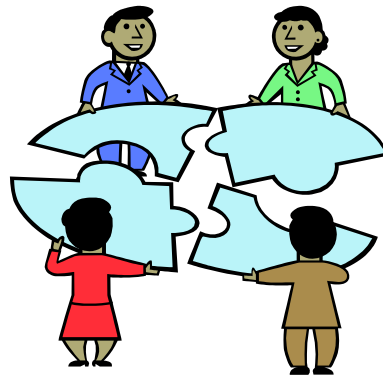


Caring for the Whole Child

Body + Mind + Spirit

We're all a piece of the puzzle!



Focus on

Wellness

Wellness Policy

Archdiocese of Philadelphia

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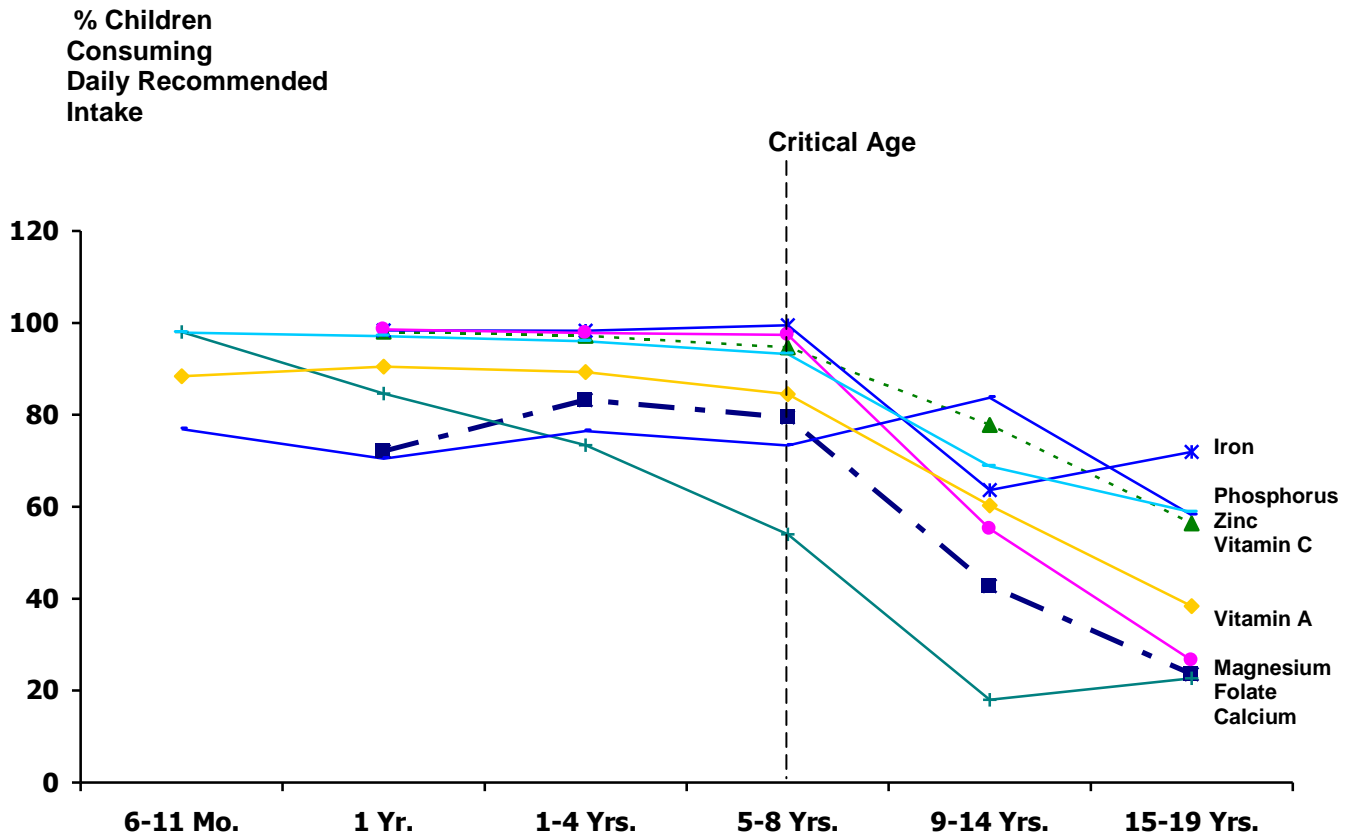
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Nutrition Profile of U.S. Children

Children are Overfed But Undernourished



Data compiled by Dr. John Lasekan, Ross Labs
 From NHANES 1999-2000 and the Continuing Food Survey 1994-96, 1998

Blue	Iron
Dark Blue	Phosphorus
Cyan	Zinc
Green	Vitamin C
Yellow	Vitamin A
Magenta	Magnesium
Dark Blue	Folate
Teal	Calcium

Childhood Obesity in America

Some facts about our children's lives:

- In 1999-2000, the number-one most consumed food item by children was carbonated beverages like soda. [1]
- The percentage of children's diets consumed in restaurants (including fast food) went from 6.5 percent in 1977 to 19.3 percent in 1996. Children consume almost twice the number of calories during a typical restaurant meal as compared to a meal from home. [2]
- Food and drink companies spend on average 15 billion dollars a year on advertisements that target children. [3] The average child sees 40,000 commercials a year, and more than half of these ads are for unhealthy foods like candy, soda and fast foods. [4]
- Less than 25 percent of children get at least 30 minutes of physical activity per day. [5]
- Poor nutrition, even in children who are not over-weight, can affect brain development and performance in school. [6]

And on our national childhood obesity epidemic:

- Almost one-third of all children ages 6-19 are considered overweight or at risk for being overweight. [7]
- According to the Institute of Medicine, there are 9 million children over the age of 6 who are obese. There is a 70 percent chance that an overweight adolescent will be overweight or obese as an adult. [8]
- Obesity is associated with diseases such as type 2 diabetes, heart disease, stroke, high blood pressure, depression, breast cancer and arthritis. [9]

Source: www.parentaction.org

[1] American Heart Association. A Nation at Risk: Obesity in the U.S., A Statistical Sourcebook;

www.americanheart.org/presenter.jhtml?identifier=3030570; [2] American Heart Association. A Nation at Risk: Obesity in the U.S., A Statistical Sourcebook; www.americanheart.org/presenter.jhtml?identifier=3030570; [3] Center for Science in the Public Interest. 2003. Pestering Parents: How Food Companies Market Obesity to Children. www.scpinet.org/pesteringparents; [4] Institute of Medicine. 2005. Preventing Childhood Obesity: Health in the Balance. Washington, DC: The National Academies Press.; [5]

<http://www.parentaction.org/learn/nutrition/physical-activity/needforpe/>

; [6] California Project LEAN. Successful students through healthy food policies: Healthy food policy resource guide.

www.californiaprojectlean.org; [7] Hedley AA, et al. Prevalence of Overweight and Obesity Among U.S. Children, Adolescents, and Adults, 1999-2000. J Am Med Assoc 2004; 291:2847-50; [8] Department of Health and Human Services Fact Sheet. The Problem of Overweight in Children and Adolescents; [9] www.surgeongeneral.gov/topics/obesity/caltoaction/fact_adolescents.htm; [9] Centers for Disease Control and Prevention. Third National Health and Nutrition Examination Survey, 1988-94. Analysis by the Lewin Group [Fall Church, VA] 1999.

Link Between Poor Nutrition, Lack of Physical Activity and Academic Achievement

The facts are in: poor nutrition and lack of physical activity lead to lower academic achievement. Study after study proves what educators have long believed to be true: when children's basic nutritional and fitness needs are met, they have the cognitive energy to learn and achieve. Schools continue to be a core place for students to learn and practice healthy eating habits, and can also be a primary place to gain the knowledge, motivation, and skills children need for lifelong physical activity [1].

Poor nutrition hampers academic achievement.

Recent studies demonstrate:

- In a New York study, many students experienced malnutrition that was too slight for clinical signs yet still affected their intelligence and academic performance. This impairment can be corrected through improved nutrition [2], [3].
- Among fourth grade students, those having the *lowest amount of protein* in their diet had the *lowest achievement scores* [4].
- *Iron deficiency anemia* leads to *shortened attention span, irritability, fatigue, and difficulty with concentration*. Consequently, anemic children tend to do poorly on vocabulary, reading, and other tests [5].
- Children who suffer from *poor nutrition* during the brain's most formative years score much *lower on tests of vocabulary, reading comprehension, arithmetic, and general knowledge* [6].
- Six- to eleven-year-old *children from food-insufficient families* had significantly *lower arithmetic scores* and were more likely to have *repeated a grade*. Families were classified as food-deficient if they self-reported as sometimes or often not having enough food to eat. In addition, food-insufficient teenagers were more likely to have been *suspended from school*, and children in this category were more likely to have seen a psychologist and to have experienced *difficulty interacting with their peers* [7].
- Even *moderate under-nutrition (inadequate or sub-optimal nutrient intake)* can have lasting effects and *compromise cognitive development and school performance* [8].
- Morning fasting has a negative effect on cognitive performance, even among healthy, well-nourished children. A test of the speed and accuracy of response on problem-solving tasks given to children who did or did not eat breakfast found that *skipping breakfast had an adverse influence on their performance on the tests* [9].

Sources: [1] Bogden, J.F. *Fit, healthy, and ready to learn: a school health policy guide*. Alexandria (VA): NASBE, 2000; [2] Schoenthaler, S. Abstracts of early papers on the effects of vitamin-mineral supplementation on IQ and behavior. *Personality and Individual Differences* 1991;12(4):343; [3] Schoenthaler, S., Amos, S., Eysenck, H., Peritz, E., and Yudkin, J. Controlled trial of vitamin mineral supplementation: effects on intelligence and performance. *Personality and Individual Differences* 1991;12(4):361; [4] American School Food Service Association (ASFSA). Impact of hunger and malnutrition on student achievement. *School Board Food Service Research Review* 1989;(1, Spring):17-21; [5] Parker, L. *The relationship between nutrition and learning: a school employee's guide to information and action*. Washington: National Education Association, 1989; [6] Brown, L., Pollitt, E. Malnutrition, poverty and intellectual development. *Scientific American* 1996;274(2):38-43; [7] Alaimo, K., Olson, C.M., Frongillo Jr., E.A. Food insufficiency and American school-aged children's cognitive, academic, and psychosocial development. *Pediatrics* July 2001;108(1):44-53; [8] Center on Hunger, Poverty, and Nutrition Policy. Statement on the Link between Nutrition and Cognitive Development in Children. Medford, MA: Tufts University School of Nutrition 1995; [9] Pollitt, E., Leibel, R., Greenfield, D. Brief fasting, stress, and cognition in children. *American Journal of Clinical Nutrition* 1991;34(Aug):1526-1533

Wellness Policy Introduction

The Archdiocese of Philadelphia recognizes that wellness, proper nutrition, and regular physical activity are related to children's physical well-being, growth, development, and readiness to learn. It also recognizes that Residential Child Care institutions (RCCI's) can provide an environment in which the children in their care can learn about and participate in positive dietary and lifestyle practices. The Archdiocese is committed to supporting RCCI's in providing a healthy environment that promotes these concepts.

In response to the 2004 Child Nutrition Reauthorization Act, Nutritional Development Services (NDS) and the Office of Catholic Education (OCE) partnered to create a Wellness Policy for Archdiocesan schools and other participants in the School Lunch Program that are sponsored by NDS. A committee of stakeholders was formed and the final policy is presented in this document.

The committee used the following guidelines to create the policy:

- It was created at the local level.
- It includes goals for nutrition education, physical activity, staff and administration and nutrient standards and meal service.
- It is designed to promote resident wellness.
- It establishes nutrient standards for all food available at the RCCI with the objective of promoting resident health and reducing childhood obesity.
- It has a plan for measuring and evaluating implementation.
- A broad group of individuals participated in its development including, among others, students, parents, school food authority representatives, school board members, school administrators, and the general public.

The Wellness Policy created by this committee will be implemented over three years. It is a living document that will change as needs arise or as new guidance is provided.

Wellness Policy Implementation Plan

System and environmental changes take time. To assist the implementation of the Wellness Policy, a three-year plan has been created. The goal is to create a plan that creates a slow, systematic approach that builds on the successes of each year.

To be successful, the staff and administration at each RCCI needs to support the policy and any subsequent changes. Children really do enjoy eating healthy foods and moving their bodies. As caregivers we are an important influence in a resident's life. Modeling healthy behavior supports the development of healthy behaviors in children and there is no stronger message for the importance of healthy habits. Children watch and imitate adults, and look to them to learn proper behavior. As role models, we need to monitor our own behavior so that children acquire healthy attitudes. It is recommended to identify staff that can be "wellness champions," or role models to help others in the community realize this. These role models, along with other interested parties, also are good candidates for a wellness committee should you choose to form one.

The policy is divided into four topics: Staff and Administration, Good Nutrition Practices for a Healthy Life, Nutrient Standards and Meal Service and Physical Activity.

The first year of the plan focuses on creating "safe and adequate" environments in which residents can eat and do physical activities. It also focuses on training staff on the policy, nutrition and physical activity and on beginning to incorporate healthy messages.

One of the requirements of the policy is to measure if changes are taking place. The policy statements can be measured by comparing them with the current environment. Each residential program has already submitted a baseline assessment. In the Spring, a short evaluation "checking your success" will be distributed to see how much of the policy has been implemented at each RCCI.

Some RCCI's may find that much of what the policy addresses in "year one" is already a reality at their facility. If that is the case for your RCCI and you want to keep moving forward, please feel free to contact NDS for resources or direction.

Please feel free throughout the year to share your successes or any resources you find especially helpful. NDS will be putting together information for "year-two" during the upcoming year and would be glad to include your ideas.

Remember we are all a piece in the puzzle.

Staff and Administration

The goals of this section address creating an environment that provides consistent wellness messages and is conducive to healthy eating and being physically active.

Year One	Year Two	Year Three
Appropriate training shall be available to all staff on the components of the Wellness Policy.	The goals of the Wellness Policy shall be considered in planning all staff and program activities.	
In every way possible, the administration shall support the efforts of staff to provide a healthy diet and daily physical activity for the residents.	In every way possible, the administration shall support the staff wellness by providing on-going health and nutrition screening and education.	

Staff and Administration

Appropriate training shall be available to all staff on the components of the Wellness Policy.

Ways to accomplish this goal:

- Use staff development days or other time to discuss the policy, the changes that will occur, and the importance of their role in this process.
- Use the Wellness policy power point training.
- Use NDS in conjunction with Catholic Social Services to expand on the Wellness Policy.
- Training should include the most recent Dietary Guidelines including portion size, balance and food choices. <http://lancaster.unl.edu/food/resources.htm>
- Take advantage of community health organizations such as American Cancer Society, <http://www.cancer.org/docroot/home/index.asp> community adult learning classes, hospital seminars on health and American Diabetes Association, <http://www.diabetes.org/homepage.jsp>
- Refer to Nutritional Development Services Nurture and Nourish, the Residential Child Care Institutions Manual (NDS RCCI Manual).

In every way possible, the administration shall support the efforts of staff to provide a healthy diet and daily physical activity for residents.

Consider the needs the staff may have in making the changes needed and the ongoing support they may need in sustaining these changes.

Good Nutrition Practices for a Healthy Life

The primary goal of this section is to have a better understanding of good nutrition and to influence residents' eating behaviors. This can be accomplished through practical hands-on experiences and through nutrition education which may be defined as "any set of learning experiences designed to facilitate the voluntary adoption of eating and other nutrition-related behaviors conducive to health and well-being." (ADA 1996)

Within the RCCI, these learning experiences shall address residents' knowledge, skills, attitudes, and behaviors and provide opportunities for residents to have positive food experiences. Life skills lessons and other activities shall be age-appropriate and behavior focused. Lifelong lifestyle balance shall be reinforced by linking healthy food choices and physical activity.

Year One	Year Two	Year Three
The staff responsible for providing nutrition education shall be properly trained and prepared and shall participate in appropriate professional development.	Staff shall serve as role models in healthy eating and other healthy lifestyle practices.	
	Nutrition education shall be provided to residents and/or integrated into other resident activities.	Nutrition education shall extend beyond the RCCI environment by engaging and involving families and the community.

Good Nutrition Practices for a Healthy Life

Staff responsible for providing nutrition education shall be properly trained and prepared and shall participate in appropriate professional development.

Way to accomplish this goal:

- Training should include how to create opportunities for residents to have positive food experiences and should focus on how to create behavioral change over educational learning goals.
- Take advantage of community health organizations, such as, the American Cancer Society, <http://www.cancer.org/docroot/home/index.asp> the American Diabetes Association, <http://www.diabetes.org/homepage.jsp> and American Heart Association, <http://www.americanheart.org/presenter.jhtml?identifier=1200000>
- See “local resources” section of the Wellness Policy Resource Guide.
- Search out other community organizations like the local Community College, local hospital for health seminars and community adult learning classes.
- Refer to NDS RCCI Manual.
- Appropriate nutrition topics for professional development can include, but are not limited to: food safety, <http://lancaster.unl.edu/food/foodsafety.shtml>, diet related health problems, food disorders, cooking, shopping, budgeting, meal planning, label reading, balancing eating and physical activity, nutrition and the life cycle, food trends and diet fad, food and culture, hunger in America or other countries.
- Include nutrition education as a Life Skills topic.

Nutrient Standards and Meal Service

The goal of this section is to provide residents with opportunities to make healthy food choices. All food choices shall be made with consideration for promoting health and reducing childhood obesity. Also important is to increase the nutrient density of food, to decrease fat and sugar and to provide moderate portion sizes.

Year One	Year Two	Year Three
Nutrition content of meals shall be available to residents, staff and parents/guardians.	Residents and staff shall be involved in menu selection.	
Food shall not be used as a reward or punishment.	Menu selection and portion sizes for celebrations shall support the goals of the Wellness Policy.	Choices made when eating out shall support the goals of the Wellness Policy.
Nutritional value of foods and beverages brought into the residence shall be evaluate and improved.	Cooking methods used for all foods shall be evaluate and improved and appropriate portion sizes shall be served to the residents.	To the extent possible, staff shall encourage resident involvement in creating and cooking healthy meals.
Residents shall be provided with a clean and safe meal environment.		
Residents shall have access to hand washing before meals and snacks.		
Meals shall be scheduled at appropriate times.		
Residents shall be provided with adequate time to eat, at least: fifteen (15) minutes sit-down time for breakfast; twenty (20) minutes sit-down time for lunch and thirty (30) minutes sit-down time for dinner.		
Drinking water shall be available at all meals and throughout the day.		

Nutrient Standards and Meal Service

Overall goal for the first year: provide residents with opportunities to make healthy food choices in an unhurried, safe environment and make all food choices with consideration for promoting health.

Nutrition content of meals shall be available to residents, staff and parents/ guardians

Ways to accomplish this goal:

- Post menus with the nutrient content.
- Help residents, staff and parents/guardians understand the nutritional value of meals served.

Food shall not be used as a reward or punishment.

Ways to accomplish this goal using non-food rewards:

- Give gift certificate to book store or sporting store.
- Purchase Frisbee's, NERF balls, footballs and basket balls as prizes.
- Go to the movies or rent one, the child's choice.
- Use board games, puzzles, crossword puzzles and Suduko.

For more examples of non-food rewards, see "Creative Ideas" and the "Wellness Resource Guide" sections.

Nutritional value of foods and beverages brought into the residence shall be evaluate and improved.

Ways to accomplish this goal:

- Analyze foods at the home. Discover healthy foods to replace foods that are less healthy.
- Refer to NDS RCCI Manual, Chapter 4, **Nutrient Power** and Chapter 10, **Healthy Hints**.
- **Let the Food Guide Pyramid and the U.S. Dietary Guidelines be your guide.**
- Reduce the number of foods that have sugar as the first ingredient.
- Avoid foods with trans fat and reduce the number of high fat foods.
- Choose foods that are moderate in sodium:
 - low sodium foods have less than 140 mg per serving;
 - aim to consume no more than 1500 mg per day
- Increase the number of nutrient dense foods.
 - choose foods that have at least 10% of various desired nutrients.
- Choose only 1% milk or 100% juice to serve at meals.
- Choose flavored or unflavored water, seltzer, and drinks with at least 50% real juice to serve at all other times. Keep servings to 16 ounces or less.
- Increase the number of fruits and vegetables offered.

Residents shall be provided with a clean and safe meal environment.

Residents shall have access to hand washing before meals and snacks.

Meals shall be scheduled at appropriate times.

Residents shall be provided with adequate time to eat, at least: fifteen (15) minutes sit-down time for breakfast; twenty (20) minutes sit-down time for lunch; and thirty (30) minutes for dinner.

Meals should be relaxing, a time for conversation, and unhurried as a means of promoting good digestion.

Drinking water shall be available at all meals and throughout the day.

Good Cereal Choices

Good Choice Cereals 4g Fiber per Serving	Better Choice Cereals 5g to 7g Fiber per Serving	Best Choice Cereals 8g + Fiber per Serving
Basic 4 3.5g (GM) Crispy Wheaties 'N Raisins 3.5g Just Right with Crunchy Nuggets 3g Just Right Fruit and Nut 3g (K) Life, plain and Cinnamon 3g (Q) Honey Nut Clusters 3g (GM) Apple Raisin Crisp 4.5g (K) Frosted Bran 4.5g Grape-Nut Flakes 4g Nature Valley Cinnamon & Raisins 4g Nature Valley Toasted Oats 4.5g Oatmeal Crisp w/ Almonds 4.5g (GM) w/ Apples 4.5g w/ Raisins 3.5g Oatmeal Squares 4.5g (Q) Oatmeal Cinnamon Squares 4.5g (Q) Toasted Oatmeal Honey Nut 3.5g Total 3.5g Total Raisin Bran 5g Wheat Chex 4g Wheaties 3g Cheerios 3.6g Oatmeal whole oats and instant 4g	Common Sense Oat Bran Flakes 5.5g Complete Bran Flakes 6g (K) 100% Natural Oats & Honey 7g (Q) Apple & Cinnamon 7g Oats Honey & Raisin 7.5g Raisin & Dates 7.5g 100% Natural Low Fat, Crispy Wholegrain w/ Raisins 6g (Q) Apple Cinnamon Squares 6.5g (K) Blueberry Squares 6.5g Crunchy Bran 6.5g (Q) Frosted Mini Wheats 6g (K) Low-Fat Granola w/Raisins 5g (K) Low-Fat Granola w/o Raisins 6.5g (K) Mueslix-Apple & Almond Crunch 6g Mueslix-Raisin & Almond Crunch w/dates 5.5g (K) Nature Valley Fruit & Nut 5g (GM) Nature Valley Low-Fat Fruit 5g Nutrigrain Wheat 5g (K) Oat Bran 5g (Q) Raisin Squares 7g (K) Strawberry Squares 5g (K) Wheatina 6.6g	All-Bran 19.5g (K) Fiber One 28.5g(GM) Grape-nuts 11g Natural Bran Flakes 9g Bran Chex 8g Cracklin' Oat Bran 8.5g Raisin Bran 8g

K-Kelloggs
 GM-General Mills
 P-Post
 Q-Quaker

Cereals to Avoid

Read the Label:

Try to keep **Sugar at 7g** (1.5 tsp.) per ounce. **Sugar can be as high as 12g** as long as the **Fiber is above 4g**, the **Protein is above 5g** and the **Fat is no higher than 10%**
Look for whole grains in the ingredient list.

Kix and Berry Berry Kix	Cap'n Crunch all varieties
Trix	Cinnamon Mini Buns
Golden Grahams	Cinnamon Toast Crunch
Berry Berry Kix	Reese's Peanut Butter Puffs
Fruit Loops	Lucky Charms
Frosted Flakes	Honey Nut Crunch
Cocoa Puffs	Smacks
Frosted Wheaties	S'Mores Grahams
Crispix	Honey Nut Cheerios
Corn Chex	Cookie Crisp Chocolate Chip & Vanilla
Rice Chex	Double Dip Crunch
Honey Nut Chex	Frankenberry
Corn Pops	Cocoa Pebbles
Frosted Krispies	Fruity Pebble
Rice Krispies	Honey Graham O's
Rice Krispie Treats	Cocoa Krispie
	Count Chocula

Fruit Juices and Beverages

Fruit Juice Brands 100% Fruit Juice	No Nutritional Value
Juicy Juice Welsh's Very Fine Tropicana Snapple Juice Ridgefield's R.W. Knudsen Dole Minute Maid Campbell's Tomato Apple and Eve	Capri Sun All Natural, various flavors Town House Apple, fruit punch and other fruit drinks Kool Aide Bursts Gatorade Ice tea Lemonade

Good Choice Snack Foods

Limit snack cakes and sugary snacks to once or twice a week

Pretzels
Baked chips
Lite Popcorn
Goldfish
Granola bars
Cereal and milk

Bread-

Use 100% whole wheat. Whole wheat should be the first ingredient on the label.

**Fry only one time per week using liquid oil.
No Trans Fats or Hydrogenated oils**

Milk- Use 1% low fat Milk

Physical Activity

Current recommendations suggest that children should strive to accumulate 60 minutes of physical activity each day. The primary goal of this section is to create a physical activity plan that provides residents with opportunities for developmentally appropriate physical activities in a safe and enjoyable environment, helps residents develop the knowledge and skills for specific physical activities and maintain physical fitness and to understand the short and long-term benefits to a physically active and healthy lifestyle.

Year One	Year Two	Year Three
Residents shall be provided with safe and adequate equipment, facilities and resources for physical activity.	Staff shall encourage physical activity in free time and support structured physical activity.	RCCI's shall partner with parents/ guardians and community members to create programs that support physical activity.
Staff responsible for leading or overseeing physical activity shall be properly trained and shall participate in appropriate professional development.	Staff shall serve as role models in the area of physical activity and other healthy lifestyle practices.	
Physical activity shall not be used as a reward or punishment.	Residents shall be provided with the knowledge necessary to understand the short- and long-term benefits of a physically active lifestyle.	

Physical Activity

Residents shall be provided with safe and adequate equipment, facilities and resources for physical activity.

Ways to accomplish this goal:

- Examine equipment and facility currently available to residents for safety, adequacy and age appropriateness.
- Inventory supplies currently available at the facility for sports and physical activity.
- Check available neighborhood resources, such as schools, playgrounds, recreation centers, YMCA and YWCA for programs and use.

Staff responsible for leading or overseeing physical activity shall be properly trained and shall participate in appropriate professional development.

Ways to accomplish this goal:

- Provide on-going professional training and development for staff in the area of physical education.
- Offer seminars for spiritual growth, like meditation. Have a masseuse come to the home to help staff relieve physical stress.
- Staff members are role models for the residents. When residents are physically active staff should participate in the activity with the residents when possible.
- Evaluate your Physical Fitness at this web site and learn about many other health and wellness topics, such as lifestyle, healthy heart, nutrition, mental health and prevention.
<http://www.standardlife.ca/en/health/tools/calculators/fitness.html>
- Provide knowledge necessary to understand the short-term and long-term benefits of a physically active lifestyle. <http://www.cdc.gov/nccdphp/dnpa/physical/index.htm>
- Learn the positive and negative effects of regular participation in moderate to vigorous physical activities.
- Understand what healthy weight is. Find out what Body Mass Index is (BMI)?
<http://www.cdc.gov/nccdphp/dnpa/bmi/index.htm>
http://www.cdc.gov/nccdphp/dnpa/bmi/childrens_BMI/about_childrens_BMI.htm
- Describe and apply the principles of exercise to the components of health-related and skill-related fitness (cardio-respiratory endurance, muscular strength, flexibility).
http://www.kidshealth.org/kid/exercise/fit/work_it_out.html
- Describe how exercise plays a role in the prevention of health-related illness and disease (obesity, high blood pressure, diabetes, heart disease) and general good health and well-being.

<http://www.cdc.gov/nccdphp/dnpa/physical/index.htm>

http://www.mypyramidtracker.gov/PhysicalActivities/Information/PA_info.asp



**** Taking Your Heart Rate**

Generally, to determine whether you are exercising within the heart rate target zone, you must stop exercising briefly to take your pulse. You can take the pulse at the neck, the wrist, or the chest. We recommend the wrist. You can feel the radial pulse on the artery of the wrist in line with the thumb. Place the tips of the index and middle fingers over the artery and press lightly. Do not use the thumb. Take a full 60-second count of the heartbeats, or take for 30 seconds and multiply by 2. Start the count on a beat, which is counted as "zero." If this number falls between 85 and 119 bpm in the case of the 50-year-

old person, he or she is active within the target range for moderate-intensity activity. CDC

Physical activity shall not be used as a reward or punishment.

Ways to accomplish this goal using non-food rewards:

- Give gift certificate to book store or sporting store.
- Purchase Frisbee's, NERF balls, footballs and basket balls as prizes.
- Go to the movies or rent one, the child's choice.
- Use board games, puzzles, crossword puzzles and Suduko.

For more examples of non-food rewards, see "Creative Ideas" and the "Wellness Resource Guide" sections.