities according to the Empower guidelines.
- ★ Staff members and child care providers encourage both moderate and vigorous levels of physical activity and as adapted for CSHCN.
- ★ Every child has the opportunity to participate in both outdoor and indoor physical activity and as appropriate for CSHCN.
- ★ Children are encouraged to be active throughout the day by exploring their environment.
- ★ Sedentary activity is limited to 60 minutes or less at a time, except during nap time and as appropriate for CSHCN.
- ★ Physical activity is never used or withheld as punishment.
- ★ Screen time is not permitted for children under the age of two. Screen time is limited to three hours per week for children ages two and older, excluding those who need assistive and/or adaptive equipment or when screen time engages children in physical activity or is used for educational purposes.
- ★ Screen time is not allowed during meal or snack time excluding those who need assistive and/or adaptive equipment.



For more information on inclusion of children with special health care needs and disabilities, multi-age grouping, family engagement, language and cultural adaptations, and various settings including homes and center facilities related to **Standard 1: Physical Activity**, please visit the Empower website at theempowerpack.org. Click on Standard 1.



Standard 2

Standard 2

STANDARD 2

SUN SAFETY

Practice “sun safety.”

Why is this Standard important?

Too much sun exposure can be dangerous due to the harmful **UV rays**. Overexposure to the sun is one of the leading causes of skin cancer, premature aging and cataracts. In fact, damage occurs any time skin becomes sunburned or tanned. Remember, there is no such thing as a healthy tan.

It is very important to ensure that children are protected from the sun. Children can easily be sunburned during outdoor play, and are especially at risk. Childhood sun exposure is a key indicator for developing skin cancer later in life. Educating children on the importance of sun safety can help them develop healthy habits that could decrease their chance of developing skin cancer throughout their life.

You can find activity resources, best practice recommendations, parent letters, training videos, and more related to **Standard 2: Sun Safety** at the Empower website, theempowerpack.org. Click on Standard 2.

To meet this Standard, develop and implement a written policy that includes:

- ★ Protecting children, staff members and child care providers from overexposure to the sun during any outdoor physical activity by:
 - Following the age-specific sun precautions according to **Table 1**.
 - Monitor the **ultraviolet or UV Index** at theempowerpack.org under Standard 2 when planning outdoor activities to determine the intensity of the sun’s rays.
 - Limiting sun exposure during peak **UV** hours (from 10 am to 4 pm).
 - Encouraging staff members and child care providers to protect their own skin and the children’s with **SPF** 15 sunscreen or stronger, lip balm with **SPF**, hats, sunglasses, tightly woven clothing and shade.
 - Get approval from child’s parent before applying sunscreen.
 - Encouraging the child’s parent to apply sunscreen to children regularly.

For more information on inclusion of children with special health care needs and disabilities, multi-age grouping, family engagement, language and cultural adaptations, and various settings including homes and center facilities related to **Standard 2: Sun Safety**, please visit the Empower website at theempowerpack.org. Click on Standard 2.

PROTECTING CHILDREN FROM SUN OVEREXPOSURE BY AGE GROUP

AGE GROUP	SUN PROTECTION	PRECAUTIONS FOR ALL CHILDREN
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">BIRTH THROUGH 11 MONTHS</p>	<p>All children under 12 months should have limited sun exposure.</p> <p>For a newborn, use a stroller with a hood that can be adjusted to block sun. Infants under six months old should be kept out of direct sunlight to protect their sensitive skin.</p> <p>Protect baby’s head and shade their face with a wide-brimmed hat and cover exposed arms and legs with lightweight cloth or clothing. Consider using clothing that is Ultraviolet Protection Factor (UPF) treated. Soft-foam sunglasses with UV filters also protect baby’s eyes.</p> <p>SUNSCREEN:</p> <p>Please make sure you check with the child’s parent before applying any sunscreen.</p> <p>Sunscreen may be applied to an infant’s face and the backs of hands after checking with child’s parent who may choose to consult their pediatrician. Choose a moisturizing (non-alcohol-based) water-resistant sunscreen.</p> <p>Sunscreen can be used with children six months and older if parental/pediatrician approval is given.</p> <p>Any sunscreen should first be tested on the child’s forearm for a potential reaction.</p> <p>A sunscreen with a Sun Protection Factor (SPF) of 15 or higher is preferred. Lip balm should have an SPF of 15 or higher to protect lips. Avoid applying sunscreen near eyes.</p>	<ul style="list-style-type: none"> ★ Wide-brimmed hats can be used on children of all ages with adult supervision. ★ Seek shade under an awning, tree, or cover children with an umbrella, especially during the most intense sun times (10 am to 4 pm). ★ Remember, a sunburn can occur even on cloudy or cool-temperature days and at higher elevations. ★ The sun’s ultraviolet or UV rays can reflect off of water and sand and cause sunburns. ★ Encourage the child’s parent to apply sunscreen to children before they arrive at your site.

(Table 1)

AGE GROUP	SUN PROTECTION	PRECAUTIONS FOR ALL CHILDREN
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">1 THROUGH 6 YEAR OLDS AND OLDER</p>	<p>With a toddler, use a canopy stroller or attachment to shade the child.</p> <p>Sunglasses can be worn by toddlers and older children to protect eyes from the sun's UV rays and prevent cataracts later in life.</p> <p>SUNSCREEN:</p> <p>Please make sure you check with the child's parent before applying any sunscreen.</p> <p>Children ages three and older can be taught to self-apply sunscreen. First, have children practice by applying imaginary sunscreen onto exposed skin, starting with their face. Use fun imagery; for example, rub sunscreen on your neck like a giraffe, on your toes like a turtle, etc. Avoid eyes and inner ears. Once capable, they can use real sunscreen.</p> <p>Older children enjoy a discovery approach to sun safety. For example, the sun is a glowing ball of plasma 93 million miles away, but its invisible UV rays can burn and damage skin. Protecting your skin with a wide-brimmed hat, sunglasses, sunscreen, long-sleeved, tight-knit clothing, staying in the shade, etc. provides a superhero layer of protection from the sun's potentially damaging UV rays.</p>	<ul style="list-style-type: none"> ★ Remember, sunscreen lasts about two hours, so reapplication is necessary after two hours in your care. Once skin is wet or sweaty, sunscreen becomes less effective. Although some sunscreens are water resistant, no sunscreen is completely waterproof, and none provide all day protection. ★ Some facilities provide gallon jugs of nonallergenic sunscreen for children to use on site. Choose one with SPF 15 or higher.

(Table 1 Cont.)



How long does it take to get a **SUNBURN?**

Ultraviolet (UV) Index:	0-2 Very Low	3-4 Low	5-6 Medium	7-10 High	10+ Very High
Minutes to sunburn*	60	45	30	15-24	10 or Less
How to protect yourself					
	SPF 15+	SPF 15+	SPF 15+	SPF 15+	SPF 15+

*Minutes to sunburn with no sunscreen use, based on fair skin that sometimes tans but usually burns.

To check out the UV Index in your area please visit www.azdhs.gov/dhs/burnwise



ARIZONA DEPARTMENT OF HEALTH SERVICES

Key Code	
	Wear sunglasses
	Use sunscreen - SPF 15, 30, 45
	Wear a hat
	Stay in the shade
	Try to stay out of the sun at midday
UV Index	Forecast for sun intensity



SunWise AZ™

Please visit us at www.azempower.gov

EMPOWER and SunWise AZ™



SUN SAFETY SAMPLE POLICY #1

(Name of child care facility) is dedicated to protecting the wellbeing and overall health of our children, staff members and child care providers. It is our goal to keep all outdoor activities enjoyable and fun, while keeping everyone sun safe. Scientific research has shown that there are a number of negative health effects due to sun overexposure including skin cancer and cataracts.

Policy:

(Name of child care facility) agrees to use the following safeguards for all outdoor activities:

- ★ Staff members and child care providers will follow the age and developmentally appropriate guidance provided in **Table 1** of the Empower Program Sun Safety Standard when planning outdoor activities.
- ★ Staff members and child care providers will protect the children's skin, as well as their own, by:
 - Using sunscreen and lip balm that is **SPF 15** or higher (after written permission is provided by the parent), wide brimmed hats, sunglasses, tight-knit clothing and shade.
 - Limiting the exposure to the midday sun when **UV rays** are strongest, between 10 AM and 4 PM.
 - Monitor the **UV Index** regularly at theempowerpack.org under Standard 2 to monitor the intensity of the sun's rays in order to properly plan for outdoor activities.

For more information on inclusion of children with special health care needs and disabilities, multi-age grouping, family engagement, language and cultural adaptations, and various settings including homes and center facilities related to **Standard 2: Sun Safety**, please visit the Empower website at theempowerpack.org. Click on Standard 2.

SUN SAFETY

SAMPLE POLICY #2



Here at (name of child care facility), the health and safety of our children are a primary concern. To ensure the children are protected from overexposure to the sun's rays while outdoors, we pledge to:

- ★ Ask parents to apply sunscreen to their children prior to arriving at our child care program.
- ★ Request that the child's parent provide a hat, lip balm, sunglasses, and clothing that covers child's arms and legs, such as pants and a long sleeve shirt, for outdoor activity.
- ★ Seek written permission to apply sunscreen to child while in our care.
- ★ Provide shade for outdoor activities while at our program.
- ★ Minimize outdoor activity during the midday hours of 10 AM and 4 PM when the sun's rays are the strongest.
- ★ Stay aware of **UV** ray intensity by checking the **UV** index on theempowerpack.org in order to plan outdoor activity.
- ★ Teach sun safety practices by modeling good sun safety habits.
- ★ Limit outdoor exposure for children under the age of 1, and strictly limit sun exposure for infants less than 6 months of age.
- ★ Follow sun safety policies, as they are outlined in the Empower Guidebook in accordance with child's age group.



For more information on inclusion of children with special health care needs and disabilities, multi-age grouping, family engagement, language and cultural adaptations, and various settings including homes and center facilities related to **Standard 2: Sun Safety**, please visit the Empower website at theempowerpack.org. Click on Standard 2.

Standard 3



STANDARD 3 BREASTFEEDING

Provide a breastfeeding-friendly environment.

Why is this Standard important?

As a child care facility, an important thing you can do for babies is support their parents' decisions about infant feeding, especially the mother's breastfeeding (nursing) efforts. Breastmilk is the ideal food for infants to both nourish and protect them from obesity and illness, including ear infections, upper and lower respiratory infections, diarrhea and others. The **American Academy of Pediatrics** recommends **exclusive breastfeeding** for about 6 months. It is also recommended that mom continues to breastfeed until her baby is 1 year of age and while introducing solid foods. With so many infants in child care facilities, staff members and child care providers can play a vital role in supporting a mother's continuation of breastfeeding including mother's of children with special health care needs (CSHCN) or disabilities.

Breastfeeding is also good for staff members and child care providers because they have:

- ★ Babies with less **colic** and spitting up.
- ★ Diapers that do not smell badly.
- ★ Babies who are sick less often.
- ★ Breast milk does not stain clothes.
- ★ Mothers who feel good about child care because they can continue to breastfeed their babies.
- ★ Reimbursement through CACFP for breastfeeding babies

Remember: Whether or not to breastfeed (and for how long) is a mother's personal choice. However, you can make it easier for breastfeeding moms to continue to do so once they've left their infants in your care by providing a breastfeeding-friendly environment.

You can find activity resources, best practice recommendations, parent letters, training videos, and more related to **Standard 3: Breastfeeding** at the Empower website, theempowerpack.org. Click on Standard 3.

To meet this Standard, develop and implement a written policy that includes the following guidelines that support a breastfeeding-friendly environment:

- ★ Provide breastfeeding mothers a place to breastfeed or express their milk (usually through pumping).
 - Breastfeeding mothers, including staff members and child care providers, will be provided a private and sanitary place to breastfeed their babies or express milk. This area will have an electrical outlet, comfortable chair and nearby access to running water.
(Note: A bathroom is not an acceptable area)
- ★ Provide a refrigerator or designated space in a refrigerator and/or freezer for the storage of expressed breastmilk.
 - Ask the mother to bring in her expressed breastmilk in an unbreakable container(s).
 - Label the container(s) of breastmilk with the infant's full name (first and last) and the date it was brought to the center.
 - Store the breastmilk in a designated space within the refrigerator and/or freezer.
- ★ Reassure nursing mothers that they are welcome by displaying breastfeeding promotion information.
 - Place the "Welcome to our breastfeeding-friendly facility" sign, included in the Empower Pack, on your doors or windows so that the parents can see it. This will encourage mothers to initiate and continue breastfeeding after returning to work or school.

Remember: If you, staff members and child care providers or the parents have questions about breastfeeding, please call or refer to the Arizona Department of Health Services Breastfeeding Hotline (available 24/7): 1-800-833-4642. Someone is always available to answer questions.

The Arizona WIC Program is also able to provide breastfeeding education and support. To find out more information about WIC please visit theempowerpack.org under Standard 3: Breastfeeding.

For more information on inclusion of children with special health care needs and disabilities, multi-age grouping, family engagement, language and cultural adaptations, and various settings including homes and center facilities related to **Standard 3: Breastfeeding**, please visit the Empower website at theempowerpack.org. Click on Standard 3.

STORAGE DURATION OF FRESH HUMAN MILK FOR USE WITH HEALTHY FULL-TERM INFANTS

LOCATION	TEMPERATURE	DURATION	COMMENTS
Countertop, table	Room temperature (up to 77°F or 25°C)	6–8 hours	Containers should be covered and kept as cool as possible; covering the container with a cool towel may keep milk cooler.
Insulated cooler bag	5-39°F or -15-4°C	24 hours	Keep ice packs in contact with milk containers at all times; limit opening the cooler bag.
Refrigerator	39°F or 4°C	5 days	Store milk in the back of the main body of the refrigerator.
Freezer compartment of a refrigerator	5°F or -15°C	2 weeks	Store milk toward the back of the freezer, where temperature is most constant. Milk stored for longer durations in the ranges listed is safe, but some of the lipids in the milk undergo degradation resulting in lower quality.
Freezer compartment of refrigerator with separate doors	0°F or -18°C	3–6 months	Store milk toward the back of the freezer, where temperature is most constant. Milk stored for longer durations in the ranges listed is safe, but some of the lipids in the milk undergo degradation resulting in lower quality.
Chest or upright deep freezer	-4°F or -20°C	6–12 months	Store milk toward the back of the freezer, where temperature is most constant. Milk stored for longer durations in the ranges listed is safe, but some of the lipids in the milk undergo degradation resulting in lower quality.

Source: CDC 'Proper Handling and Storage of Human Milk', Academy of Breastfeeding Medicine (2010)

BREASTFEEDING SAMPLE POLICY #1



We at (name of child care facility) are committed to providing ongoing support to breastfeeding mothers including mothers with CSHCN or disabilities. Research has documented a multitude of health benefits to both the mother and infant when the infant is breastfed.

Policy:

The (name of child care facility) adheres to the following guidelines:

- ★ Breastfeeding mothers and mothers with disabilities or CSHCN are provided a place to breastfeed or express their milk.
 - Breastfeeding mothers, including staff members and child care providers, are offered a private and sanitary place to breastfeed their babies or express milk. This area has an electrical outlet, comfortable chair and nearby access to running water.
(A bathroom is not acceptable.)
- ★ A refrigerator or designated space within a refrigerator and/or freezer is made available for the storage of expressed breast milk.
 - Breastfeeding mothers, staff members and child care providers may store their expressed breast milk in the child care facility's refrigerator and/or freezer. Mothers should provide their own container(s), clearly labeled with their baby's first and last name and the date it was brought to the facility.
- ★ Reassure nursing mothers that they are welcome by displaying breastfeeding promotion information.
 - The "Welcome to our breastfeeding-friendly Child Care Facility" sign, included in the Empower Pack, is on our doors or windows so that it is visible to our parents. Our goal is to encourage mothers to continue breastfeeding after returning to work or school.



For more information on inclusion of children with special health care needs and disabilities, multi-age grouping, family engagement, language and cultural adaptations, and various settings including homes and center facilities related to **Standard 3: Breastfeeding**, please visit the Empower website at theempowerpack.org. Click on Standard 3.

BREASTFEEDING SAMPLE POLICY #2

We at (name of child care facility) are committed to providing ongoing support to breastfeeding mothers and will respect and encourage a mother's decision to continue to breastfeed her child. In keeping with this philosophy, our facility will:

- ★ Provide a welcoming atmosphere that encourages mothers to begin and continue to breastfeed, even after returning to school or work.
- ★ Provide a designated area for mothers, including staff members and child care providers, to breastfeed their child on site (such as a rocking chair).
- ★ Provide a refrigerator or designated space within a refrigerator and/or freezer for storage of expressed breast milk.

For more information on inclusion of children with special health care needs and disabilities, multi-age grouping, family engagement, language and cultural adaptations, and various settings including homes and center facilities related to **Standard 3: Breastfeeding**, please visit the Empower website at theempowerpack.org. Click on Standard 3.



Standard 4



STANDARD 4 CHILD & ADULT CARE FOOD PROGRAM (CACFP)

Determine whether the facility is eligible for the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP), and participate if eligible.

Why is this Standard important?

The Child and Adult Care Food Program (CACFP) aims to improve and maintain the health and nutrition of children while promoting the development of life-long healthy eating habits. The CACFP supports affordable child care by providing reimbursement for nutritious meals and snacks served to children in care. Participating facilities can receive reimbursement for up to two meals and one snack or two snacks and one meal, per participant per day. All meals and snacks must meet guidelines established by the USDA that encourage the consumption of diverse foods and limited juice intake. Keep in mind that some CSHCN have dietary restrictions that are outside USDA nutritional guidelines. With a physician's note, foods for CSHCN with dietary restrictions may also be reimbursed.

Facilities can also receive reimbursement for breastmilk and mothers who nurse their child on site.

You can find activity resources, best practice recommendations, parent letters, training videos, and more related to **Standard 4: CACFP** at the Empower website, theempowerpack.org. Click on Standard 4.

To meet this Standard, develop and implement a written policy that includes:

- ★ Checking eligibility of the children in your care for the Child and Adult Care Food Program by:
 - Visiting CACFP’s website which can be found at theempowerpack.org. Click on Standard 4: CACFP
 - Calling 1-800-352-4558 or 602-542-8700 to consult with CACFP staff to determine if the program is a good fit.
- ★ If eligible, participate in the CACFP program.
- ★ Document eligibility and participation status.



For more information on inclusion of children with special health care needs and disabilities, multi-age grouping, family engagement, language and cultural adaptations, and various settings including homes and center facilities related to **Standard 4: CACFP**, please visit the Empower website at theempowerpack.org. Click on Standard 4.

What are the benefits of CACFP?

- ★ Reimbursement to improve your current menus to offer more fresh fruits and vegetables, whole grains, and low-fat dairy products
- ★ The ability to purchase foods from local or regional distributors like farms and farmers markets
- ★ Support and assistance from other nutrition programs such as WIC and SNAP-Ed. To find out more about these programs and eligibility information for your families visit theempowerpack.org. under Standard 4: CACFP

Eligibility for Child Care Centers:

Eligible facilities include non-residential, licensed or approved, public or private non-profit child care facilities. Preschools, Head Starts, and out-of-school-time programs meeting the CACFP requirements are also eligible.

For-profit child care facilities may participate if at least 25% of the total enrollment qualify for Free and Reduced meals or qualify for Title XX benefits

Eligibility for Home Settings:

Home providers may participate under the guidance of a non-profit or public agency called a sponsoring organization. These organizations are responsible for the training, monitoring and implementation of the program. To find a list of sponsoring organizations, go to: theempowerpack.org under Standard 4: CACFP.

Eligible Participants:

- ★ Infants through 12 years old.
- ★ Children of migrant workers 15 years old and under.
- ★ Mentally or physically handicapped persons, as defined by the State, who are enrolled in an institution or a child care facility serving a majority of persons 18 years and under.

Steps to check eligibility for CACFP:

1. The director of the facility or designated staff member or child care provider will visit the CACFP website to learn more information about the program at: www.azed.gov/health-nutrition/cacfp/
2. The director of the facility or designated staff member or child care provider will call CACFP at 1-800-352-4558 to determine if this program is a good fit.
3. If the program is determined to be a good fit, the director of the facility, designated staff member or child care provider will register for and attend the training class "How to Operate the CACFP."
4. Access will be given to the application packet and it must be submitted within 45 days of attending the class.

CACFP SAMPLE POLICY #1



We at (name of child care facility) recognize the importance of affordable child care while also providing quality nutrition to low-income families.

The Child and Adult Care Food Program (CACFP) helps Arizona child care facilities improve and maintain the health and nutritional status of children while promoting the development of good eating habits. Also, CACFP helps cut the costs of care for low-income families.

Policy:

The (name of child care facility) will explore the CACFP program and check eligibility by:

- ★ Having the director of the facility, designated staff member or child care provider visit the CACFP Website found at theempowerpack.org under Standard 4: CACFP.
- ★ Having the director of the facility, designated staff member or child care provider call CACFP at 1-800-352-4558 or (602) 542-8700 to determine if this program is a good fit.

The (name of child care facility) (“is” or “is not”) participating in the CACFP at this time.



For more information on inclusion of children with special health care needs and disabilities, multi-age grouping, family engagement, language and cultural adaptations, and various settings including homes and center facilities related to **Standard 4: CACFP**, please visit the Empower website at theempowerpack.org. Click on Standard 4.

CACFP SAMPLE POLICY #2

We at (name of child care facility) are committed to the health of all of our children. CACFP supports child care facilities by making child care more affordable for many low-income families while promoting good eating habits that support a child's individual needs. Eligibility for CACFP is determined by federal standards based on family income within established geographic boundaries. Our facility will check and document eligibility for CACFP.

At this time, the (name of child care facility), (participates or does not participate) in the CACFP.

For more information on inclusion of children with special health care needs and disabilities, multi-age grouping, family engagement, language and cultural adaptations, and various settings including homes and center facilities related to **Standard 4: CACFP**, please visit the Empower website at theempowerpack.org. Click on Standard 4.



Standard 5



STANDARD 5

FRUIT JUICE

Limit serving fruit juice to no more than two times per week.

Why is this Standard important?

Whole fruits and vegetables are preferred to juice because they provide nutrients and fiber that may be lost in the processing of juice. Even 100% pure juice offers no nutritional advantage over whole fruits or vegetables.

Drinking too much juice:

- May be linked to childhood obesity and overweight.
- Can result in decreased appetite for other nutritious foods, leading to poor nutrition.
- Is associated with **tooth decay**.

Water and milk are the preferred beverage options for meals and snacks. However, for some children with special health care needs, fruit juice is a necessary source of extra calories. CSHCN are an exception to this limit as appropriate per their individual feeding plan.

You can find activity resources, best practice recommendations, parent letters, training videos, and more related to **Standard 5: Fruit Juice** at the Empower website, theempowerpack.org. Click on Standard 5.

To meet this Standard, develop and implement a written policy that includes the following guidelines:

- ★ Fruit juice will not be served to infants (0-11 months) except as appropriate for CSHCN.
- ★ Fruit juice will not be served more than two times per week to children one year of age and older unless appropriate for CSHCN.
- ★ No more than ½ cup (or four ounces) of fruit juice will be offered at one time to children one year to less than six years of age.
- ★ No more than six ounces of fruit juice will be offered at one time to children six years of age or older.

- ★ If fruit juice is served:
 - It will only be 100% fruit juice with no added sugar.
 - It will only be served during meal or snack time and not continuously throughout the day, except as appropriate for CSHCN.



For more information on inclusion of children with special health care needs and disabilities, multi-age grouping, family engagement, language and cultural adaptations, and various settings including homes and center facilities related to **Standard 5: Fruit Juice**, please visit the Empower website at theempowerpack.org. Click on Standard 5.



FRUIT JUICE SAMPLE POLICY #1



We at (name of child care facility) are committed to our children's health. We recognize the importance of staff members and child care providers as positive role models for children as they learn to live healthy lives. The American Academy of Pediatrics recommends that preschool children drink no more than four to six ounces of 100% fruit juice each day, except as appropriate for CSHCN. If consumed in excess, children may fill up on juice and may eat less of nutritious foods during meals and snacks. Too much juice may also provide more calories than needed and expose children's teeth to too much sugar. Fruits and vegetables provide more fiber and less sugar than 100% fruit juice.

Policy:

The (name of child care facility) adheres to the following fruit juice guidelines:

Birth through 11 months:

- ★ Fruit juice will not be served, except as appropriate for CSHCN.

All Children:

- ★ Fruit juice will not be served more than two times per week.
 - Only 100% fruit juice with no added sugar will be served.
 - Fruit juice will only be served with meals and snacks and not continuously throughout the day.
- ★ One year to less than six years:
 - No more than 4 ounces will be served at a time.
- ★ Six years and older:
 - No more than 6 ounces will be served at a time.
- ★ Water will be used as the first choice for thirst, except as appropriate for CSHCN.
- ★ Water will be offered throughout the day.



For more information on inclusion of children with special health care needs and disabilities, multi-age grouping, family engagement, language and cultural adaptations, and various settings including homes and center facilities related to **Standard 5: Fruit Juice**, please visit the Empower website at theempowerpack.org. Click on Standard 5.

FRUIT JUICE SAMPLE POLICY #2

We at (name of child care facility) are committed to supporting your child in establishing lifelong healthy eating and drinking habits. Too much juice may be linked to weight problems and is associated with tooth decay and decreased appetite for other nutritious foods. Fruit juice should be offered as appropriate to a child's unique needs. Children will be offered a variety of beverages that are nutritious for them, which may include water, milk, milk substitute and/or juice as appropriate. In keeping with this philosophy, our facility will:

- ★ Not serve fruit juice to infants birth-11 months.
- ★ Limit 100% fruit juice with no added sugar to no more than two times per week for all children one year and older.
- ★ No more than 4 ounces will be served at one time for children one year to less than six years. No more than 6 ounces will be served to children six years and older at one time.
- ★ Fruit juice will only be served with meals and snacks and not continuously throughout the day.
- ★ Water will be used as the first choice for thirst and will be offered throughout the day.

For more information on inclusion of children with special health care needs and disabilities, multi-age grouping, family engagement, language and cultural adaptations, and various settings including homes and center facilities related to **Standard 5: Fruit Juice**, please visit the Empower website at theempowerpack.org. Click on Standard 5.

Standard 6



STANDARD 6

FAMILY-STYLE

MEALS

Serve meals family-style and do not use food as a reward.

Why is this Standard important?

A “family-style” meal encourages and supports social, emotional, **gross** and **fine motor** skill development. Staff members and child care providers sitting and eating with children is a chance to get children to interact with each other and provide positive role modeling. Conversations at the table add to a fun mealtime environment and provide opportunities for informal modeling of good eating behaviors, communication and teaching about nutrition. Family-style meals also encourage children to serve themselves or serve themselves with minimal help from an adult, which develops their hand-eye coordination. Ensure proper accommodations for children with special health care needs (CSHCN) who may have food restrictions, food aversions or varied physical abilities.

Family-style meals allow staff members and child care providers to set the stage for meal and snack times that are more productive and pleasant. Eating should be a fun experience in child care facilities and at home. Family-style meals can be modified to meet the needs of the facility and children served.

You can find activity resources, best practice recommendations, parent letters, training videos, and more related to **Standard 6: Family Style Meals** at the Empower website, theempowerpack.org. Click on Standard 6.

To meet this Standard, develop and implement a written policy that includes:

- ★ Staff members and child care providers will:
 - Sit, participate, and interact with children at mealtime(s).
Let children learn by serving themselves independently or with additional assistance from staff members and child care providers. Place nutritious food options within reach, utilizing child-sized serving utensils, and containers.

Be Ready for Spills!

- ★ Have paper towels and soapy water handy to make cleaning up quick and fun for children.
- ★ Dry the floor to prevent slipping.
- ★ Spills are accidents. Avoid using negative remarks.

- Use adapted utensils and/or other accommodations for children with CSHCN or disabilities to promote self-service.
- Let the children choose what to put on their plates and let the children decide how much to eat.
- Use encouraging words and avoid negative facial expressions, body language or verbal cues in regards to the food being served.
- Talk to the children about the food and encourage them to discuss the food texture, taste, color, shape, size, quantity, number, temperature, etc.
- Ensure that food is not used as a reward or punishment, which may result in negative and unhealthy eating behaviors in the future.
- Be mindful of any individual dietary needs. Acknowledge that everyone needs healthy food to grow, but what is healthy for one may be different from what's healthy for another.
- Use positive language when re-directing CSHCN and dietary restrictions to appropriate food choices. For example, instead of saying, "you can't have that", say "that's not good for you, but this is".



For more information on inclusion of children with special health care needs and disabilities, multi-age grouping, family engagement, language and cultural adaptations, and various settings including homes and center facilities related to Standard 6: Family Style Meals, please visit the Empower website at theempowerpack.org. Click on Standard 6.

Plan ahead of time:

- ★ Model how to pass a bowl using two hands, holding a bowl on the outside so the fingers do not touch the food.
- ★ Model how to pour and scoop using appropriate utensils. Even the young children can succeed with your encouragement!
- ★ Model how to use table manners, such as waiting for turns, sharing, and saying "please" and "thank you."

- ★ Family-style meals are not applicable to infants less than 12 months of age. Family-style meals should start at age one, to the extent possible.
- ★ Train staff members and child care providers, when possible, on the benefits of family-style meals and how to adapt for age and developmental levels in different settings and for children with varied abilities or dietary needs. Watch the family-style meals video with actual Arizona child care facilities on theempowerpack.org.
- ★ Easy-to-grasp child-size serving pieces and pitchers should be used to encourage children to participate in family-style meals. Bowls with wide lips, like cereal bowls, are most easily handled by young children.
- ★ Toddlers and preschoolers eat as many as five or six times a day in meals and snacks. So don't worry, they'll eat what and how much they want when they're hungry. They will quickly learn that the healthy options you serve are the only items from which to choose. Just be sure to serve new foods with a few old favorites. Remember: It may take 10-15 tries for children to accept a new food.
- ★ As a staff member and child care provider, share the concept of role modeling and family-style meals with the child's parent and explain the importance of letting children make some of their own choices about food to build lifelong healthy eating habits.

Consult with a child's parent to support Children with Special Health Care Needs for full participation in family-style meals.



FAMILY-STYLE MEALS

SAMPLE POLICY #1



We at (name of child care facility) are committed to creating a pleasant mealtime for all children, staff members and child care providers. We recognize that family-style meal service has many benefits in child care settings, like allowing staff members, child care providers and children to eat together and creating a relaxed environment. Also, this method is ideal to provide a conversational environment where children not only develop good social skills, but can also learn good eating habits and that it may be different from one child to another.

Policy:

The (name of child care facility) subscribes to the recommendations below at mealtime for children one year of age and older:

- ★ Food is placed on the table in child-sized serving bowls, plates or baskets. There are child-sized serving utensils for food.
- ★ Staff members and child care providers sit, participate, and interact with children at mealtime.
- ★ Food is passed from one person to another.
- ★ Everyone serves him/herself (or receives assistance or accommodation as needed). Children choose what to put on their plates and how much to eat as appropriate for the child's individual needs.
 - Staff members and child care providers provide appropriate utensil or supports to encourage self-service and selections for children with CSHCN or disabilities.
- ★ There are required amounts of food available for all children and adults.
- ★ Encouraging words are used and negative facial expressions, body language or verbal cues are avoided in regard to the food being served.
- ★ Staff members and child care providers talk to the children about the food and encourage them to discuss the food texture, taste, color, shape, size, quantity, number, temperature, etc.
- ★ Staff members and child care providers express positive attitudes toward various dietary needs.
- ★ Staff members and child care providers do not use food as a reward or punishment.

FAMILY-STYLE MEALS

SAMPLE POLICY #1 CONTINUED



- ★ Staff members and child care providers model family-style practices and good manners for children.
- ★ Staff members and child care providers are prepared for spills and accidents (e.g., keep a towel and soapy water nearby).



For more information on inclusion of children with special health care needs and disabilities, multi-age grouping, family engagement, language and cultural adaptations, and various settings including homes and center facilities related to **Standard 6: Family Style Meals**, please visit the Empower website at theempowerpack.org. Click on Standard 6.



FAMILY-STYLE MEALS SAMPLE POLICY #2



We at (name of child care facility) are committed to supporting your child in establishing lifelong habits of healthy eating patterns. In keeping with this philosophy, our facility:

- ★ Serves meals family-style whenever possible to support children in learning to serve themselves and develop healthy relationships with food. Our role as staff members and child care providers is to provide nourishing food appropriate to the child's needs. The child's role is to decide whether and how much to eat. We will never force a child to eat or discourage a child from eating food that is healthy for them.
- ★ Staff members and child care providers model behaviors for healthy eating and positive body image in the presence of children.



For more information on inclusion of children with special health care needs and disabilities, multi-age grouping, family engagement, language and cultural adaptations, and various settings including homes and center facilities related to **Standard 6: Family Style Meals**, please visit the Empower website at theempowerpack.org. Click on Standard 6.





Standard 7

STANDARD 7

ORAL HEALTH

Provide monthly oral health education or implement a toothbrushing program.

Why is this Standard important?

Tooth decay is an infectious disease and a serious problem among young children, especially in Arizona. One in every three children in Arizona has had tooth decay by their third birthday. Tooth decay, if left untreated, can cause health problems and can affect learning, speech and eating. Children are often unable to communicate their dental pain. Some signs that a child is experiencing pain include: difficulty focusing on a task, anxiety, fatigue, irritability and withdrawal from normal activities.

You can find activity resources, best practice recommendations, parent letters, training videos, and more related to **Standard 7: Oral Health** at the Empower website, theempowerpack.org. Click on Standard 7.

To meet this Standard, develop and implement a written policy that:

- ★ Facilitates environment where staff members and child care providers are able to follow recommendations to prevent tooth decay.
- ★ Provides monthly oral health education and/or
 - Implements a toothbrushing program for all children ages 3 and older. If a child needs specialized assistance or equipment, find resources with a local pediatric dental provider or contact 'ADHS Oral Health' for assistance. To find ADHS Oral Health information please visit the Empower website at theempowerpack.org. Click on Standard 7.

For more information on how to implement a toothbrushing program for children age 3 and older, please see the **Empower Toothbrushing Manual** found at the Empower website, theempowerpack.org. Click on Standard 7.

Tooth decay is almost entirely preventable and your child care facility can play an important role in preventing this disease by:

- ★ Adding an oral health component to your monthly education curriculum. Look for monthly activities on theempowerpack.org website that educate children on the importance of good oral health and/or
 - Implementing a toothbrushing program for children ages 3 and older.



For more information on inclusion of children with special health care needs and disabilities, multi-age grouping, family engagement, language and cultural adaptations, and various settings including homes and center facilities related to **Standard 7: Oral Health**, please visit the Empower website at theempowerpack.org. Click on Standard 7.

All child care facilities should implement the following recommendations:

- ★ Assure that staff members and child care providers never put a child to sleep with a bottle; sleeping with a bottle at night or at nap time promotes tooth decay.
- ★ Encourage staff members and child care providers to educate or inform parents to clean their children's teeth at home.
- ★ Educate staff members, child care providers, and parents on how to avoid passing germs by taking care of their own teeth to reduce the amount of bacteria they can pass to their baby or child.
- ★ Assure that children in your facility are not allowed to carry a bottle or sippy cup around during the day, unless it is water.
- ★ Assure that children in your facility are not allowed to snack constantly throughout the day. Snack times should be scheduled and healthy choices provided.
- ★ Encourage staff members and child care providers to educate parents on the importance of a dental visit by their child's first birthday.

ORAL HEALTH

SAMPLE POLICY #1

We at (name of child care facility) are committed to protecting the health and safety of our children, staff members and child care providers. Our facility recognizes that tooth decay is an infectious disease and a serious problem among young children, especially in Arizona. We also recognize that we, as staff members and child care providers, play an important role in preventing tooth decay and in educating the children, parents, staff members and child care providers on tooth decay and prevention

Policy:

The (name of child care facility) subscribes to the following recommendations to help prevent tooth decay:

- ★ Provide monthly oral health education and/or
 - Implement a toothbrushing program for children ages 3 and older. If a child needs specialized assistance or equipment, find resources with a local pediatric dental provider or contact 'ADHS Oral Health' for assistance.

For more information on how to implement a toothbrushing program for children age 3 and older, please see the **Empower Toothbrushing Manual** found at the Empower website, theempowerpack.org. Click on Standard 7.

- ★ Staff members and child care providers will follow the recommendations below to prevent tooth decay:
 - Never share food or utensils with a child or baby.
 - Never put a child to sleep with a bottle.
 - Talk to the child's parent, when possible, to encourage toothbrushing at home.
 - Ensure that children are not allowed to carry a bottle or sippy cup around during the day unless it is water.
 - Schedule snack times and provide healthy options. We will not allow snacking throughout the day, except as appropriate for children with special health care needs.

For more information on inclusion of children with special health care needs and disabilities, multi-age grouping, family engagement, language and cultural adaptations, and various settings including homes and center facilities related to **Standard 7: Oral Health**, please visit the Empower website at theempowerpack.org. Click on Standard 7.

ORAL HEALTH SAMPLE POLICY #2

We at (name of child care facility) are committed to protecting the health and safety of our children, staff members and child care providers in regards to tooth decay. Tooth decay is an infectious disease and a serious problem among young children in Arizona. Our facility recognizes that we play an important role in preventing tooth decay and in educating children, parents, staff members and child care providers on tooth decay prevention. In keeping with this philosophy, our facility:

- ★ Provides oral health education once a month or implements a tooth-brushing program for children age 3 and older and/or
 - Educates our staff members and child care providers on steps they can take to prevent tooth decay according to age and developmentally appropriate guidelines found on theempowerpack.org website.

For more information on inclusion of children with special health care needs and disabilities, multi-age grouping, family engagement, language and cultural adaptations, and various settings including homes and center facilities related to **Standard 7: Oral Health**, please visit the Empower website at theempowerpack.org. Click on Standard 7.





Standard 8

Standard 8

STANDARD 8 STAFF & PROVIDER TRAINING

Ensure that staff members and child care providers receive three hours of training annually on Empower topics.

Why is this Standard important?

Empower related **training** will help staff members and child care providers stay up-to-date on Empower topics, learn how to develop appropriate policies, and successfully implement the standards.

You can find activity resources, best practice recommendations, parent letters, training videos, and more related to **Standard 8: Staff and Provider Training** at the Empower website, theempowerpack.org. Click on Standard 8.

To meet this Standard, develop and implement a written policy that:

- ★ Requires staff members and child care providers to receive three hours of training annually on Empower topics.
 - These three hours can be included in the required training hours already mandated by the state regulatory agencies such as Arizona Department of Health Services Child Care Facility Licensing and Arizona Department of Economic Security Child Care Administration.
 - Training topics should be **age and developmentally appropriate** and relate to any or all of the Empower standards.
 - All Empower training should be **documented** by obtaining a certificate of completion or a signed document. Keep records of the staff member's or child care provider's Empower-related training and have readily available for review. Encourage staff members and child care providers to enter their professional development achievements in the state early childhood registry.

- ★ Requires **Program Directors** to provide training opportunities to staff members and child care providers.
 - Program Directors will inform staff members and child care providers of all available Empower related training opportunities, including training opportunities posted on theempowerpack.org.



For more information on inclusion of children with special health care needs and disabilities, multi-age grouping, family engagement, language and cultural adaptations, and various settings including homes and center facilities related to **Standard 8: Staff & Provider Training**, please visit the Empower website at theempowerpack.org. Click on Standard 8.

Child Care Training Requirements

For more information on Child Care Licensing requirements for training, please see R9-5-403 Training Requirements of the Child Care Centers Rules and Statutes. A licensee shall ensure that documentation of a staff member's or child care provider's completion of training required by Child Care Licensing (including Standard 8 requirements) is signed by the Program Director and dated.

For more information on Child Care Group Home licensing requirements, please refer to R9-3-302 Training Requirement of the Child Care Group Home Rules & Statutes. To find child care training requirements please visit the Empower website at theempowerpack.org. Click on Licensing & Certification Requirements.

STAFF & PROVIDER TRAINING

SAMPLE POLICY #1

We at (name of child care facility) are committed to furthering staff member and child care provider education on the Empower Program and Empower topics. We recognize the importance of staff members and child care providers being well-educated about all Empower standards.

Policy:

The (name of child care facility) subscribes to the following guidelines in order to improve staff member and child care provider knowledge on the Empower standards:

- ★ Staff members and child care providers will receive three hours of training annually on Empower standards.
 - Staff members and child care providers will participate in training on age and developmentally appropriate topics on some or all of the Empower standards.
 - All training attended will be documented and records will be readily available for review.
- ★ Program Directors will regularly inform all staff members and child care providers of available Empower related training.
 - Program Directors will regularly visit theempowerpack.org to identify new training opportunities.
 - Program Directors will inform staff members and child care providers of all available Empower related training opportunities posted on theempowerpack.org.

For more information on inclusion of children with special health care needs and disabilities, multi-age grouping, family engagement, language and cultural adaptations, and various settings including homes and center facilities related to **Standard 8: Staff & Provider Training**, please visit the Empower website at theempowerpack.org. Click on Standard 8.

STAFF & PROVIDER TRAINING SAMPLE POLICY #2

We at (name of child care facility) are committed to furthering staff member and child care provider knowledge on the Empower Program and Empower standards. In keeping with this philosophy, our facility will make sure that our staff members and child care providers receive three hours of training annually on age and developmentally-appropriate Empower topics. All training will be documented and records will be readily available for review.

For more information on inclusion of children with special health care needs and disabilities, multi-age grouping, family engagement, language and cultural adaptations, and various settings including homes and center facilities related to **Standard 8: Staff & Provider Training**, please visit the Empower website at theempowerpack.org. Click on Standard 8.

Standard 9



STANDARD 9

ARIZONA SMOKERS'

HELPLINE (ASHLine)

Make ASHLine education materials available at all times.

Why is this Standard important?

In Arizona, there are 786,000 smokers-about 15.4% of the adult population. Tobacco is known to cause cancer. Quitting tobacco will lessen the risk of lung, throat, and mouth cancers and decrease risks for other chronic diseases. It can take 8 to 12 attempts before someone can successfully quit. The Arizona Smokers' Helpline (ASHLine) provides free services in both English and Spanish. The helpline has "quit coaches" who are real people located right here in Arizona. Most are former tobacco users so they've "been there" and understand how hard it is to quit-and stay quit.

To meet this Standard, develop and implement a written policy that includes:

- ★ Making information available on the dangers of second and third-hand smoke (in English and Spanish).

You can find activity resources, best practice recommendations, parent letters, training videos, and more related to **Standard 9: Arizona Smokers' Helpline (ASHLine)** at the Empower website, theempowerpack.org. Click on Standard 9.

Optional:

- ★ Consider participating in the ASHLine Referral Training pilot program for child care facilities.
 - You will learn about how to connect parents to the ASHLine and how you can take part in a pilot program.
 - If you decide to take part, ASHLine will give you a 30-minute free training about referring tobacco users to the program. For more
 - information, please call 1-800-556-6222.

For more information on inclusion of children with special health care needs and disabilities, multi-age grouping, family engagement, language and cultural adaptations, and various settings including homes and center facilities related to **Standard 9: Arizona Smokers' Helpline**, please visit the Empower website at theempowerpack.org. Click on Standard 9.

ASHLine

SAMPLE POLICY #1



We at (name of child care facility) are committed to supporting the efforts of the Arizona Smokers' Helpline (ASHLine) to help staff members, child care providers and parents quit tobacco products. In Arizona, there are 786,000 smokers-about 15.4% of the adult population. Tobacco is known to cause many kinds of cancer and chronic illnesses. In our efforts to protect the health of our children, their parents, and our staff members and child care providers, our child care facility will promote the ASHLine services.

Policy:

The (name of child care facility) adheres to the following guidelines:

- ★ Make tobacco cessation treatment programs available to staff members, child care providers, parents and visitors, utilizing the ASHLine as a referral resource.
- ★ Refer staff members, child care providers, and parents to the ASHLine at 1-800-556-6222 to speak with a “quit coach.”
- ★ If able, participate in the ASHLine Referral Training pilot program for child care facilities. For more information, please call 1-800-556-6222.



For printable resources in English and Spanish from the Arizona Smokers' Helpline (ASHLine), please refer to Standard 9: Arizona Smokers' Helpline (ASHLine) at theempowerpack.org. Click on Standard 9.

ASHLine SAMPLE POLICY #2

We at (name of child care facility) are committed to supporting the efforts of the Arizona Smokers' Helpline (ASHLine) to help staff members, child care providers and parents quit tobacco. In keeping with this philosophy and to protect the health of our children, their parents, staff members and child care providers, our facility promotes the ASHLine information on the dangers of second and third-hand smoke. We will also refer parents, when possible, to ASHLine.

For printable resources in English and Spanish from the Arizona Smokers' Helpline (ASHLine), please refer to **Standard 9: Arizona Smokers' Helpline (ASHLine)** at theempowerpack.org. Click on Standard 9.



Standard 10



STANDARD 10 SMOKE-FREE ENVIRONMENT

Maintain a smoke-free environment.

Why is this Standard important?

Tobacco use is the nation's number one cause of preventable death. In Arizona, the four leading causes of death are cancer, heart disease, stroke, and pulmonary disease. Tobacco use can be a cause in all of these diseases.

As staff members and child care providers, we are responsible for ensuring the safety of our children. This also means sharing responsibility for reducing children's exposure to secondhand smoke. The guidance regarding tobacco differs according to your child care setting:

★ **Child care facilities licensed by the Arizona Department of Health Services (ADHS):**

In November 2006, the citizens of Arizona made their voices heard by passing the Smoke-Free Arizona Act (A.R.S. §36-601.01). The purpose of this law is to protect workers, customers and the general public from the harmful effects of second-hand smoke. This statute prohibits smoking in most enclosed public places, including child care facilities that are licensed by ADHS.

★ **Family Child Care Homes certified by the Arizona Department of Economic Security (DES):**

The Smoke-Free Arizona Act (A.R.S. §36-601.01) does not apply to DES Certified Family Child Care Homes. However, the DES certified providers must be in compliance with the tobacco related requirements of Arizona Administrative Code (6 A.A.C. 5 Article 52). For the general safety of children in a certified Family Child Care Home, this administrative code prohibits children from being exposed to tobacco products or smoke.

Standard 10 of the Empower Program goes above and beyond the requirements of the Smoke-Free Arizona Law and the DES Administrative Code. In this Standard, child care facilities are further ensuring a **smoke-free environment** for the children in their care by writing a Smoke-free Environment policy.



You can find activity resources, best practice recommendations, parent letters, training videos, and more related to **Standard 10: Smoke Free Environment** at the Empower website, theempowerpack.org. Click on Standard 10.

To meet this Standard, develop and implement a written policy that:

- ★ Ensures the facility licensed by ADHS abides by the Smoke-Free Arizona Act (A.R.S. §36-601.01) or certified by DES abides by A.A.C. R6-5-5207(K).
- ★ Creates and displays the smoke-free policy outlining guidelines for a smoke-free environment.
 - Outlines how employees, parents, visitors and other guests in the child care buildings, grounds and properties will be informed.
- ★ Ensures the facility provides parents, staff members, and child care providers with written guidelines pertaining to the facility's smoke-free rules.
 - Guidelines shall include how to file a complaint by calling 1-877-AZ STOPS (1-877-297-8677) or visiting: smokefreearizona.org/submit-complaint.asp.
- ★ Posts the provided Smoke-Free Arizona Act sign at the entrance as a way of showing your commitment to provide a smoke-free environment for the children in your care.

SMOKE-FREE ENVIRONMENT

SAMPLE POLICY #1

We at (name of child care facility) are committed to providing a smoke-free environment for children, staff members, and child care providers. Due to hazards from exposure to second-hand smoke and as a recognized Empower child care facility, it shall be the policy of this child care facility to provide a tobacco-free environment for children, staff members, child care providers, and parents.

Policy:

The (name of child care facility) maintains a smoke-free environment. Smoking and the use of tobacco products are prohibited at all sites, including buildings, grounds, company-owned vehicles, parking garages and lots (cars parked in child care lots) at all locations, and other facility-owned, leased or sub-leased locations.

This applies to all staff members, child care providers, parents, visitors, contractors, subcontractors, volunteers, and other guests in the child care buildings, grounds or properties.

The (name of child care facility) adheres to the following guidelines:

- ★ All applicants for employment will be informed of the smoke-free policy prior to the applicant accepting an offer of employment.
- ★ This policy will be reviewed at New Hire Orientation and through internal communications.
- ★ Staff members, child care providers, parents, and visitors will be notified of the policy. Appropriate smoke-free signage will be posted.
- ★ This child care facility will make tobacco cessation treatment programs available to staff members, child care providers, parents, and visitors using the Arizona Smokers' Helpline (ASHLine) as a referral resource.

For more information on inclusion of children with special health care needs and disabilities, multi-age grouping, family engagement, language and cultural adaptations, and various settings including homes and center facilities related to **to Standard 10: Smoke Free Environment**, please visit the Empower website at theempowerpack.org. Click on Standard 10.

SMOKE FREE ENVIRONMENT SAMPLE POLICY #2

We at (name of child care facility) are committed to providing a smoke-free environment for children, staff members, and child care providers. Due to hazards from exposure to second-hand smoke and as a recognized Empower child care facility, it shall be the policy of this child care facility to provide a tobacco-free environment for children, staff members, child care providers, and parents.



For more information on inclusion of children with special health care needs and disabilities, multi-age grouping, family engagement, language and cultural adaptations, and various settings including homes and center facilities related to **to Standard 10: Smoke Free Environment**, please visit the Empower website at theempowerpack.org. Click on Standard 10.



Resources & Terms



DEFINITIONS OF KEY TERMS

AAP: American Academy of Pediatrics

ADE: Arizona Department of Education

ADHS: Arizona Department of Health Services

Adult-led physical activity: Activity that the staff members or child care providers direct and participate in such as organized games in which every child can participate, including CSHCN. This type of activity allows the staff member or child care provider to be in charge of the amount of time, motor skills used, and intensity of physical activity. The staff member or child care provider can also modify an activity for various ages and abilities to ensure all children can participate.

Age appropriate: Experiences that are consistent with a child's age and stage of physical growth and mental development.

ASHLine: Arizona Smokers' Helpline provides free services in both English and Spanish to help smokers quit. Contact 1-800-556-6222 or ashline.org.

BCCL: Bureau of Child Care Licensing, part of the Division of Licensing Services at ADHS. Regulates and monitors licensed child care facilities, public school child care programs and certified child care group homes (small group homes) statewide.

BNPA: Bureau of Nutrition and Physical Activity, part of the Public Health Prevention Services at ADHS. Aims to improve the health and quality of life of Arizona residents by reducing the incidence and severity of chronic disease and obesity through physical activity and nutrition interventions.

CCGH: Child Care Group Homes. CCGH are certified and monitored by ADHS. They may care for five to ten children for compensation. They must at all times, have one staff member or child care provider (age 16 or older) for every five children.

CDC: Centers for Disease Control and Prevention

CFOC: Caring for our Children

CSHCN: Children with Special Health Care Needs

Colic: A condition in which an otherwise healthy baby cries or displays symptoms of distress frequently and for extended periods, without any distinct reason.

Curriculum: Lessons or courses taught in a class or program.

DES: Department of Economic Security

Developmentally appropriate: Consistent with a child's physical, emotional, social, cultural, and cognitive development, based on the child's age and family background and the child's personality, learning style, and pattern and timing of growth.

Documented: A permanent written, photographic or electronic record, stating an accomplishment that is signed and dated.

Exclusive breastfeeding: When only breast milk is fed to the child; no solids, water or other liquids are given.

Facility: Setting, home, center, school, classroom, playground, and/or other location where children's services occur.

Family-style dining: Meal service approach that early care and education programs implement to address childhood obesity prevention and support children in developmentally appropriate mealtime experiences. All foods that meet the meal pattern requirement are placed on the table where children and adults sit together to share the meal. Children are encouraged to serve themselves independently or with adults' help. Serve foods using child-sized serving bowls and utensils. Children are encouraged to serve themselves or serve themselves with minimal help from an adult, passing foods around the table. Ensure proper accommodations for children with special health care needs (CSHCN) who may have food restrictions, food aversions or varied physical abilities. Staff members and child care providers eat the same food, promote healthy eating habits and create a positive mealtime environment. Enough food must be available on the table to provide the full, required portion size for all the children and adults at the table.

FCC: Family Child Care. DES Certified Family Child Care Homes are certified and monitored by DES. For DES information visit empowerpack.org. Click on Licensing & Certification Requirements.

Fine motor skills: Small and precise movements that use the small muscles of the fingers, toes, and wrists-such as picking up small objects and holding a spoon.

FTF: First Things First

Free-play physical activity: Activity that the children initiate and choose freely such as playing tag and swinging on swings. This type of activity helps children gain social skills and practice cooperation. Free-play should be active rather than passive. For example, moving on a playground rather than sitting in a sandbox. Some CSHCN may require assistance to initiate free-play.

Gross motor skills: Big movements that use large muscles in the legs, arms and body. Examples of these activities include crawling, running, jumping, bending, and walking.

Moderate physical activity: Activity that causes small increases in breathing or heart rate. A child who is moderately active may sweat but can still carry on a conversation. Moderate activities include walking, playing on outdoor playground equipment and climbing.

OCSHCN: Office of Children with Special Health Care Needs.

Policy: A written plan to guide activities and procedures.

Program Director: An individual who is designated by a licensee as the individual responsible for the daily on-site operation of a child care facility. A Program Director may also be referred to as a Facility Director. In a center, this person usually serves in an administrative role outside of the classroom. In a home setting, the director may work directly with the children.

Rationale: The reason that the standard or activity is important.

Screen time: The time spent in front of a TV, computer or other electronic device, including phones, tablets, smart boards, etc. where one child primarily interacts, usually passively, with the device. Older children doing homework or children who need assistive technology for communication or other functional behaviors are exempt from screen time limits. Occasional exceptions are made for older children if they are actively engaged in movement activities using technology such as 'Wii' games or music and dancing.

Sedentary activity: Non-moving activity like reading, drawing, napping and sleeping.

Smoke-free Environment: A designated area and atmosphere which prohibits smoking and is free from the hazards of second-hand smoke.

Staff: Teacher, teacher aide, teacher assistant, director, owner, provider, caregiver, and/or other adults who work with children.

Sun Safety: Action taken to protect your skin from UV rays, both natural and artificial, to reduce chance of skin cancer.

SPF: Sun Protection Factor, a standard used to measure sunburn protection provided by sunscreen.

Tooth decay: An infectious disease that causes holes or cavities in the teeth and can destroy an entire tooth if left untreated. Tooth decay can lead to a serious infection that can potentially affect the entire body. In severe cases, untreated serious infections can be fatal.

Training: Professional development, conferences, seminars, lectures, workshops, classes, courses, webinars, videos, online courses or other modes of adult instruction that are designed to improve knowledge and skills in various subject areas.

Tummy time: The time infants spend on their stomachs during the day to help build strength and coordination in their neck and upper body. This activity is used as appropriate for CSHCN.

UPF: Ultraviolet Protection Factor, a standard used to measure sunburn protection provided by fabric.

UV rays: Ultraviolet rays, invisible rays produced by the sun that can burn the skin and harm living tissues.

Ultraviolet Index (UV Index): The UV Index provides a daily forecast of the expected risk of overexposure to the sun.

Vigorous physical activity: Activity that causes large increases in breathing or heart rate. A child who is vigorously active will breathe rapidly and can only speak in short phrases. Vigorous activities include running, skipping and jumping. CSHCN may not show common signs used to determine level of physical activity or exertion.

RESOURCES

- ★ Empower: theempowerpack.org
- ★ ADHS 24-Hour Pregnancy and Breastfeeding Hotline: Provides information about pregnancy, breastfeeding, and help in accessing prenatal care: 1-800-833-4642
- ★ Arizona Department of Health Services (ADHS): azdhs.gov
- ★ Arizona Department of Economic Security (DES) Child Care: des.az.gov/services/basic-needs/child-care-home
- ★ ADHS Bureau of Nutrition and Physical Activity: azdhs.gov/phs/bnp/
- ★ ADHS/Arizona Nutrition Network: eatwellbewell.org
- ★ ADHS/Breastfeeding Program: azhealth.gov/breastfeeding
- ★ ADHS/Bureau of Child Care Licensing: azdhs.gov/licensing/childcare-facilities/index.php
- ★ ADHS/Office of Oral Health: azdhs.gov/prevention/womens-childrens-health/oral-health/
- ★ ADHS/SunWise Program: azdhs.gov/phs/sunwise/
- ★ ADHS/Tobacco-free Arizona: azdhs.gov/tobaccofreeaz/
- ★ American Dental Association: ada.org
- ★ American Academy of Pediatrics: aap.org
- ★ American Academy of Pediatrics, Arizona Chapter: azaap.org
- ★ Arizona Department of Education, Child and Adult Care Food Program (CACFP): azed.gov/health-nutrition/cacfp and fns.usda.gov/cacfp/child-and-adult-care-food-program-cacfp
- ★ Arizona Woman, Infant and Children (WIC) Program: azwic.gov or 1-800-252-5842
- ★ Centers for Disease Control and Prevention (CDC): cdc.gov
- ★ Children's Information Center: Provides information about health services available for infants and children: 1-800-232-1676

- ★ Early Childhood Training and Technical Assistance System
childcareta.acf.hhs.gov
- ★ Healthy and Active Preschoolers. A Nutrition Learning Center for Child Care Programs: healthypreschoolers.com/
- ★ Let's Move! Child Care:
healthykidshealthyfuture.org/welcome.html
- ★ My Plate for Preschoolers:
choosemyplate.gov/preschoolers.html
- ★ National Resource Center for Health and Safety in Childcare and Early Education: nrckids.org/
- ★ Nemours Best Practices for Physical Activity: nemours.org/content/dam/nemours/www/filebox/service/preventive/nhps/paguide2010.pdf
- ★ Preventing Childhood Obesity in Early Care and Education Programs/ Selected Standards from Caring for Our Children: National Health and Safety Performance Standards:
nrckids.org/cfoc3/pdfversion/preventing_obesity.pdf
- ★ Society of Health and Physical Educators. Physical activity guidelines for children from birth to age 5: shapeamerica.org/standards/guidelines/activestart.cfm
- ★ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): Provides supplemental food, nutrition and breastfeeding education, and referrals to health and social services for pregnant women, new mothers, infants, and children: azwic.gov or 1-800-252-5842.
- ★ USDA, Team Nutrition:
teamnutation.usda.gov/Resources/nutritionandwellness.html
- ★ Ways to Enhance Children's Activity and Nutrition (We Can!):
nhlbi.nih.gov/health/public/heart/obesity/wecan



To find even more resources and contact information please visit
theempowerpack.org



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- ★ Arizona Department of Health Services, Bureau of Women's and Children's Health, Office of Oral Health: Child Care Rules and Statues.
azdhs.gov/prevention/womens-childrens-health/oral-health/index.php
- ★ Arizona Department of Health Services, Bureau of Child Care Licensing Rules & Regulations: Child Care Group Homes Rules & Regulations
azdhs.gov/licensing/childcare-facilities/index.php#rules-regulations
- ★ Caring for Our Children: National Health and Safety Performance Standards: Preventing Childhood Obesity in Early Care and Education Programs. www.cfoc.nrckids.org
- ★ Centers for Disease Control and Prevention: Proper Handling and Storage of Milk: cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm
- ★ Child and Adult Care Food Program (CACFP) under the USDA guidelines: fns.usda.gov/fns

- ★ Dietary Guidelines for Americans:
health.gov/dietaryguidelines
- ★ Nemours: Best Practices for Physical Activity:
nemours.org/content/dam/nemours/www/filebox/service/preventive/nhps/paguide2010.pdf
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Champions for Change
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