



## 2025 Certified Healthy Early Childhood Application

### Early Childhood Contact Information

**References:** American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education: Caring for Our Children- National Health and Safety Performance Standards, Guidelines for Early Care and Education Programs: 4th Edition (2019); Institute of Medicine: Early Childhood Obesity Prevention Policies: Goals, Recommendations, and Potential Actions (June 2011)

### Demographic Information

**Name of Program:**

**Program Type:** ☐ Child Care Center ☐ Head Start: ☐ Tribal or ☐ Other ☐ Large Family Child Care Home (8-12 children) ☐ Small Family Child Care Home (1-7 children) ☐ Part Day Program ☐ Out-of- School-Time Program ☐ Summer Day Camp ☐ Early Head Start ☐ Drop-In Childcare Programs

**Ages Served:** ☐ 0-1 ☐ 2-3 ☐ 4-5 ☐ 6+

**Total Number of Children Served (Daily Average):**

**Program Licensed by OKDHS:** ☐ Yes ☐ No

**K8#** \_\_\_\_\_

**If no, is the program exempt from licensing?:** ☐ Yes ☐ No

**Program Participates in Stars Program:** ☐ Yes ☐ No

**If yes, please choose a Star level:** ☐ One Star ☐ One Star Plus ☐ Two Star ☐ Three Star

**Program Accepts Subsidies:** ☐ Yes ☐ No

**Connected to a School District:** ☐ Yes ☐ No

**If yes, please list the district:**

## Contact Information

Contact Person: Mailing Address: City/Town: State: Zip:

E-mail Address:

Phone Number:

County (physical location): [Drop-down menu]

## Director Contact Information

Name:

Title:

E-mail Address:

Phone Number:

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*Please check all that apply to your early childhood program in each of the following categories:*

### 1. Nutrition

- ☐ USDA Child and Adult Care Food Program (CACFP): **Exceed** the current USDA Child and Adult Care Food Program (CACFP) beverage, meal, and snack patterns by following [recommended best practices](#); ensuring a healthy variety of beverages and foods are available for meals and snacks that meet the nutritional needs of the children in the age group served by (1 point for each selection);
  - Making at least one of the two required components of snack a vegetable or a fruit.
  - Serving a variety of fruits and choosing whole fruits (fresh, canned, frozen, or dried) more often than juice.
  - Providing at least one serving each of dark green vegetables, red and orange vegetables, beans and peas (legumes), starchy vegetables, and other vegetables once per week.
- ☐ Support breastfeeding families by providing private space with an outlet (not a bathroom) and comfortable chair for mothers to, feed infant, pump or express their milk, and by safely storing and serving breast milk in bottles that are clearly labeled with child's name and date of collection.
- ☐ Providers are educated in infant nutritional needs and proper storing and serving of breastmilk.
- ☐ All adults (staff and parents) model proper nutritional habits by following (or exceeding) CACFP guidelines whenever eating or drinking in view of children.
- ☐ Food and beverages (including candy) are not used to obtain or reward desired behaviors or withdrawn or denied as a punishment.
- ☐ Post and follow weekly menus (including dates and dietary substitutions) in a prominent location for families and public to view and retain menu records for at least six months. The menu can also be made available online. Any changes to the menu are communicated to all parents and guardians.
- ☐ Children remain seated while eating and the environment is pleasant, relaxed, socially engaging,

and provides opportunities to teach (including infants and toddlers if applicable).

- ☐ Teaching personnel sit and eat with the children when food is served and eaten.
- ☐ Children determine how much they eat within appropriate nutritional guidelines, teaching them to notice hunger and fullness cues in a family style dining setting.
- ☐ Providers are trained in recognizing fullness cues and identifying nutritional needs.
- ☐ A notification is sent to parents before serving foods and/or beverages that do not meet CACFP guidelines.
- ☐ Consult yearly with a nutrition specialist<sup>ii</sup> or technical assistance provider (e.g., Child Care Resource and Referral Specialist) to inform nutrition components of program development.
- ☐ Children always have access to adequate, safe, and freely available drinking water.

## 2. Physical Activity

- ☐ Preschoolers are allowed 90 to 120 minutes of moderate to vigorous physical activity per full (eight hour) day, including running (CFOC Standard 3.1.3.1).
  - **N/A: Program does not enroll preschoolers [If N/A, skip to the next question]**
- ☐ Toddlers are allowed 60 to 90 minutes of moderate to vigorous physical activity per full (eight hour) day, including running (CFOC Standard 3.1.3.1).
  - **N/A: Program does not enroll toddlers [If N/A, skip to the next question]**
- ☐ Physical activity is provided throughout the day via the following for **all children birth to 12** (CFOC Standard 3.1.3.1): at least two to three occasions of active play outdoors (weather permitting), two or more structured or teacher led activities or games that promote movement, continuous opportunities to develop and practice age-appropriate gross motor and movement skills.
- ☐ Infants are provided with short periods (3-5 minutes) of supervised tummy time (including those with special needs) if appropriate, taking relationship between caregiver, parent, and healthcare provider into account.
  - **N/A: Program does not enroll infants [If N/A, skip to the next question]**
- ☐ Infants and/or toddlers are never left in constraining equipment (e.g., swing, high chair, awake in crib, etc.) for longer than 15 minutes at a time and not used as discipline or punishment.
  - **N/A: Program does not enroll infants OR toddlers [If N/A, skip to the next question]**
- ☐ Physical activity is provided via a schedule that allows for some form of movement at least every hour, such as basic movement skills, physical fitness, rhythms and dance, games, sports, tumbling, outdoor learning and gymnastics.
- ☐ Withholding or using **any** physical activity for the purpose of punishment is prohibited.
- ☐ Reasonable accommodations are made for children and infants (if applicable) with special needs in order to meet the required amounts of safe, daily physical activity/opportunities for movement.
- ☐ Adults (including teachers and caregivers) participate in physical activity with the children whenever possible, taking movement limitations into account, and **ONLY** if supervision ratios are maintained at all times.
  - ☐ Consult yearly with a physical activity expert<sup>iii</sup> or technical assistance provider (e.g., Child Care Resource and Referral Specialist) to inform physical activity components of program development.

### 3. Health Promotion

- ☐ Incorporate health and safety education for children (including infants and toddlers if applicable) that includes physical, mental, oral, nutritional, emotional, and social health and integrate into daily curriculum and activities.
- ☐ **Prior to** enrollment, all children must be current on immunizations as prescribed by CDC and provide documentation (except for legally allowable exemptions, e.g., medical, religious or personal reasons). With the exception of the homeless, who are exempt from documentation.
- ☐ Oral Health: All children with teeth should brush or have their teeth brushed with a soft toothbrush of age-appropriate size at least once during the hours the child is in the program.
- ☐ Provide an area to store toothbrushes that allows space for them to air dry without touching and with nominal exposure to contaminants.
- ☐ Screen time (time spent using a device such as a computer, television, phone, or game console) is not permitted for children under the age of two (2).
  - **N/A: Program does not enroll children under the age of two [If N/A, skip to the next question]**
- ☐ Screen time is not permitted for children above age two, **OR** if permitted, electronic media are age-appropriate, only used for educational or physical activity purposes, and are used with discretion and selectivity, including input from parents/guardians as appropriate (≤30 minutes **per week**).
  - **N/A: Program does not enroll children above age two [If N/A, skip to the next question]**
- ☐ Programs refer children and families to appropriate resources as needed and requested (medical, psychological, educational, etc.) beyond state mandated reporting, which includes access to crisis intervention services or specialists at the closest available location.
- ☐ A staff member performs a general health check of every child at the beginning of each day, while the family is still present, to identify and document possible illness, injury, behavior changes, rashes, itching or scratching (including lice), and temperature; staff contacts the Child Care Warmline (1-888-574-5437) for follow up guidance as needed.
- ☐ Referrals available for routine health supervision (e.g., primary care provider) as needed.
- ☐ Age-appropriate protection (including appropriate clothing) from the elements (e.g., sun, wind, temperature, rain, snow, etc.) when children are outside is provided.
- ☐ Program actively focuses on social emotional health of children and integrates social emotional development for all ages into curriculum.
- ☐ Program offers the following through pamphlets and/or curriculum (**check all that apply-one point each**):
  - Evidence-based, age-appropriate substance abuse prevention strategy
  - Evidence-based, age-appropriate mental health promotion strategy
  - Evidence-based/best practice, age-appropriate child abuse prevention strategy
- ☐ Conducted an online, evidence based nutrition and physical activity assessment in the last year (Go NAP SACC)

### 4. Safe and Healthy Environment

- ☐ Established smoking/tobacco policy (**Check one**):
  - Required for Basic/Merit: Develop **written** policies and enforcement of **smokefree**

facilities and worksite vehicles for all staff, volunteers, and parents/guardians **at all times including** smokefree signage.

- Required for Excellence: Develop **written** policies and enforcement of **tobacco-free** (including vapor products) facilities and worksite vehicles for all staff, volunteers, and parents/guardians **at all times** including tobacco-free signage. **NOTE: You must upload a copy of the tobacco-free policy.**
  - If you have been certified Excellence in previous years, has your tobacco policy changed in the last year? Yes/No
- ☐ Program adheres to best practice maximum child: staff ratio and group size guidelines, as outlined in [Caring for Our Children: Fourth Edition \(CFOC4\)](#).
- ☐ Develop and implement written safety and health policies including, but not limited to: crisis management (environmental, mental, and physical), fire safety, weather safety, intruder safety, bullying (only for children over four), traveling and field trips, transportation of children/child passenger safety, and child abuse reporting.
- ☐ Individual children's food allergies are posted where they can be seen by staff (but not by other children, parents/guardians, or the public), where food is served.
- ☐ Program must have a disaster kit prepared following OKDHS kit suggestions.
- ☐ Program must have a 72 hour supply of food and water at all times for all individuals on the premises in case of emergency.
- ☐ Water served for drinking or used with cooking is filtered to remove heavy metals before serving. (ex. Filtered water pitchers, filter attached to faucet, etc.)
- ☐ Facilities (including homes) built or containing paint produced prior to 1978 have passed a lead inspection.
  - **N/A: Program's facility was built after 1978 and/or does not contain any paint produced prior to 1978 [If N/A, skip to the next question]**

## 5. Community and Family Involvement

- ☐ **On site** family education opportunities on various **health and safety topics** are provided by program staff or guest educators (including, but not limited to, nutrition/cooking, physical activity, bullying prevention, mental health, substance use, suicide prevention, tobacco cessation, literacy, job skills training, home safety planning, early childhood sleep, child passenger safety, etc.).
- ☐ Written policies pertaining to safety and health are available to parents/guardians in their language and communication channel of choice, as feasible.
- ☐ Provide parent resource materials that are written in plain language or language of their home, with minimized text. Utilize pictorials to communicate messages.
- ☐ Encourage families who are eligible to enroll in SoonerCare or other Health Services.
- ☐ Promote dissemination and use of culturally sensitive and inclusive educational materials, including health and safety topics, among children (if applicable), personnel, and parents in order to enhance understanding of cultural diversity.
- ☐ The program provides the following options (**check all that apply-one point each**):
  - "Parents are welcome in the center at all times, such as to observe, eat lunch with a child, or volunteer in the classroom.
  - Conferences are held at least once a year and at other times as needed to discuss children's progress, accomplishments, and difficulties.
  - A parent resource area is available, with books, pamphlets, or articles on parenting.
  - Parent meetings are held, with guest speakers or special events, such as open houses,

- family potluck dinners, or children's programs.
  - Parents are informed of the center's program through a parent's bulletin board, handbook, or a regular newsletter.
  - Parents participate in program and policy development through board involvement, planning meetings, or questionnaires.”
- ☐ Program has a daily communication system between program and families, executed through a variety of means, ensuring all families, regardless of language, literacy level, or special needs, receive all programmatic communication.
- ☐ Document both verbal and written key communication between staff and parents/guardians in writing.

## 6. Professional Development

- ☐ All caregivers/teachers complete at least twenty-four clock hours of continuing education based on individual competency needs and any special needs of the children in their care, sixteen hours of which should be in child development programming and eight hours of which should be in child health, safety, and staff health.
- ☐ **For childcare centers: program/center director** is at least 21 years of age and holds, at a minimum, a baccalaureate degree (bachelor's degree) from an accredited institution in relevant field (e.g., early childhood education, child development, etc.), and program/center lead teacher is at least 21 years of age and holds, at a minimum, an associate's degree in relevant field (e.g., early childhood education, child development, etc.) from an accredited institution. **For all other applicants: program director/owner/primary caregiver** is at least 21 years of age and holds, at a minimum, an associate's degree in relevant field (e.g., early childhood education, child development, etc.) **OR** is currently accredited by NAFCC and has at least three credit hours in relevant field (e.g., early childhood education, child development, etc.).
- ☐ **For large and small family child care home caregivers:** Teachers have active membership in a national, and/or state and local early care and education organization (e.g., family childcare home associations, National Association for Family Child Care (NAFCC), Oklahoma Association for the Education of Young Children (OKAEYC).
- ☐ **For all applicants: all other program/center employees including assistant teachers and assistants** are at least 18 years of age and hold, at a minimum, a high school diploma from an accredited institution or its equivalent (i.e., GED). All volunteers are at least 16 years of age.
- ☐ All staff members that provide direct care have up-to-date CPR/ First Aid training/certification.
- ☐ Provision of crisis management training and educational resources, which can include emergency preparedness training, conflict resolution, harassment and bullying training, suicide prevention and intervention training, child abuse training, etc, is offered to staff.
- ☐ Provision of diversity (i.e., cultural competency) training, including a focus on children from different languages, cultures, and ethnic backgrounds, children and families who speak a language other than English, and children with special needs/disabilities or chronic medical conditions is offered to staff.
- ☐ Trauma Informed Care training is offered to staff.

## 7. Staff Health

- ☐ Opportunities for caregivers/teachers to improve their own health status are provided through health assessments, health education, health-related fitness activities and time to be outdoors.
- ☐ Program has a comprehensive wellness policy for all staff.
- ☐ Program promotes [relevant hotlines](#) and corresponding resources (e.g., palm cards) to staff AND

families: Oklahoma Tobacco Helpline (1-800-QUIT-NOW), Reach-Out Hotline (1-800-522-9054), National Domestic Violence Hotline (1-800-799-7233), Child Abuse Hotline (1-800-522-3577), Oklahoma Breastfeeding Hotline (1-877-271-6455) etc.

- ☐ Program supports breastfeeding staff and families by providing private space with a comfortable chair and an outlet (not a bathroom) for mothers to feed their infants, express milk/feed their babies and by offering breastfeeding information to all staff and families.
- ☐ Caregivers/teachers should be current with all immunizations routinely recommended for adults by the Advisory Committee on Immunization Practices (ACIP) of CDC.
- ☐ Program provides referral information for staff regarding a variety of safety, mental, and physical health needs.
- ☐ Caregivers/teachers are able to identify risks associated with stress and stressors specific to child caregiving and specific ways to manage stress in the child care environment.
- ☐ Mental Health First Aid Training is offered for Staff.
- ☐ Appropriate staff breaks are built into supervision ratios, and staff members take allotted breaks throughout the day.
- ☐ Staff members are provided paid time off (holiday and sick leave) as feasible.
- ☐ Staff members are provided information regarding stress management (e.g., Warmline), and all staff participate in annual training on stress reduction and management (e.g., available resources, CECPD, guest speaker, etc.).
- ☐ The program has a designated “health advocate” (administrator or staff person)<sup>iv</sup> responsible for policies and daily issues that are related to health, wellness, and safety of all children, parents, and staff.

**PLEASE NOTE:**

- The program must be licensed by OKDHS to be eligible to **apply** for Certified Healthy **OR be exempt from licensure**.
  - **EXEMPTIONS:** care provided in a child's own home or by relatives, informal arrangements for the occasional care of children, programs in which children attend on a drop-in basis and parents are on the premises and readily accessible, single activity programs, and programs operating for 15 hours or less per week (OKDHS)
- The program must submit their tobacco-free policy in order to be considered for Excellence.
- Eligible applicants: large and small childcare centers, large and small family childcare homes, Head Start (Tribal and Other), and any other **licensed** early childhood program serving children within the 0-5 age range. Programs **EXEMPT** from licensing may apply.

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<sup>i</sup> **Best practices for infants:** Encourage mothers to breastfeed their infants; Provide materials and other educational opportunities to breastfeeding mothers; Encourage mothers to supply breast milk for their infants while in day care; and Provide mothers who come to the day care facility a quiet, private area to breastfeed.

**Fruits and Vegetables:** Limit the consumption of fruit juice to no more than one serving per day; Make at least one of the two required components of every snack a fruit or a vegetable; Avoid or limit the service of fried and pre-fried foods to no more than one serving per week; and Provide at least one serving each of dark green vegetables, red/orange vegetables, and legumes per week.

**Grains:** Provide at least two servings of whole grain-rich grains per day (an increase over the required one serving); and Serve breakfast cereals that contain no more than 6 grams of sugar per serving.

**Milk:** Serve only unflavored milk to all participants, regardless of age.

**Meat and Meat Alternates:** Serve only lean meats, nuts, and legumes; Avoid or limit the service of processed meats to no more than once per week; Avoid or limit the service of fried and pre-fried foods to no more than one serving per week; and Serve only natural cheeses.

ii **Recommended training for “Physical Activity Expert”:** “has knowledge in infant and child motor development (developmental biomechanics), locomotion, ballistic, and manipulative skills, sensory-perceptual development, social, psychosocial, and cultural constraints in motor development, and development of cardio-respiratory endurance, strength and flexibility, and body composition, to be responsible for the development

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of policies and procedures for the implementation of age and developmentally appropriate physical activity standards to provide children with the movement experiences needed for optimal growth and development, physical education/movement programs, and appropriately trained personnel, and to provide consultation to agency personnel, including collaborating with licensing inspectors.” (CFOC)

iii **Recommended training for “Physical Activity Expert”:** “has knowledge in infant and child motor development (developmental biomechanics), locomotion, ballistic, and manipulative skills, sensory-perceptual development, social, psychosocial, and cultural constraints in motor development, and development of cardio-respiratory endurance, strength and flexibility, and body composition, to be responsible for the development of policies and procedures for the implementation of age and developmentally appropriate physical activity standards to provide children with the movement experiences needed for optimal growth and development, physical education/movement programs, and appropriately trained personnel, and to provide consultation to agency personnel, including collaborating with licensing inspectors.” (CFOC)

iv **Recommended training for “Health Advocate”:** infectious disease control, childhood immunization requirements, child health assessment, emergency management, poison awareness and safety, injury prevention, safe sleep, coping with death and disaster, child abuse/neglect recognition and reporting, collaboration between families and providers, care plans, acute health situations, medication administration, needs to children with serious behavior or mental health problems, confidentiality, healthy nutrition, physical activity, collaboration with families, working with childcare health consultants, knowledge of local resources including SCHIP and EPSDT. (Adapted from CFOC)

**BE SURE YOU HAVE:**

- Completed ALL questions in the application
- Submit ONLY online (Do NOT submit via fax or mail)
- Correct mailing address and email
- Complete name of Early Childhood Program
- Checked all items that apply to your Early Childhood Program

**NOTE**

- Please read future e-mails related to Certified Healthy Early Childhood Program
- Certification is voluntary and must be renewed annually.
- Do not forget to print a copy of EACH PAGE of your application (using your web browser's print button).
- All Applications must be submitted online. Applications are accepted Aug. 1<sup>st</sup>- Nov. 1<sup>st</sup>. Find the application submission link at: <https://oklahoma.gov/certifiedhealthy.html>
- For technical assistance please fill out a request form and a member of the Certified Healthy Oklahoma team will reach out to you:  
<https://app.smartsheet.com/b/form?EQBCT=4b54d3cb362e49f1960d4fc175df90e9>

**Thank you for your participation!**