



**HEAD START  
NUTRITION ASSESSMENT HANDBOOK  
FOR HEAD START AGES 3-5**

**SECTION ONE**

**DOMINICAN UNIVERSITY NUTRITION SERVICES**

## INTRODUCTION

Good nutrition is essential to good health. Since food habits develop at an early age, it is especially important that young children be exposed to foods that nurture healthy development and promote life-long well being. Providing a positive atmosphere for children, staff, and parents to experience and learn about good nutrition is a critical part of the Head Start experience.

Completing an assessment of the child's nutritional habits, including growth and laboratory evaluation, helps identify possible nutritional inadequacies. Providing information to parents in ways to improve a child's diet can promote good health now and in years to come.

## GENERAL NUTRITION INFORMATION

All humans, regardless of age, require approximately 50 nutrients to insure proper body functioning. Since these 50 nutrients cannot be manufactured by the body, people must depend on the foods they eat to supply the nutrients they need.

The amount of nutrients needed to insure body health varies with age, gender, physical activity and physiologic condition such as pregnancy, lactation and health status. A healthful diet also provides the right balance of carbohydrate, fat and protein to reduce the risks of chronic diseases and is part of a full and productive lifestyle. Such diets are obtained from a variety of foods that are available, affordable and enjoyable.

The U.S. government developed guidelines stating nutrient needs of healthy Americans to ensure intakes of enough essential nutrients by most healthy people. These guidelines are known as Recommended Dietary Allowances or RDA's. These guidelines are used in judging the nutritional adequacy of meals served through the Head Start program. The government also issues general guidelines designed to help all of us, age 2 and over to make healthy food choices. These are known as the Dietary Guidelines for Americans. The Dietary Guidelines for Americans, 2010, were released on January 31, 2011. They emphasize three major goals for Americans:

1. Balance calories with physical activity to manage weight.
2. Consume more of certain foods and nutrients such as fruits, vegetables, whole grains, fat-free and low-fat dairy products, and seafood.
3. Consume fewer foods with sodium (salt), saturated fats, trans fats, cholesterol, added sugars, and refined grains.

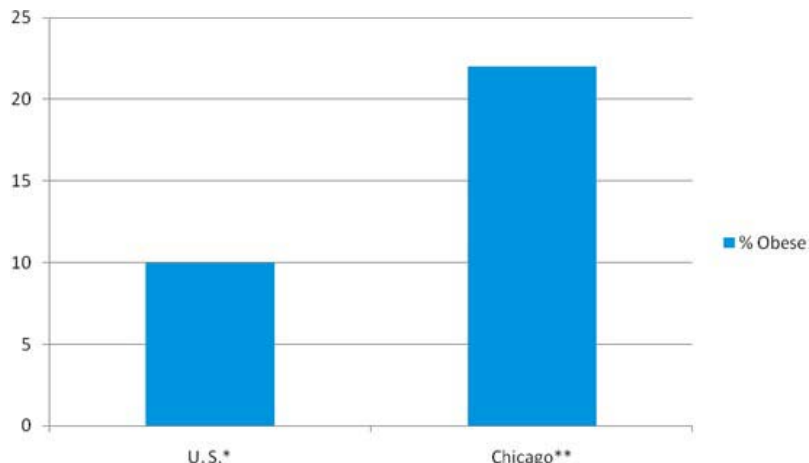
Please note that the guidelines for children under the age of 2 and pregnant women are discussed in the **Nutrition Handbook for Prenatal and Early Head Start**.

Using the RDA's and the Dietary Guidelines, the U.S. Department of Agriculture created a series of "MyPyramids" and the more recent "ChooseMyPlate" to guide us in choosing the kinds and amounts of food to eat each day. A copy of the "MyPyramid for Preschoolers" is found in the Handouts Section of this guide because the USDA has not yet updated "ChooseMyPlate" for preschoolers.

Healthful diets can reduce major risk factors for chronic disease such as diabetes, high blood pressure, high cholesterol and obesity. Obesity has become a major health problem for children and adults in this country. For children ages of 2-19 years old, weight status is based on the Body Mass Index (BMI)\* percentile for age and sex.

Illinois children have a higher prevalence of obesity (35%) than US children (31%) of the same age. Illinois has the 10th highest percent of obese and overweight children in the U.S.

**In Chicago, children age 3 to 7 have a much higher prevalence of obesity than U.S. Children 2-5 years old.**



\*U.S. data based on children 2-5 years old

\*\*Chicago data based on children 3-7 years old (Ogden et al, 2010, CLOCC press release, 2010)

**\*(BMI is a measurement that compares weight to height.** The formula is: weight in pounds divided by height in inches, divided by height in inches, multiplied by 703. Percentile indicates how a child compares to other children the same age and sex. For example, a child with a BMI greater than 95 has a BMI that is higher (greater) than 95 out of 100 children of the same age.)

## HEAD START REQUIREMENTS

Head Start Performance Standard 1304.23(a)(1)(2)(3) require that each child enrolled in the program be screened for nutritional problems. Further, Head Start staff is required to inform parents of possible dietary inadequacies and provide

information on nutrient needs. This handbook has been developed to assist staff in meeting these responsibilities. Specific objectives of the manual are:

- To provide guidance to Head Start staff on completing dietary and anthropometric (growth) assessment on all Head Start children.
- To assist staff in interpreting results of dietary, anthropometric and laboratory values.
- To provide information on nutritional needs of normal children including those requiring weight management (both under and overweight issues).
- To make available reproducible handouts for use by staff during parent consultations, staff and parent training.

## **Family Style Dining**

Head Start and the Child and Adult Care Food Programs (CACFP) support family style dining. In family style dining, all food is placed in serving bowls on the table and children are encouraged to serve themselves or serve themselves with help from an adult.

The teacher or adult child care givers sit at the table with the children. Children and adults practice good manners in a pleasant mealtime setting. Children can learn and practice many social skills, such as taking turns, passing food to others, saying please and thank you, and helping to set the table. Children often want to try new foods when they see the other children and adults eating them.

## **Points to Remember**

- Provide child-size plates, cups, utensils, and serving bowls that children can use comfortably.
- The teacher or child care giver does not act as server; instead they sit and eat with the children.
- Place all foods on the table at the beginning of the meal.
- Have enough food available to meet meal pattern requirements and to allow for seconds.
- Some children may need more help than others. Seat these children near an adult.
- Expect spills. Children are learning and accidents will happen. Wipe up spills without a fuss.
- Use this opportunity to talk with the children about nutrition and about the foods that they are enjoying together.

## **A. DOCUMENTATION**

Documentation of services provided is extremely important. The following is a list of the required nutrition related documents. A more detailed explanation follows in Parts B through F.

**CHILD/FAMILY NUTRITION NEEDS ASSESSMENT** (see part B.) Completed forms should be entered into COPA and a printout placed in the child's health folder.

**GROWTH ASSESSMENT/GROWTH CHART** - Height and weights should be entered into COPA twice a year. (See part VI Growth Assessment for details) A growth chart printout with the BMI plotted should be placed in each child's health folder.

**CASE NOTES** – Information about how a child is eating in the classroom needs to be communicated to the parents throughout the year. Whenever there is a problem this needs to be documented in case notes in COPA. Documentation of all nutritional services, referrals and follow-up should be entered into COPA in the referral and case notes screen. A printout of the referral and case notes must be placed in the child's health folder. Approved letters for family, medical providers, and approved action plans are included in the Appendix / Handout Section.

## **B. CHILD/FAMILY NUTRITION NEEDS ASSESSMENT**

This form is used to complete an evaluation of the child's diet. It is found in COPA under **Child Health History Prior to Enrollment**, section VII. For infants and toddlers, the form is in COPA (Nutrition Forms and Templates). You can download the form and should place a copy in the Health Folder.

This form is designed to help you collect basic nutrition information from the parent/guardian during the initial interview. This background information, along with blood test and growth values, collected from the child's physical exam and growth records, provides a picture of the overall quality of the child's diet. This form also helps you to develop a follow-up plan for children with suspected dietary problems and helps to document services provided. **A blank copy of the Child Health History is included in the Appendix / Handout Section.**

## **INSTRUCTIONS FOR COMPLETING THE NUTRITION NEEDS ASSESSMENT (SECTION VII) OF THE CHILD HEALTH HISTORY IN COPA**

**Diet History** - Numbers 1 through 11 requests specific information about child and family eating habits. These questions, help to identify the nutrition needs of participating families, and should be used in planning your nutrition education program for parents and children. **If numbers 7 through 10 are greater than one, a follow up is needed.**

### **Food Groups -**

This section contains a food frequency section which records daily food intake. Compare the answers in the food frequency section to the corresponding line in the recommended column. If the number of servings consumed daily from the food frequency section is less than the number of the recommended servings, place a check (✓) in the **follow-up** column which indicates a need for follow-up. For numbers 7 through 10, if the intake is greater than 1, follow-up is needed.

Please note that the servings listed in the recommended amount are **minimum** numbers to maintain good health. Some children may require more than the minimum number of servings to be healthy. The minimum number of servings from the fruit/vegetable group is four or more. This may be met by any combination of foods in groups 4 & 5.

### **Screenings –**

**Hemoglobin and Hematocrit** - Results of the child's blood test are entered in the Child's Medical Record. If the hemoglobin value is less than 11gm/dL or the Hematocrit value is less than 33.0%, the child is considered anemic. Follow-up procedures for anemia are in Section 5 of this handbook.

**Lead** - If the lead level is greater than 9.9 see the lead guidelines for follow-up procedures in this handbook (see Section 6).

**Growth Assessment/Growth Chart** - is done in the growth assessment screen in COPA. Height and weight data are entered in this screen. After the height and weight data are entered, select the growth chart **BMI-for-age 2 to 20 years** and click calculate. The computer will calculate the BMI and assess the weight status of the child. **Print the graph and place a copy in the health folder.** If the child is assessed as overweight/obese (greater than or equal to 95<sup>th</sup> percentile), at risk for overweight (greater than or equal to 85<sup>th</sup> percentile and less than 95<sup>th</sup> percentile) or underweight (less than 5<sup>th</sup> percentile), a referral and follow-up must be done. **Exact follow-up procedures are outlined in the chart (Recommended Re-Screening and Follow-up) found in Section D of this handbook.**

Follow-up on nutrition problems should always include at least a referral to WIC (Women Infants and Children Supplemental Food Program) and a discussion of the nutritional problem with the parents/guardian. This all needs to be documented in the case notes in COPA. Also appropriate nutrition handouts can be found in the Appendix of this handbook.

### **C. GROWTH ASSESSMENT**

The Department of Family and Support Services (DFSS) has adopted a policy to use the **Body Mass Index (BMI)** \*see definition on previous page) as the measurement to evaluate how a child is growing. Children's body fat and weight change as they grow and develop. Also, boys and girls differ in their weight and body fat as they mature. This is why BMI for children, also referred to as BMI-for-age, is gender and age specific and we must use different charts.

**DFSS requires height and weight and BMI's be taken and charted at least twice a year. Height and weight must be obtained on all children at the beginning of the program year and updated in February and March.**

The beginning of the year values may be recorded from the child's enrollment physical provided the physical examination is not greater than two months old. For children lacking an enrollment physical, height and weight should be assessed on site. The second height and weight measurement is taken on site. Guidelines for taking accurate measurement are described below.

For late enrollees, height and weight must be recorded upon enrollment and updated 4-5 months upon entry into the program. **The schedule for updating growth assessment on late enrollees is as follows:**

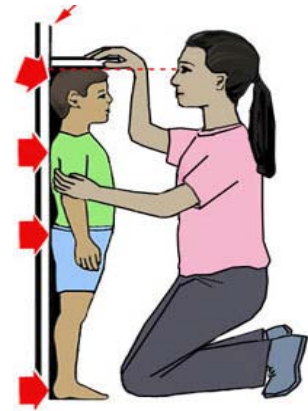
<b>Enrolled</b>	<b>Update Height/Weight</b>
October	February/March
November	March/April
December	April/May
January	May/June
February/March	July/August

## STEP 1: Measuring Stature (Height)

**Equipment:** A standing height board or stadiometer is best. A yard stick or non stretchable tape measure, attached to a wall can also be used. Take the height measurement on flooring that is not carpeted and against a flat surface such as a wall with no molding. The moveable rod attached to a beam scale is not recommended because it has the tendency to drop down.

### Procedure:

- Remove the child's shoes, bulky clothing, and hair ornaments, and unbraided hair that interferes with the measurement.
- Clean disposable paper should be used for the child to stand on.
- Take the height measurement on flooring that is not carpeted and against a flat surface such as a wall with no molding.
- Have the child stand with feet flat, together, and against the wall. Make sure legs are straight, arms are at sides, and shoulders are level.
- Make sure the child is looking straight ahead and that the line of sight is parallel with the floor.
- Take the measurement while the child stands with head, shoulders, buttocks, and heels touching the flat surface (wall). (See illustration.) Depending on the overall body shape of the child, all points may not touch the wall.
- Use a flat headpiece to form a right angle with the wall and lower the headpiece until it firmly touches the crown of the head.
- Make sure the measurer's eyes are at the same level as the headpiece.
- Lightly mark where the bottom of the headpiece meets the wall. Then, use a metal tape to measure from the base on the floor to the marked measurement on the wall to get the height measurement.
- Accurately record the height to the nearest 1/8th inch or 0.1 centimeter.
- Repeat the procedure to validate accuracy of the first measurement. If the measurements vary by more than ¼ of an inch, do the procedure again.



## STEP 2: Measuring Weight

**Equipment: Children should be weighed using a platform scale.** This may be a balance beam scale or a digital electronic load cell or strain gauge scale (do not use a bathroom scale). Check periodically or at least twice yearly for accuracy. Scales can be calibrated by putting known weights on the scale and checking for accuracy.

### Procedure:

- Children should wear lightweight day time clothing (remove sweaters and jackets) and should be weighed without shoes. Clean disposable paper should be used for the child to stand on.
- Zero the balance beam scale by placing the beam weights at zero and moving the adjustable weight until the beam is in zero balance
- Position the child on the scale facing the weights with feet centered on the platform. The child's arms should hang loosely at his/her side.
- To read the balance beam, move the weight on the main beam away from the zero position until the indicator shows that too much weight has been added, then move the weight back towards zero position until the excessive amount of weight has been removed. Move the weights from the fractional beam back and forth until the indicator is centered.
- Read the weight and record the exact measurements immediately. Repeat the procedure to validate accuracy of the first measurement. If the measurement varies by more than  $\frac{1}{2}$  pound, do the procedure a third time. Please NOTE: When assessing height and weight you may convert metric measurements (centimeters/kilograms) to inches and pounds, respectively. Use these conversions:
  - 1 centimeter (cm) = 0.4 inches (Multiply cm by .4 to get inches)
  - 1 kilogram (kg) = 2.2 pounds (Multiply kg by 2.2 to get pounds)

### Comments to Children:

**Do not comment on the height or weight of a child at the time the measurements are being taken.** Neutral comments such as "Thanks, you can get off the scale now" are appropriate.

If a child makes a negative comment about his/her body, it is appropriate to say, **"Our bodies come in lots of different sizes and shapes."** "If anyone is teasing you about your body, let's talk and see what we can do about it."

Teachers and other school staff should discourage teasing by modeling and promoting respectful behavior. The philosophy **"We respect the bodies of others even though they are different from our own"** should guide words and actions. If a child asks, "Am I too fat" or "Am I too skinny?" suggest the child ask his/her parent or doctor this question.

### **STEP 3: Recording and Interpreting Height and Weight:**

Obtain accurate height and weight as explained above.

- a) Select the growth chart to use based on the age and gender of the child being weighed.

**Use the charts listed below when assessing boys and girls from 2 to 20 years old.** These charts are listed in COPA at the bottom of the growth assessment screen.

- BMI-for-age

**Use the charts listed below when assessing boys and girls from 0 to 24 months old.** These charts are listed in COPA at the bottom of the growth assessment screen.

- Length-for-age
- Weight-for-age
- Weight-for-length
- Head circumference-for-age

- b) **Determining BMI**

COPA will calculate BMI using weight and stature measurements. It will determine the status of the child as obese, overweight, or underweight.

- c) **Print growth chart and place in health folder**

To print growth chart, select the correct growth chart at the bottom of the growth assessment screen. The new screen shows a graph indicating the weight status of the child. Print the graph and place a hard copy in the child's health folder.

### **STEP 4: Interpreting the Growth Chart and Determining Appropriate Follow-up:**

The curved lines on the growth chart show selected percentiles that indicate the rank of the child's measurements. For example, when the dot is plotted on the 95th percentile line for BMI-for-age, it means that only 5 of 100 children (5%) of the same age and gender in the reference population have a higher BMI-for-age. COPA interprets the plotted measurements based on the percentile ranking and the percentile cutoff corresponding to the nutrition indicator shown on the table below. If the percentile rank indicates a nutrition-related health concern, additional monitoring and assessment are needed – see Re-Screening and Follow-up Chart.

<b>Anthropometric Index</b>	<b>Percentile Cut-Off Value</b>	<b>Nutritional Status Indicator Per COPA</b>
BMI-for-Age	Greater than or equal to 95 <sup>th</sup> percentile	Overweight (Obese in COPA)
BMI-for-Age	Greater than or equal to 85 <sup>th</sup> percentile and less than 95 <sup>th</sup> percentile	Overweight (in COPA)
BMI-for-Age	Less than 5 <sup>th</sup> percentile	Underweight (in COPA)
Length/Stature-for-Age	Less than 5 <sup>th</sup> percentile	Short Stature

### **Not Making a Medical Diagnosis:**

Unless you are a licensed health care professional whose scope of practice includes diagnosing medical conditions, refrain from making a diagnosis of overweight or obesity. Labeling a child as “overweight,” “too fat,” “too thin,” or “skinny” based on a single height/weight measurement at one point in time is inappropriate. **In order to determine if a child is underweight, overweight or at risk of these conditions, standard practice is for a physician to gather additional medical information necessary for making a diagnosis.**

**Avoid Stereotyping.** It is crucial to avoid stereotyping. A stereotype is an assumption about an individual based on general information about his or her cultural group. For example, you might know that sometimes Hmong people have large families. If you meet Mai and find out she is Hmong, and say to yourself, “Mai is Hmong; she must have a large family,” you are stereotyping her. To provide the best care we must avoid stereotyping.

**D. RECOMMENDED RE-SCREENING AND FOLLOW-UP:**

Nutritional Status Indicator Per COPA	Action to Take	Follow-up Needed
<p><b>BMI above the 95th percentile</b></p> <p><b>(COPA indicates obese)</b></p>	<ol style="list-style-type: none"> <li>1. Refer to medical provider</li> <li>2. Refer to site nutritionist</li> <li>3. Provide parent/guardian result of assessment. Include: <ul style="list-style-type: none"> <li>• parent/guardian letter,</li> <li>• healthcare provider letter and</li> <li>• <b>Action Plan for Healthy Lifestyle to be given to medical provider for completion*</b>.</li> <li>• Provide handouts from Healthy Eating/Weight Management in Appendix/Handout section.</li> </ul> </li> <li>4. Refer to WIC program.</li> </ol>	<p>Follow up with family for the completed action plan from the healthcare provider.</p> <p>Provide a copy to the family and teacher for implementation as needed.</p> <p>Keep a copy of the action plan in the child health record.</p> <p><b>Weigh child periodically (every 3-4 months) until problem is resolved.</b></p>
<p><b>BMI between the 85th and 95th percentile</b></p> <p><b>(COPA indicates overweight)</b></p>	<ol style="list-style-type: none"> <li>1. Refer to site nutritionist.</li> <li>2. Provide parent/guardian result of assessment. Include: <ul style="list-style-type: none"> <li>• parent/guardian letter,</li> <li>• Site nutritionist should discuss the Healthy Lifestyle Form with the parents and provide handouts from the <b>Healthy Eating/Weight Management</b> section in Appendix/Handouts or other appropriate materials.</li> </ul> </li> <li>3. Refer to WIC program</li> </ol>	<p>Keep a copy of the Healthy Lifestyle Form in the child's health record.</p> <p><b>Weigh child periodically (every 3-4 months) until problem is resolved</b></p>

<p><b>BMI below the 5th percentile COPA indicates underweight</b></p>	<ol style="list-style-type: none"> <li>1. Refer to medical provider</li> <li>2. Refer to site nutritionist</li> <li>3. Provide parent/guardian result of assessment. Include: <ul style="list-style-type: none"> <li>• parent/guardian letter,</li> <li>• healthcare provider letter</li> <li>• Action Plan for Underweight to be given to medical provider for completion*</li> <li>• Provide appropriate handouts from Appendix/Handouts.</li> </ul> </li> <li>4. Refer to WIC program</li> </ol>	<p>Keep a copy of the action plan in the child's health record.</p> <p>Weigh child periodically (every 3-4 months) until the problem is resolved.</p>
<p><b>Short Stature (height for age below the 5th percentile)</b></p>	<ol style="list-style-type: none"> <li>1. Refer to site nutritionist</li> <li>2. Refer to WIC program</li> </ol>	<p>Measure child periodically (every 3-4 months) until the problem is resolved.</p>

**E. WEIGHT MANAGEMENT**

According to the American Dietetic Association, the health status of American children has generally improved over the past three decades. However, the number of children who are overweight has more than doubled. Children who are overweight are at risk for developing many more health problems including, type 2 diabetes, high blood pressure and even heart disease. We all need to make healthy eating and movement an important part of our lives, our children's lives, and our program.

**THE UNDERWEIGHT CHILD – HOW CAN WE HELP?**

After infancy, growth in children slows down and occurs in spurts. Weight and height measurements (BMI) are plotted on a growth chart and are used to determine the growth pattern of a child compared to other children with typical growth patterns. If a child's BMI is below the 5th percentile, check the chart above for the necessary actions to be taken. Children who are less than the 10th percentile may be growing appropriately but are considered to be at risk for growth failure and need to be closely evaluated. Children who are between the 6th and 25th percentile may benefit from receiving one of the handouts from the Underweight/Picky Eaters section of the Appendix / Handout Section.

## **THE OVERWEIGHT CHILD - HOW CAN WE HELP?**

There are many wonderful resources in the Appendix / Handout Section of this handbook to use in helping families of a child identified as overweight or at risk for overweight. The emphasis should always be on helping families to eat healthy foods and move more. Changes should be directed to the whole family and should never single out the child who is under or overweight. **WE NEVER RECOMMEND PUTTING A CHILD ON A WEIGHT LOSS DIET.** Only a medical provider can recommend and supervise a weight loss diet or program for a child. If children do not eat enough, they may not grow and learn as well as they should. Our job is to provide the families with the proper information and resources to make healthy choices.

### **WAYS TO HELP FAMILIES AND STAFF AROUND WEIGHT ISSUES**

- ✓ **Accept Every Child at Every Weight.**
  - ✓ Tell the child she or he is loved, is special, and is important.
  - ✓ ***Children and adults come in many sizes and shapes, but we all need to eat well and exercise.***
  - ✓ Work with parents and staff to avoid stereotyping, or using nicknames about body size or shape. Children's feelings about themselves often are based on their parents' and teachers' feelings about them, and these nicknames can be harmful.
  - ✓ Children who feel good about themselves will take better care of themselves and make better choices around food and exercise.
  - ✓ Be supportive to families and individuals trying to make changes. Slow, positive changes in eating and exercise work much better than sudden or drastic changes. Also no one needs to be perfect!
  - ✓ See the following handouts in the Appendix / Handout Section:
    1. "Does My Child Have a Weight Problem,"
    2. "Phrases that Help and Hinder"
- **Provide Positive Role Models**
- ✓ The best way to teach children is to let them see adults enjoying fruits, vegetables, and whole grains at meals and snacks.
  - ✓ Encourage family meals. Encourage families to eat together whenever possible.
  - ✓ Head Start staff should eat with children and be a healthy role model.
  - ✓ See the following handouts in the Appendix / Handout Section:
    1. "7 Tips for Raising Healthy Eaters"
    2. "10 Tips: Be a Healthy Role Model for Children"

- **Encourage Healthy Eating Habits**
  - ✓ Use the USDA MyPyramid and “ChooseMyPlate” guidelines for planning meals and snacks. See Handouts in the Appendix / Handout Section and at [www.ChooseMyPlate.gov](http://www.ChooseMyPlate.gov).
  - ✓ The “GO, SLOW, AND WHOA FOODS” Guidelines can also be used to encourage healthy food choices. See “Go Slow and Whoa” handouts in the Appendix / Handout Section.
  
- **Recommended healthy eating habits include:**
  - ✓ Children and adults need to eat at regular times.
    1. Offer 3 meals and 1-2 snacks per day.
    2. Avoid skipping meals or snacking continually.
  - ✓ Offer fruits and/or vegetables at every meal and snack.
  - ✓ Offer water and low-fat milk often.
  - ✓ Fruit juice can be a healthier choice than fruit drinks or soda pop but it is still high in calories.
  - ✓ Start with age appropriate servings (see Healthy Eating for your Preschooler Handout in Appendix/Handout section and let the child ask for more if he or she is still hungry.
  - ✓ TRUST THE CHILD'S STOMACH. Watch for signals that a child is full and honor this.
  - ✓ DIVIDE RESPONSIBILITY: It is the adult's responsibility to determine what and when foods are served, and it is the child's responsibility to determine which and how much of those healthy foods offered he or she will eat.
  - ✓ DO NOT USE FOOD AS A REWARD.
  - ✓ When encouraging a child to eat avoid, for example, promising dessert for eating vegetables. This sends the message that vegetables are less valuable than dessert and children learn to dislike foods they think are less valuable.
  - ✓ Use the handouts found in the Appendix / Handout section to help families and staff to make healthy food choices.
    1. “Eat More Fruits and Vegetables”
    2. “Go, Slow, And Whoa-U R What You Eat”
    3. “We Can! Go, Slow, and Whoa Foods”
    4. ChooseMyPlate: Build a Healthy Meal
    5. ChooseMyPlate: Kid Friendly Fruits and Vegetables
    6. ChooseMyPlate: Cut Back on Sweets

➤ **Encourage Physical Activity**

Some experts believe most of the health and obesity problems in our country stem more from a lack of physical activity than from our food choices. Adults, children, everyone needs physical activity on a daily basis. All of us need to move and feel better when we move!

- ✓ There are many programs and initiatives to increase physical activity in our children, families and staff.
- ✓ “I Am Moving, I Am Learning” is a current program recommended by Head Start to increase movement and address obesity in Head Start children. It includes songs and movements that are not only fun but improve brain development as well as gross and fine motor development.
- ✓ Every Head Start site should include “I Am Moving, I Am Learning” activities on a regular basis.

➤ **Tips for helping families and staff to increase physical activity include:**

- ✓ Get trained in and implement “I Am Moving, I Am Learning”
- ✓ Encourage families to be active as a family.
- ✓ Make play time a family time.
- ✓ MAKE PHYSICAL ACTIVITY FUN: FOCUS ON FUN, NOT PERFORMANCE
- ✓ Walk, run, and play together.
- ✓ Physical activity can include anything from dancing to jumping rope to housework.
- ✓ Variety is the spice of life. Try new and different forms of movement.
- ✓ Discourage and limit inactive pastimes. This would include:
- ✓ Set limits on the amount of time a child and family watches TV, plays video games, or sits in front of the computer.
- ✓ Encourage a child to get up and move during commercials. Let the adult be a role model.
- ✓ Discourage eating meals or snacking in front of the TV.
- ✓ Use the following handouts found in the Appendix / Handout Section:
- ✓ “Bounce to Better Health”
- ✓ “Physical Activity for Children 3 to 4 years old”