Retention – Intention
Applying New Knowledge through Online Training

Child Care Training Consultants, LLC

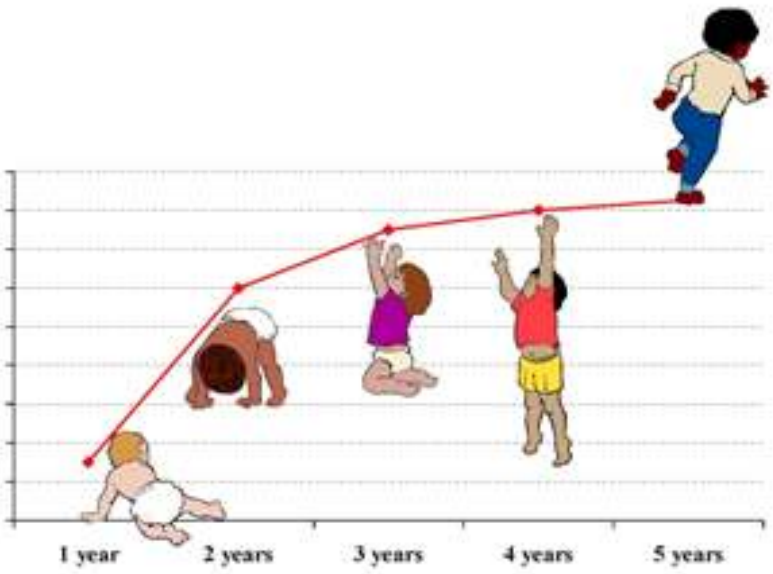
Health, Nutrition, and Safety: Obesity Awareness (Self-study Guide)

_____

Name

_____

Date



Child Care Training Consultants, LLC
Theresa Vadala, Ed.D.
(702) 837-2434
www.childcaretrainingclasses.org
childcaretrainingconsultants1@gmail.com

About the Trainer

About the Trainer

Theresa (Terry) Vadala has over 30 years experience in the field of early childhood education. During that time she had the opportunity to teach and take the role as a principal in which she developed and implemented training courses on observation and assessment, management and administration, leadership and professional development for staff and families in a cultural diverse environment. Terry has also had the opportunity to recruit, advise, monitor staff and oversee the accreditation process.

Terry is a Child Development Associate (CDA) Professional Development Specialist (PD) and is qualified to assess competencies and facilitate courses during verification visits in English and Spanish.

Terry is a Professional Development Trainer, has taught Child Development Courses at the college level, and has Bachelors Degree in Child Development, a Masters and Doctoral Degree in Educational Leadership with Specialization in Curriculum and Instructional Design. She continues to develop training courses for child care providers and is now in the process of going national.

Child Care Training Consultants, LLC

Child Care Training Consultants, LLC is an Educational Training Company that offers web-based professional growth training to child care providers. The company currently offers registry approved clock hours and is undergoing the International Association for Continuing Education and Training (IACET) accreditation process to begin offering Continuing Education Units (CEU's) to learners. The company has been in effect since 2011, first providing on-site training, in 2013 the company began its web-based training process along with on-site training. The Company President/CEO is Theresa Vadala, a ECE Master Trainer and Curriculum Developer for ALL Child Care Providers.

INTRODUCTION

Dear Student,

Child Care Training Consultants, LLC Professional Development Training Courses are designed to provide students with training based on Core Knowledge Areas and Competencies, Content, Activities, Outcomes and the Transfer of Learning aligned with instructional objectives. The instructional objectives are based on Bloom's Taxonomy hierarchal model.

Registry Approval Information

Health, Nutrition & Safety: Obesity Awareness (Part 1)

Clock Hours: 2

Course Level: Intermediate

Prerequisite/s: Self-study Guide

Goal/s

The goal of Child Care Training Consultants, LLC is to provide current research-based training by incorporating best practices and integration of new learning strategies for learners to connect new learning concepts to prior learning. This will be performed by alignment of all course design training content with *Five Essential Training Components.*

Five Essential Training Components

•Alignment of instructional objectives to the training goal
•Alignment of activities to instructional objectives
•Alignment of assessments to Instructional objectives
•Alignment of learning outcomes to instructional objectives
•Alignment of the transfer of learning to instructional objectives

Vision

"All Child Care Providers across the nation will have the opportunity to receive current research-based, self-paced online professional development training that aligns with activities, self-study guides, training outcomes, assessments and transfer of learning to instructional objectives."

Mission

"Child Care Training Consultants, LLC mission is to develop professional growth online training that include self-study guides with best practices and integration of new learning strategies and concepts for learners to connect to prior learning. This self-paced online delivery method enables us to reach and accommodate child care providers/educators across the nation with clock/contact hours and Continuing Education Units (CEU) to stay up to date with any changes in their field.

****NOTE:** **Print/View the Self-help Guide.** You are encouraged to take notes and review the course content before taking the end of course quiz.

ADDIE Model (Instructional Design)

The ADDIE model is the process traditionally used by instructional designers and training developers. The five phases—Analysis, Design, Development, Implementation, and Evaluation—represent a dynamic, flexible guideline for building effective training and performance support tools.

Phase 1: Analysis

In the analysis phase, instructional problem is clarified, the instructional goals and objectives are established and the learning environment and learner's existing knowledge and skills are identified. Below are some of the questions that are addressed during the analysis phase:

- Who is the audience and their characteristics?
- Identify the new behavioral outcome?
- What types of learning constraints exist?
- What are the delivery options?
- What are the online pedagogical considerations?
- What is the timeline for project completion?

Phase 2: Design

The design phase deals with learning objectives, assessment instruments, exercises, content, subject matter analysis, lesson planning and media selection. The design phase should be systematic and specific. Systematic means a logical, orderly method of identifying, developing and evaluating a set of planned strategies targeted for attaining the project's goals. Specific means each element of the instructional design plan needs to be executed with attention to details.

These are steps used for the design phase:

- Documentation of the project's instructional, visual and technical design strategy
- Instructional strategies based on intended behavioral outcomes by domain (cognitive, affective, psychomotor).
- Storyboard Creation
- The user interface and user experience
- Prototype creation
- Visual design (graphic design) application

Phase 3: Development

The development phase is where the developers create and assemble the content assets that were created in the design phase. Programmers work to develop and/or integrate technologies. Testers perform debugging procedures. The project is reviewed and revised according to any feedback given.

Phase 4: Implementation

During the implementation phase, a procedure for training the facilitators and the learners is developed. The facilitators' training should cover the course curriculum, learning outcomes, method of delivery, and testing procedures. Preparation of the learners include training them on new tools (software or hardware), student registration. This is also the phase where the project manager ensures that the books, hands on equipment, tools and software are in place, and that the learning application or Web site is functional.

Phase 5: Evaluation

The evaluation phase consists of two parts: formative and summative. Formative evaluation is present in each stage of the ADDIE process. Summative evaluation consists of tests designed for domain specific criterion-related referenced items and providing opportunities for feedback from the users.

Instructional Design. (2013). Retrieved from http://www.instructionaldesign.org/models/addie.html

The Continuing Education Unit – How to Calculate CEUs

One (1) Continuing Education Unit (CEU) equals ten (10) contact hours of learner interaction with the content of the learning activity, which includes classroom, self-paced instruction, pre/post assignments, and/or homework in support of a learning outcome.

A contact hour is one clock hour of interaction between a learner and instructor, or between a learner and materials, which have been prepared to cause learning. Contact implies a connection between a learner and a learning source. For purposes of the CEU, that connection is two-way; that is, the instructor or learning source must monitor the learner's progress and/or provide some form of feedback to the learner. This definition applies for face-to face interaction as well as distance learning programs. The CEU should not be awarded for learning activities in which individuals are engaged in unplanned, unsupervised, or non-sponsored learning.

Counting Hours toward CEU

When calculating the number of CEUs for a course, the number of contact minutes must be totaled and divided by 60 to arrive at the number of contact hours. Total contact hours must then be divided by 10 to obtain the number of CEUs. CEUs must be expressed in tenths of a CEU; that is; 17 contact hours equate to 1.7 CEU; a three contact hour program equates to .3 CEU..

Contact hours of continuing education are calculated as follows:

1 contact/clock hour = 60 minutes of instruction = 0.1 CEU

10 contact hours = One continuing education unit (CEU) 1.0 CEU

1 contact/clock hour	=	60 minutes of instruction = 0.1 CEU
2 contact/clock hours	=	120 minutes of instruction = 0.2 CEU
3 contact/clock hours	=	180 minutes of instruction = 0.3 CEU
4 contact/clock hours	=	240 minutes of instruction = 0.4 CEU
5 contact/clock hours	=	300 minutes of instruction = 0.5 CEU
6 contact/clock hours	=	360 minutes of instruction = 0.6 CEU
7 contact/clock hours	=	420 minutes of instruction = 0.7 CEU
8 contact/clock hours	=	480 minutes of instruction = 0.8 CEU
9 contact/clock hours	=	540 minutes of instruction = 0.9 CEU
10 contact/clock hours	**=**	**600 minutes of instruction = 1.0 CEU**

Learning Environment and Support Systems

Technology Requirements

In order to have the best learning experience, the student's internet access and computer system should meet or exceed the following minimum requirements:

Internet Access – High-speed internet (DSL, 4G or faster) is needed in order to stream the videos in each lesson

Computer – Any computer capable of running a modern browser

Mobile Device – Any Android or Apple phone or tablet with a modern browser

Browser – Google Chrome, Safari, Mozilla Firefox, or Microsoft Edge.

Customer Service and Student Support

In order to provide a high-quality learning experience, all students have access to support staff to answer any and all questions regarding the course in which they are enrolled. This includes technical and course material questions. Our staff is available for assistance by phone (702) 837-2434 at the following times:

Monday – Thursday: 9 AM – 5 PM PT
Friday: 9 AM – 12 PM PT

Students can submit questions via email to childcaretrainingclasses1@gmail.com 24/7. Emails will be responded to within 24 hours.

Welcome to Health, Nutrition & Safety: Obesity Awareness Training

Purpose:
The purpose of this Self-Study Guide is to provide learners with current research and updated Dietary Guidelines for Americans. The benefits of learning this information is to promote a safe and healthy lifestyle both in the classroom and at home. It is important to implement the information within this Self-study guide in order move your students to optimal levels of performances.

Goals:
The goal of this training is to promote eating healthy habits and obesity awareness to child care providers and families given the information from the 2015-2020 Dietary Guidelines for Americans.

Trainer: Theresa Vadala, Ed.D.
Content Area: Health, Safety and Nutrition
Title: Health, Nutrition & Safety: Obesity Awareness (Part 1)
2 Clock Hours, Online Course
Level of Experience: ☐ Beginning **X** Intermediate ☐Advanced

Course Description
Learn the components of eating healthy, nutritional facts, maintaining a safe environment and childhood obesity. Building an awareness of childhood obesity and planning intentional physical education activities and food menus for children and families based on the "Let's Move" Initiative and ChooseMyPlate are considered. Develop a parent handbook using the provided template and create lesson plan activities to use in daily teaching practices. Learners will also identify learning outcomes, transfer of learning strategies, and assessments used based on learning objectives.

Prerequisite/s:
The target audience for this course is child care providers, administrators, and parents.

Course Materials: Self-Study Guide

Health, Nutrition & Safety: Obesity Awareness (Part 1)

Course Objectives:
Participants will be able to describe the importance and benefits of eating healthy, implement physical activities in the classroom and identify safety policies within the child care center given the tools provided during the current school year.

By the end of the training participants will be able to:

1) Describe the importance and benefits of eating healthy given the 2015-2020 dietary guidelines for Americans, nutritional facts, and sodium/sugar intake.

2) Implement crossing the midline and balance activities into the daily class routine, given gross motor and coordination activities.

3) Empower Parents & Caregivers by providing them with resources and involvement in lesson planning and physical activities.

Outline of Training Content

Training Outline

Training Content	Training Methods	Time Frame (2 Hours)
Introduction Describe the importance and benefits of eating healthy given the 2015-2020 dietary guidelines for Americans, nutritional facts, sodium and sugar intake.	**Exercise 1.1** My Plate My State Activity **Exercise 1.2** Clue Cards: Who am I? **Exercise 1.3** Sugar/Coke Demonstration **Exercise 1.4** Nutritional Facts for "Funny Fishbowl" Recipe **Exercise 1.5** Create a Rebus Recipe	(0.40 minutes) 0.05 0.10 0.05 0.10 0.10
2) Implement physical activities in to the classroom, such as crossing the midline and balance activities given gross motor and coordination activities.	**Exercise 2.6** Eye-Hand Coordination **Exercise 2.7** Balance Activities	(0.20 minutes) 0.10 0.10
3) Empowering Parents & Caregivers A) BMI Index Resources for Parents B) Food Safety Policies for Parents C) Lesson Plan: •Cooking Experience •Physical Activities •Parent Involvement •Diversity & Inclusion	**Exercise 3.8** Develop a Parent Handbook **Exercise 3.9** Create a lesson plan that includes: •Cooking Experience •Physical Activities •Parent Involvement •Diversity & Inclusion	(0.50 minutes) 0.25 0.25
Reflection/Overview Quiz Evaluation	Overview/Reflection/Questions	(0.10 minutes)

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Health, Nutrition & Safety: Obesity Awareness & Research

In February of this year, First Lady Michelle Obama presented her ambitious Let's Move campaign to battle the terrifying childhood obesity epidemic. Lady Obama was inspired not only from her family and children's lifestyle, but also by some startling obesity statistics that have been gathered by medical researchers over the past thirty years.

A child is considered obese if their BMI (Body Mass Index) is 30 or higher, and this BMI level in anyone, especially children has the potential to cause very severe health issues. Recent studies using DEXA scanning devices show that this number is probably much higher than originally thought. There is no better time to solve the obesity issues among America's children, and the adults of every generation.

Childhood obesity has tripled in the past 30 years. In 1980, the obesity rate of 6-11 year olds was 6.5%, in 2008 had tripled to 19.6%. For toddlers and preschoolers aged 2-5, the obesity levels have risen from 5% to 12.4% in the same amount of time. According to the National Collaborative on Childhood Obesity Research (NCCOR), 1 out of 3 children are obese or overweight before their 5th birthday. And approximately 12.5 million or 17% of children and adolescents aged 2 to 19 years are obese. These rates are even higher for economically disadvantaged children. Genes, epigenetics, the intrauterine environment, as well as early life influences play a role in whether or not a child is obese.

Obesity prevention is critical because those who become overweight tend to have more serious comorbidities as obese adults, including cardiovascular diseases, type 2 diabetes, and certain cancers throughout the lifespan. The childhood obesity epidemic demands action, but action requires an evidence base to ensure optimal outcomes that are also cost-effective.

Multidisciplinary research is needed to develop effective and efficient behavioral interventions to prevent childhood obesity. These preventative interventions will need to produce changes at multiple levels, including individuals, families, schools, health care providers, communities and government policy.

Reference:
Center for Childhood Obesity research (2017) http://hhd.psu.edu/ccor

SPARK (2010). Child Obesity Research Studies and Facts. http://www.sparkpe.org/blog/child-obesity-research/

Part 1: The Importance of Healthy Eating

A. Obesity & Well-being
B. Let's Move Initiative
C. 2015-2020 Dietary Guidelines for Americans
D. Nutritional Facts: Do you Know What you are Eating?

Childhood Obesity & Well-being

According to the Center for Disease Control and Prevention (2017), Childhood obesity has immediate and long-term impacts on physical, social, and emotional health.

For example: Children with obesity are at higher risk for having other chronic health conditions and diseases that impact physical health, such as asthma, sleep apnea, bone and joint problems, type 2 diabetes, and risk factors for heart disease.

Children with obesity are bullied and teased more than their normal weight peers, and are more likely to suffer from social isolation, depression, and lower self-esteem. In the long term, childhood obesity also is associated with having obesity as an adult, which is linked to serious conditions and diseases such as heart disease, type 2 diabetes, metabolic syndrome, and several types of cancer.

Our bodies need nutrients vital to our health and fruits, vegetables, whole grains, milk products, and lean proteins give us those nutrients. Eating healthy provides our bodies with the needed nutrients vital to our health. Fruits, vegetables, whole grains, milk products, and lean protein give us those nutrients. Eating healthy helps manage weight, protects against heart disease and other illnesses.

Why is it Important to Eat Healthy?

Benefits of healthy eating are:

- Helps to manage weight
- Protects against heart disease, diabetes & other illnesses
- Makes skin, hair, and nails healthy
- Provides needed vitamins, minerals, and fiber

List additional benefits to eating healthy:

_____
_____
_____
_____
_____
_____

What is Obesity?

Obesity is defined as having excess body fat. Overweight is defined as having excess body weight for a particular height from fat, muscle, bone, water, or a combination of these factors. Body mass index, or BMI, is a widely used screening tool for measuring both overweight and obesity. BMI percentile is preferred for measuring children and young adults (ages 2–20) because it takes into account that they are still growing, and growing at different rates depending on their age and sex. Health professionals use growth charts to see whether a child's weight falls into a healthy range for the child's height, age, and sex. Children with a BMI at or above the 85th percentile and less than the 95th percentile are considered overweight. Children at or above the 95th percentile have obesity.

Obesity is defined as body mass index (BMI) which is a measure of body fat based on height and weight. A person is considered obese when his or her BMI is 30 or higher. The reason BMI increases, is due to eating more calories than the body uses. The extra calories not used in physical activity are stored in your body as fat.

BMI Mass Index

BMI is a measure of body fat based on height & weight.
Obesity (a body mass index of 30 or higher)

BMI Categories:
Underweight = <18.5

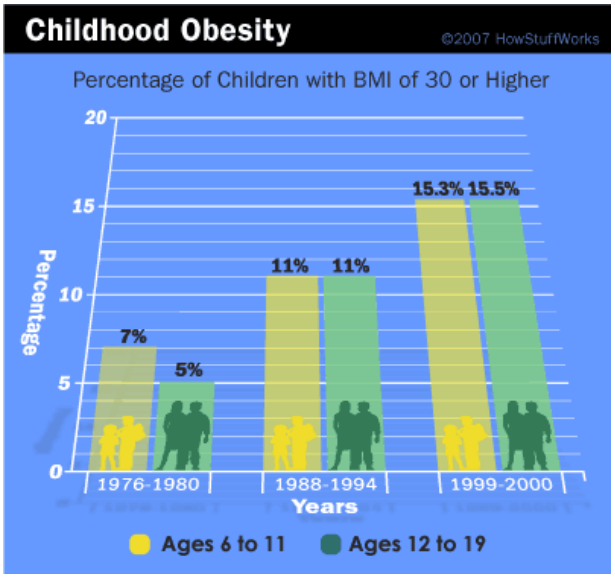
Normal weight = 18.5–24.9

Overweight = 25–29.9

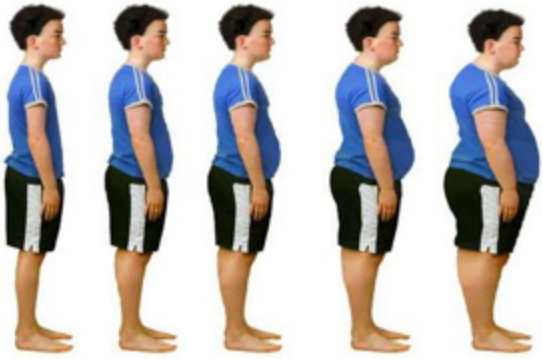
Obesity = BMI of 30 or greater

Eating more calories than your body uses

More calories stored as fat not used in physical activity.



References:
Centers for Disease Control and Prevention (2017)https://www.cdc.gov/healthyschools/obesity/facts.htm
Heart & Lung Association (2017) www.nhlbisupport.com/bmi/



Childhood Obesity

Today, about one in three American kids and teens is overweight or obese. The prevalence of obesity in children more than tripled from 1971 to 2011. Childhood obesity is now the No. 1 health concern among parents in the United States. Among children today, obesity is causing a broad range of health problems that previously weren't seen until adulthood. These include high blood pressure, type 2 diabetes and elevated blood cholesterol levels. Obese children are more prone to low self-esteem, negative body image and depression and experience psychological effects.

Children age 2-5 watch 32.5 hours of TV

Children younger than 2 - NO TV
Children 2 or older - 1 or 2 hrs per day

Why are more children obese in today's society?

- Both parents are working
- Children eat more boxed foods
- Huge variety of snacks
- Super-sized foods at fast food restaurants
- Too much TV/computer use/video games
- Lack of physical activities
- Unsafe environment to play outdoors
- Less "play" in schools

More children today tend to eat more boxed meals since both parents work. Families are on the go, and find it easier to provide their children with snacks or fast foods. Children in today's society are in the mist of the information age. Technology is at the tip of our fingers and young children are exposed to computer use and video games.

With video games, DVDs, and easy access to movies online, children today watch countless hours of TV and lack physical activity. Studies show that children younger than 2 years of age should not watch TV. Children 2 or older should only watch 1-2 hours of TV per day. The average amount of TV children watch today is 32.5 hours of TV per week. Another reason for lack of physical activity is that some children live in unsafe environment and do not lay outdoors. Further, studies are showing that there is less play in school due to the rigors of academics and higher students outcomes.

What Causes Obesity in Children?

Children become overweight and obese for a variety of reasons. The most common causes are genetic factors, lack of physical activity, unhealthy eating patterns, or a combination of these factors. Only in rare cases is being overweight caused by a medical condition such as a hormonal problem. A physical exam and some blood tests can rule out the possibility of a medical condition as the cause for obesity.

Although weight problems run in families, not all children with a family history of obesity will be overweight. Children whose parents or brothers or sisters are overweight may be at an increased risk of becoming overweight themselves, but this can be linked to shared family behaviors such as eating and activity habits.

References:
Centers for Disease Control and Prevention (2017)https://www.cdc.gov/healthyschools/obesity/facts.htm
Heart & Lung Association (2017) www.nhlbisupport.com/bmi/
U.S. Food & Drug Administration (2017) https://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/LabelingNutrition/ucm385663.htm#formats

Let's Move Initiative & ChooseMYplate

Let's move is a comprehensive initiative launched by the First Lady, Michelle Obama, dedicated to solving the problem of obesity. The goal is to bring an awareness to the problems of obesity so that children grow up healthier. The childhood task force recommendations focus on the five pillars of the Let's Move initiative:

1. Creating a healthy start for children
2. Empowering parents and caregivers
3. Providing healthy food in schools
4. Improving access to healthy, affordable foods
5. Increasing physical activity

First Lady Michelle Obama:
Battles Childhood Obesity
'Let's Move' Initiative
February 2010

According to the USDA 2010 guidelines, the food pyramid has changed from the My Pyramid to ChooseMyPlate. My Plate illustrates the five food groups that are the building blocks for a healthy diet while using a familiar image. The colors or sizes of the food groups are not to be altered or changed. The idea is to make your plate half fruits and vegetables. The food groups are:

Fruits - any fruit 100% fruit juice counts as part of the fruit group. Fruits may be fresh, canned, frozen, or dried, and may be whole, cut-up, or pureed.

Vegetables - any vegetable or 100% vegetable juice counts as a member of the vegetable group. Vegetables may be raw or cooked; fresh or frozen; canned, dried, dehydrated, whole, cut-up or mashed.

Grains - Any food made from wheat, rice, oats, cornmeal, barley or another cereal grain is a grain product. Bread, pasta, oatmeal, breakfast cereals, tortillas, and grits are examples of grain products.

Protein Foods- All foods made from meat, poultry, seafood, bean, peas, eggs, processed soy products, nuts, and seeds are considered part of the protein food groups.

Dairy - All fluid milk products and many foods made from milk like yogurt and cheese are considered part of the dairy group.

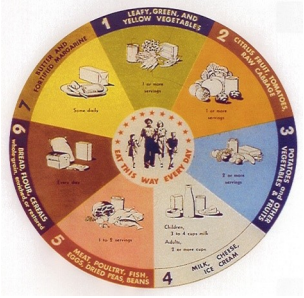
Oils - Oils are liquid fats, like vegetable oils used for cooking. Oils come from many different plants and fish. Oils are NOT a food group, but they provide essential nutrients our bodies needs.

A Brief History of USDA Food Guides

1916 to 1930s: "Food for Young Children" and "How to Select Food"

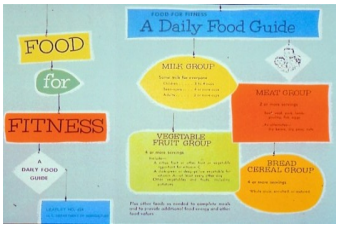
- Established guidance based on food groups and household measures
- Focus was on "protective foods"

1940s: A Guide to Good Eating (Basic Seven)



- Foundation diet for nutrient adequacy
- Included daily number of servings needed from each of seven food groups
- Lacked specific serving sizes
- Considered complex

1956 to 1970s: Food for Fitness, A Daily Food Guide (Basic Four)

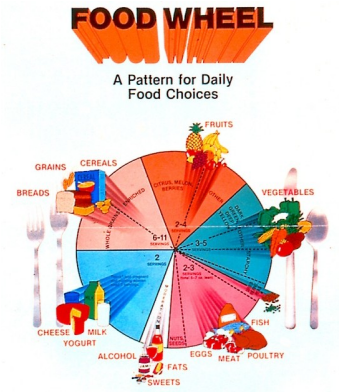


- Foundation diet approach—goals for nutrient adequacy
- Specified amounts from four food groups
- Did not include guidance on appropriate fats, sugars, and calorie intake

1979: Hassle-Free Daily Food Guide

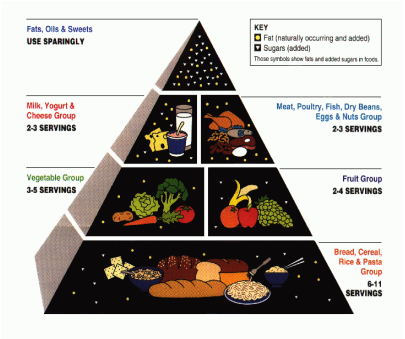
- Developed after the 1977 Dietary Goals for the United States were released
- Based on the Basic Four, but also included a fifth group to highlight the need to moderate intake of fats, sweets, and alcohol

1984: Food Wheel: A Pattern for Daily Food Choices



- Total diet approach—Included goals for both nutrient adequacy and moderation
- Five food groups and amounts formed the basis for the Food Guide Pyramid
- Daily amounts of food provided at three calorie levels
- First illustrated for a Red Cross nutrition course as a food wheel

1992: Food Guide Pyramid



- Total diet approach—goals for both nutrient adequacy and moderation
- Developed using consumer research, to bring awareness to the new food patterns
- Illustration focused on concepts of variety, moderation, and proportion
- Included visualization of added fats and sugars throughout five food groups and in the tip
- Included range for daily amounts of food across three calorie levels

2005: MyPyramid Food Guidance System

- Introduced along with updating of Food Guide Pyramid food patterns for the *2005 Dietary Guidelines for Americans,* including daily amounts of food at 12 calorie levels
- Continued "pyramid" concept, based on consumer research, but simplified illustration. Detailed information provided on website "MyPyramid.gov"
- Added a band for oils and the concept of physical activity
- Illustration could be used to describe concepts of variety, moderation, and proportion

2011: MyPlate

- Introduced along with updating of USDA food patterns for the *2010 Dietary Guidelines for Americans*
- Different shape to help grab consumers' attention with a new visual cue
- Icon that serves as a reminder for healthy eating, not intended to provide specific messages
- Visual is linked to food and is a familiar mealtime symbol in consumers' minds, as identified through testing
- "My" continues the personalization approach from MyPyramid

For more information:

- Welsh S, Davis C, Shaw A. A brief history of food guides in the United States. *Nutrition Today* November/December 1992:6-11.
- Welsh S, Davis C, Shaw A. Development of the Food Guide Pyramid. *Nutrition Today* November/December 1992:12-23.
- Haven J, Burns A, Britten P, Davis C. Developing the Consumer Interface for the MyPyramid Food Guidance System. *Journal of Nutrition Education and Behavior* 2006, 38: S124–S135.

Choose MyPlate top 10 tips

1 Balance calories

Find out how many calories YOU need for a day as a first step in managing your weight.
Go to www.ChooseMyPlate.gov to find your calorie level. Being physically active also helps you balance calories.

2 Enjoy your food, but eat less

Take the time to fully enjoy your food as you eat it. Eating too fast or when your attention is elsewhere may lead to eating too many calories. Pay attention to hunger and fullness cues before, during, and after meals. Use them to recognize when to eat and when you've had enough.

3 Avoid oversized portions

Use a smaller plate, bowl, and glass. Portion out foods before you eat. When eating out, choose a smaller size option, share a dish, or take home part of your meal.

4 Foods to eat more often

Eat more vegetables, fruits, whole grains, and fat-free or 1% milk and dairy products. These foods have the nutrients you need for health — including potassium, calcium, vitamin D, and fiber. Make them the basis for meals and snacks.

5 Make half your plate fruits and vegetables

Choose red, orange, and dark-green vegetables like tomatoes, sweet potatoes, and broccoli, along with other vegetables for your meals. Add fruit to meals as part of main or side dishes or as dessert.

6 Switch to fat-free or low-fat (1%) milk

They have the same amount of calcium and other essential nutrients as whole milk, but fewer calories and less saturated fat.

7 Make half your grains whole grains

To eat more whole grains, substitute a whole-grain product for a refined product — such as eating 100% whole-wheat bread instead of white bread or brown rice instead of white rice.

8 Foods to eat less often

Cut back on foods high in solid fats, added sugars, and salt. They include cakes, cookies, ice cream, candies, sweetened drinks, pizza, and fatty meats like ribs, sausages, bacon, and hot dogs. Use these foods as occasional treats, not everyday foods.

9 Compare sodium in foods

Use the Nutrition Facts label to choose lower sodium versions of foods like soup, bread, and frozen meals. Select canned foods labeled "low sodium," "reduced sodium," or "no salt added."

10 Drink water instead of sugary drinks

Cut calories by drinking water or unsweetened beverages. Soda, energy drinks, and sports drinks are a major source of added sugar and calories in American diets.

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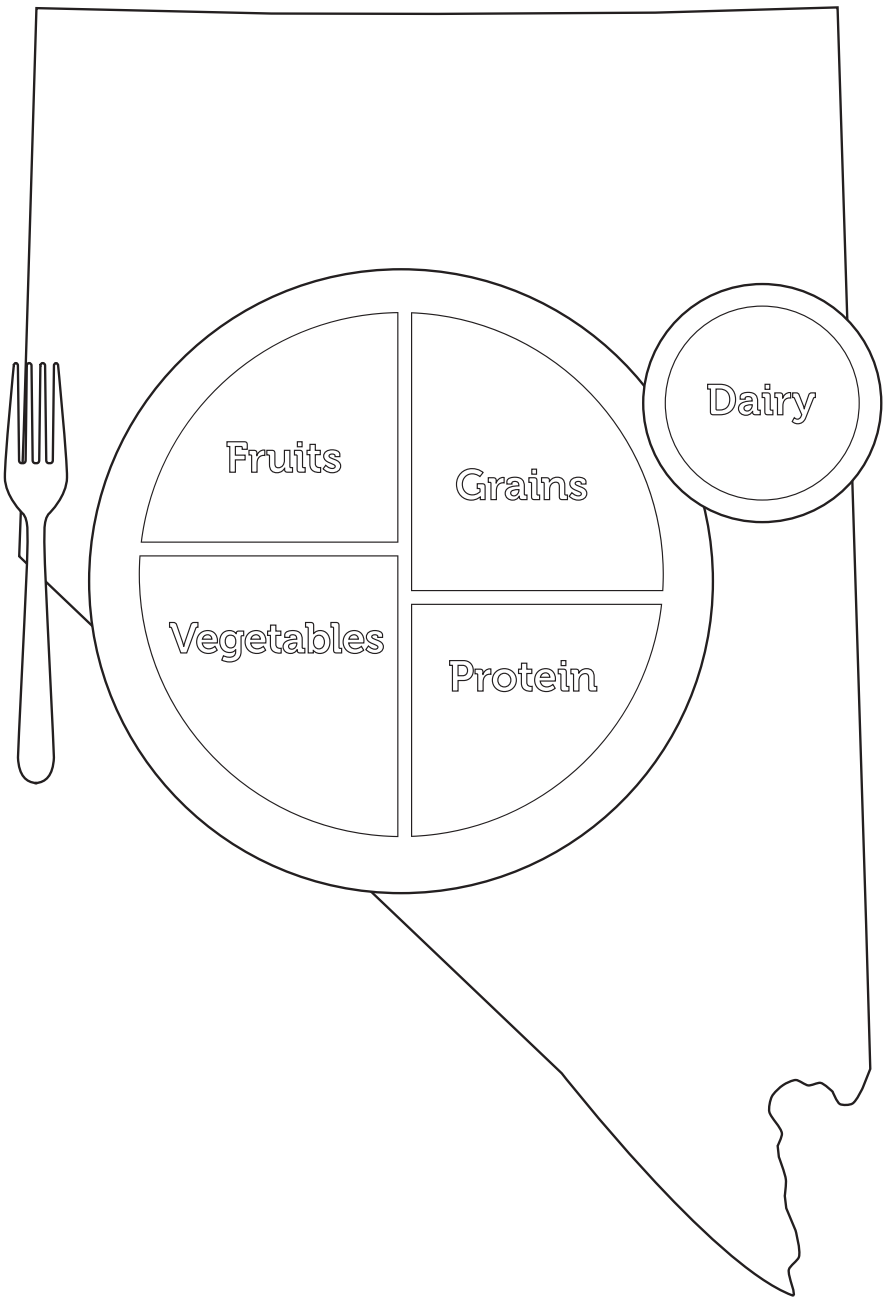
ChooseMYPlate

EXERCISE 1.1 #MY Plate MY State



What foods are grown, raised, or produced in your State/Territory?

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ChooseMyPlate.gov/MyState

Clue Card

Name:_____ Date: _____

You will now play the *Who Am I?* game, where you will gather clues about what food item you are. Write down 10 questions you want to ask. Your questions should be answered with a yes or no. Then keep track of your clues. Can you figure out who you are?

10 Questions:

1. _____ **yes no**

2. _____ **yes no**

3. _____ **yes no**

4. _____ **yes no**

5. _____ **yes no**

6. _____ **yes no**

7. _____ **yes no**

8. _____ **yes no**

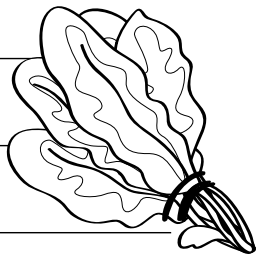
9. _____ **yes no**

10. _____ **yes no**

Who am I?_____

What food group do I belong to?_____

What other foods can I be eaten with?_____



USDA

United States Department of Agriculture

Kitchen Activities

Get your preschooler to try new foods by having them help you in the kitchen. Kids feel good about doing something "grown-up." Give them small jobs to do. Praise their efforts. Children are less likely to reject foods that they help to make.

As preschoolers grow, they are able to help out with different tasks in the kitchen. While the following suggestions are typical, children may develop these skills at different ages.

At 2 years:

- Wipe tables
- Hand items to adult to put away (such as after grocery shopping)
- Place things in trash
- Tear lettuce or greens
- Help "read" a cookbook by turning the pages
- Make "faces" out of pieces of fruits and vegetables
- Rinse vegetables or fruits
- Snap green beans

At 3 years:

All that a 2-year-old can do, plus:

- Add ingredients
- Talk about cooking
- Scoop or mash potatoes
- Squeeze citrus fruits
- Stir pancake batter
- Knead and shape dough
- Name and count foods
- Help assemble a pizza

At 4 years:

All that a 3-year-old can do, plus:

- Peel eggs and some fruits, such as oranges and bananas
- Set the table
- Crack eggs
- Help measure dry ingredients
- Help make sandwiches and tossed salads

At 5 years:

All that a 4-year-old can do, plus:

- Measure liquids
- Cut soft fruits with a dull knife
- Use an egg beater

Healthy Tips for Picky Eaters

Do any of the statements below remind you of your child?

"Ebony will only eat peanut butter sandwiches!"
"Michael won't eat anything green, just because of the color."
"Bananas used to be Matt's favorite food, now he won't even touch them!"

Your child may eat only a certain type of food or refuse foods based on a certain color or texture. They may also play at the table and may not want to eat. Don't worry if your child is a picky eater. Picky eating behavior is common for many children from the age of 2 to 5 years. As long as your child has plenty of energy and is growing, he or she is most likely eating enough to be healthy. If you have concerns about your child's growth or eating behavior, talk to your child's doctor.

How to cope with picky eating

Your child's picky eating is temporary. If you don't make it a big deal, it will usually end before school age. Try the following tips to help you deal with your child's picky eating behavior in a positive way. Check the ones that work for you and your child.

☐ **Let your kids be "produce pickers."** Let them pick out fruits and veggies at the store.

☐ **Have your child help you prepare meals.** Children learn about food and get excited about tasting food when they help make meals. Let them add ingredients, scrub veggies, or help stir food.

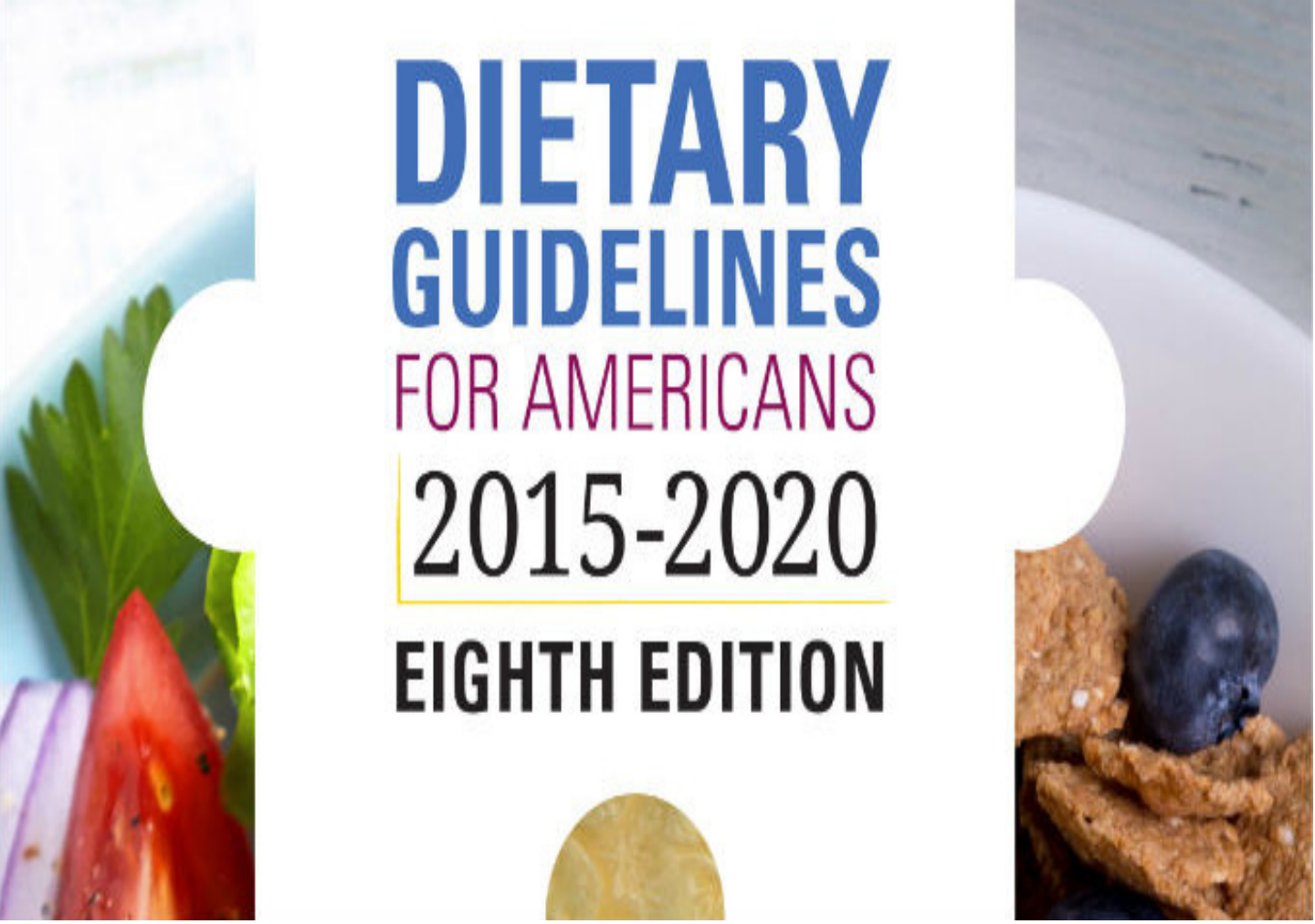
☐ **Offer choices.** Rather than ask, "Do you want broccoli for dinner?" ask "Which would you like for dinner, broccoli or cauliflower?"

☐ **Enjoy each other while eating family meals together.** Talk about fun and happy things. If meals are times for family arguments, your child may learn unhealthy attitudes toward food.

☐ **Offer the same foods for the whole family.** Don't be a "short-order cook," making a different meal for your child. Your child will be okay even if he or she does not eat a meal now and then.

ChooseMyPlate.gov

U.S. Department of Agriculture
USDA is an equal opportunity provider and employer.
Revised May 2012


DIETARY
GUIDELINES
FOR AMERICANS
2015-2020
EIGHTH EDITION

Top 10 Things You Need to Know About the 2015-2020 Dietary Guidelines for Americans

The Dietary Guidelines provides a clear path to help Americans eat healthfully, informed by a critical, and transparent review of the scientific evidence on nutrition.

1. A lifetime of healthy eating helps to prevent chronic diseases like obesity, heart disease, high blood pressure, and Type 2 diabetes.

2. Healthy eating is one of the most powerful tools we have to reduce the onset of disease. The Dietary Guidelines recommendations can help you make informed choices about eating for you and your family.

3. The path to improving health through nutrition is to follow a healthy eating pattern that's right for you. Eating patterns are the combination of foods and drinks you eat over time. A heating pattern is adaptable to a person's taste preferences, traditions, culture and budget

4. A healthy eating pattern includes:
A variety of vegetables: dark green, red and orange, legumes (beans and peas), starchy and other vegetables, Fruits, especially whole fruit, Grains, at least half of which are whole grain, Fat-free or low-fat dairy, including milk, yogurt, cheese, and/or fortified soy beverages.
A variety of protein foods, including seafood, lean meats and poultry, eggs, legumes (beans and peas), soy products, and nuts and seeds.
Oils, including those from plants: canola, corn, olive, peanut, safflower, soybean, and sunflower. Oils also are naturally present in nuts, seeds, seafood, olives, and avocados

5. Healthy eating patterns limit added sugars. Less than 10% of your daily calories should come from added sugars. ChooseMyPlate.gov provides more information about added sugars, which are sugars and syrups that are added to foods or beverages when they are processed or prepared. This does not include naturally occurring sugars such as those consumed as part of milk and fruits.

6. Healthy eating patterns limit saturated and trans fats. Less than 10% of your daily calories should come from saturated fats. Foods that are high in saturated fat include butter, whole milk, meats that are not labeled as lean, and tropical oils such as coconut and palm oil. Saturated fats should be replaced with unsaturated fats, such as canola or olive oil.

7. Healthy eating patterns limit sodium. Adults and children ages 14 years and over should limit sodium to less than 2,300 mg per day, and children younger than 14 years should consume even less. Use the Nutrition Facts label to check for sodium, especially in processed foods like pizza, pasta dishes, sauces, and soups.

8. Most Americans can benefit from making small shifts in their daily eating habits to improve their health over the long run. Small shifts in food choices—over the course of a week, a day, or even a meal—can make a difference in working toward a healthy eating pattern that works for you.

9. Remember physical activity! Regular physical activity is one of the most important things individuals can do to improve their health. According to the Department of Health and Human Services'. Physical Activity Guidelines for Americans, adults need at least 150 minutes of moderate intensity physical activity each week and should perform muscle-strengthening exercises on two or more days each week. Children ages 6 to 17 years need at least 60 minutes of physical activity per day, including aerobic, muscle-strengthening, and bone-strengthening activities.

10. Everyone has a role– at home, schools, workplaces, communities, and food retail outlets – in encouraging easy, accessible, and affordable ways to support healthy choices.

1. How much of your daily calories should come from added sugars?

_____

_____

_____

2. ChooseMyPlate.gov provides more information about added sugars. What are added sugars? (Give examples.

_____

_____

_____

3. How much physical activity do children need?

_____

_____

_____

Changes to make at home

At home, you and your family can try out small changes to find what works for you like adding more veggies to favorite dishes, planning meals and cooking at home, and incorporating physical activity into time with family or friends.

Schools can improve the selection of healthy food choices in cafeterias and vending machines, provide nutrition education programs and school gardens, increase school-based physical activity, and encourage parents and caregivers to promote healthy changes at home.

Workplaces can encourage walking or activity breaks; offer healthy food options in the cafeteria, vending machines, and at staff meetings or functions; and provide health and wellness programs and nutrition counseling.

Communities can increase access to affordable, healthy food choices through community gardens, farmers' markets, shelters, and food banks and create walkable communities by maintaining safe public spaces.

Recommended Sugar Intake

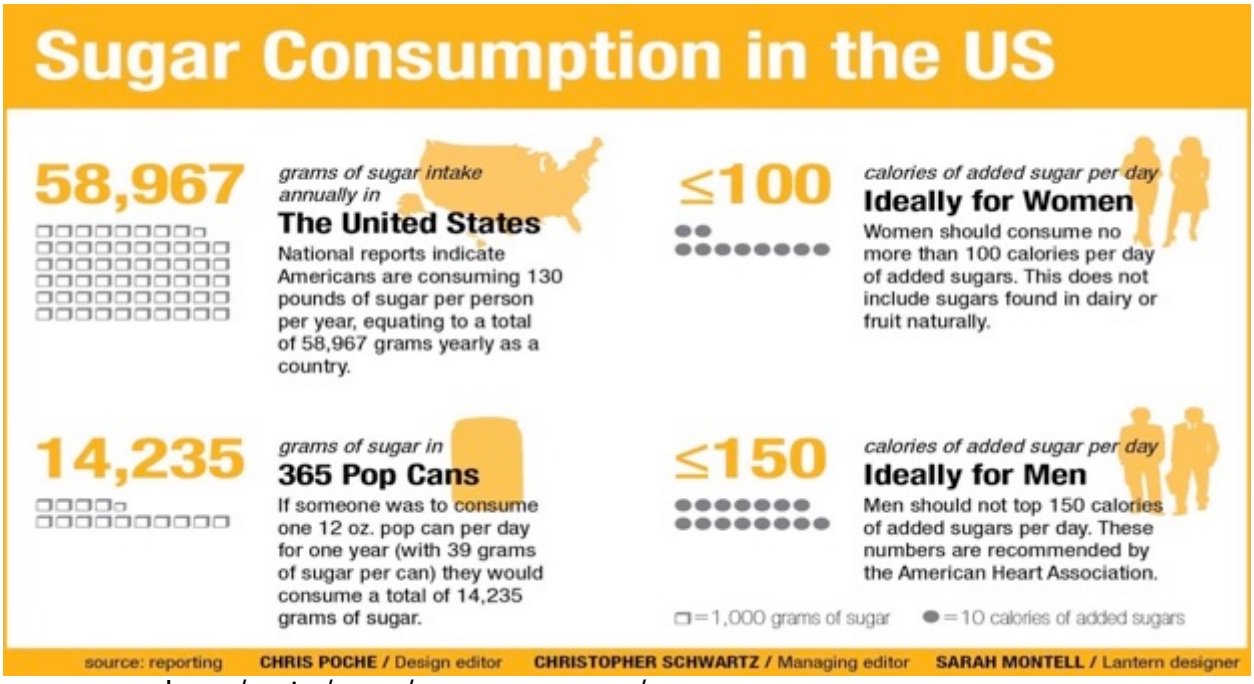
Government Recommendations

The Institute of Medicine sets the recommended dietary allowance, or RDA, for nutrients. Since sugar isn't a required nutrient in the diet, the institute has not issued an RDA for it. However, it does suggest that no more than 25 percent of calories come from added sugars – or between 38 and 55 percent of all calories from carbohydrates. In the Dietary Guidelines for Americans 2010, the USDA's recommendation is more vague, advising that combined calories from solid – that is, saturated or trans – fats and added sugar be limited to 5 to 15 percent of total daily calories. On a 2,000-calorie diet, this would mean limiting yourself to between 100 and 300 calories from these two types of ingredients, but the USDA offers no separate recommendation for sugar.

Sugar and Health

The calories that added sugars contribute to your diet can pack on pounds without your even realizing it, leading to overweight and obesity, which are risk factors for type 2 diabetes. In addition, excess sugar consumption has links to high triglycerides, which can put you in danger of developing heart disease. Given these health implications, the American Heart Association has issued guidelines for added sugar consumption. The association suggests that women get no more than 100 calories a day from added sugar, or about 6 teaspoons. For men, the association recommends limiting consumption to 150 calories daily, or 9 teaspoons.

	Maximum Advised Daily Intake	
	Grams	Teaspoons
Children	16g	4 teaspoons
Adult Females	24g	6 teaspoons
Adult Males	36g	9 teaspoons



www.ers.usda.gov/topics/crops/sugar-sweeteners/

Sugarstacks.com

Reduced Fat Oreos
3 cookies (34g)

Sugars, total:	14g
Calories, total:	150
Calories from sugar:	56

Oreo Snack Cakes
1 package (24g)

Sugars, total:	9g
Calories, total:	100
Calories from sugar:	36

Oreos
3 cookies (34g)

Sugars, total:	14g
Calories, total:	160
Calories from sugar:	56

3 reduced fat Oreo cookies contain 3 1/2 sugar cubes.

Cinnabon Cinnamon Roll
1 pastry
Sugars, total: 55g
Calories, total: 813
Calories from sugar: 220

Cinnabon cinnamon rolls contain about 14 sugar cubes.

Twinkies Snack Cakes
1 Twinkie

Sugars, total:	19g
Calories, total:	145
Calories from sugar:	74

2 Twinkies (1 package)

Sugars, total:	37g
Calories, total:	290
Calories from sugar:	148

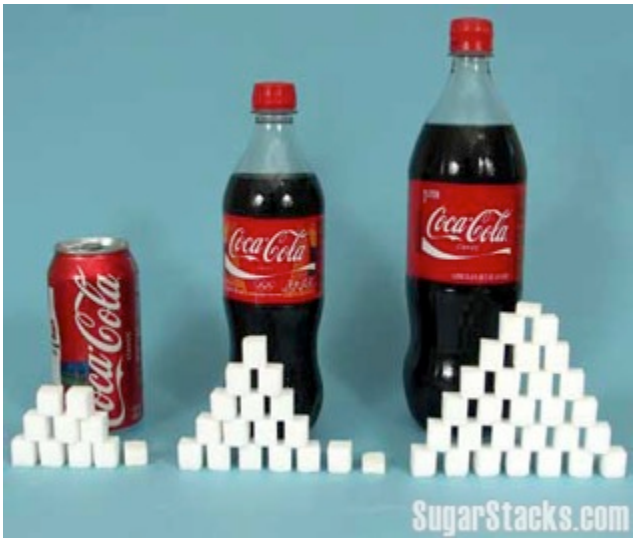
EXERCISE/DEMONSTRATION 1.3
How much sugar does a 20 ounce bottle of coke contain?

DEMONSTRATION
Take a box of sugar cubes and stack the amount of cubes that a 20 oz bottle of coke contains.

1 cube = 4 grams and a 20 oz bottle of coke contains 64 oz. divide 64 by 4.

20 oz coke = 65 grams of sugar

Hint: 1 cube = 4 grams



39g 65g 108g

FOOD FACTS

From the U.S. Food and Drug Administration

Sodium in Your Diet

Use the Nutrition Facts Label and Reduce Your Intake

You've probably heard that most Americans eat too much sodium, and too much sodium can raise blood pressure – which can have serious health consequences if not treated.

Despite what many people think, use of the salt shaker is *not* the main cause of too much sodium in your diet. In fact, about 75% of dietary sodium comes from eating **packaged and restaurant foods**, whereas only a small portion (11%) comes from salt added to food when cooking or eating. But, even though sodium is already *in* these foods when you purchase them, there are still some steps you *can* follow to lower your daily sodium intake.

Look at the Label!

Packaged foods and beverages can contain high levels of sodium, whether or not they *taste* salty. That's why it's important to use the Nutrition Facts Label to check the sodium content.

- **Understand the Daily Value.** The Daily Values are the amounts of nutrients recommended per day for Americans 4 years of age and older. The Daily Value for sodium is **less than 2,400 milligrams (mg) per day.**
- **Use the Percent Daily Value (%DV) as a tool.** The %DV tells you how much of a nutrient is in **one serving** of a food. The %DV is based on 100% of the Daily Value for sodium. When comparing and choosing foods, pick the food with a lower %DV of sodium. As a general rule:

  5% DV or less of sodium per serving is low
  20% DV or more of sodium per serving is high

- **Pay attention to serving sizes.** The %DV listed is for **one serving**, but one package may contain more than one serving. Be sure to look at the serving size to determine how many servings you are actually consuming. For example, if a package contains *two servings* and you eat the entire package, you are consuming *twice the amount* of sodium listed on the label.

NOTE: FDA has issued final changes to update the Nutrition Facts label for packaged foods. For more information, see Changes to the Nutrition Facts Label at **http://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/LabelingNutrition/ucm385663.htm.**

Sodium

Nutrition Facts

Serving Size 1 package (272g)
Servings Per Container 1

Amount Per Serving	
Calories 300	Calories from Fat 45
	% Daily Value*
Total Fat 5g	**8%**
Saturated Fat 1.5g	**8%**
Trans Fat 0g	
Cholesterol 30mg	**10%**
Sodium 430mg	**18%**
Total Carbohydrate 55g	**18%**
Dietary Fiber 6g	**24%**
Sugars 23g	
Protein 14g	
Vitamin A	80%
Vitamin C	35%
Calcium	6%
Iron	15%

* Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs:

	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Saturated Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Sodium can increase the risk of developing high blood pressure and cardiovascular disease.

Sodium is a nutrient to get less of.

What It Is

The words "salt" and "sodium" are often used interchangeably, but they do not mean the same thing. Sodium is a **mineral** and one of the **chemical elements found in salt**. Salt (also known by its chemical name, *sodium chloride*) is a crystal-like compound that is abundant in nature and is used to flavor and preserve food.

Where It Is Found

About 75% of dietary sodium comes from eating **packaged and restaurant foods**, whereas only a small portion (11%) comes from salt added to food when cooking or eating.

More than 40% of the sodium consumed by Americans comes from the following 10 types of foods, many of which are commercially processed or prepared:

- Breads and rolls
- Cheese (natural and processed)
- Cold cuts and cured meats (such as deli and packaged ham and turkey)
- Mixed meat dishes (such as beef stew, chili, and meat loaf)
- Mixed pasta dishes (such as lasagna, pasta salad, and spaghetti with meat sauce)
- Pizza
- Poultry (fresh and processed)
- Sandwiches (such as hamburgers, hot dogs, and submarine sandwiches)
- Savory snacks (such as chips, crackers, popcorn, and pretzels)
- Soups

What It Does

- Sodium is an essential nutrient and is needed by the human body in *relatively small amounts* (provided that substantial sweating does not occur).
- Sodium is important for many body processes, such as fluid balance, muscle contraction, and nervous system function.
- As a food ingredient, sodium has multiple uses, such as for curing meat, baking, thickening, retaining moisture, enhancing flavor (including the flavor of other ingredients), and as a preservative.

FDA

http://www.fda.gov/nutritioneducation

Recommended Sodium Intake

The Institute of Medicine (IOM) recommends the following "adequate intakes," per day:

- 1,000 milligrams (mg) for children aged 1 to 3
- 1,200 mg for children aged 4 to 8
- 1,500 mg for people aged 9 to 50
- 1,300 mg for adults aged 51 to 70
- 1,200 mg for seniors over 70 years of age.

Salt Intake

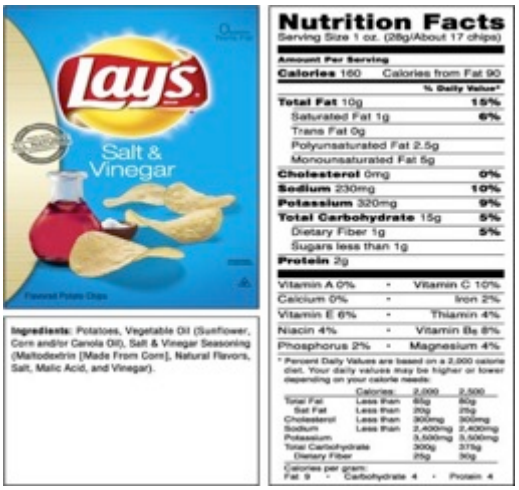
Sodium plays an important role in the body.
Salt is essential for:
1) fluid balance,
2) muscle strength
3) nerve function

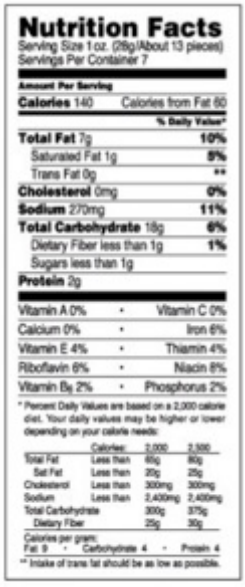
U.S. guidelines call for less than 2,300 milligrams of sodium per day -- about 1 teaspoon of table salt.

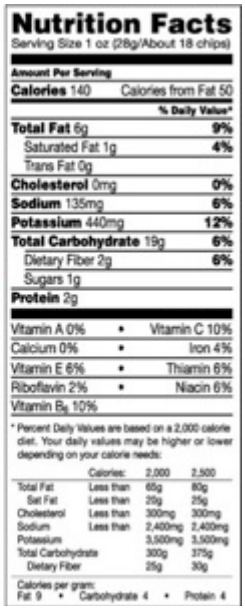
Half of Americans should drop to 1,500 milligrams a day.

Sodium plays an important role in our body. Salt is essential for fluid balance, muscle strength, and nerve function. The recommended USDA guidelines for salt intake is less than 2,300 milligrams per day which is about a teaspoon of table salt. Sodium provides essential nutrients our bodies need. However, if our salt intake is too high, it could cause high blood pressure or other illnesses.

Foods and Sodium Nutritional Facts







Turkey Burger Patty

white turkey
kosher salt
pepper
rosemary extract
93% Lean
All Natural

Nutrition Facts

Serving Size 1 burger (151g)

Amount Per Serving	
Calories 200	Calories from Fat 50
	% Daily Values*
Total Fat 6g	**9%**
Saturated Fat 1.5g	**8%**
Trans Fat 0g	
Cholesterol 85mg	**28%**
Sodium 390mg	**16%**
Total Carbohydrate 2g	**1%**
Dietary Fiber 0g	**0%**
Sugars 0g	
Protein 35g	
Vitamin A 0% •	Vitamin C 0%
Calcium 2% •	Iron 8%

* Percent Daily Values are based on a 2000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

The New and Improved Nutrition Facts Label – Key Changes

The U.S. Food and Drug Administration has finalized a new Nutrition Facts label for packaged foods that will make it easier for you to make informed food choices that support a healthy diet. The updated label has a fresh new design and reflects current scientific information, including the link between diet and chronic diseases.

1. Servings

The number of "servings per container" and the "Serving Size" declaration have increased and are now in larger and/or bolder type. Serving sizes have been updated to reflect what people actually eat and drink today. For example, the serving size for ice cream was previously 1/2 cup and now is 2/3 cup.

There are also new requirements for certain size packages, such as those that are between one and two servings or are larger than a single serving but could be consumed in one or multiple sittings.

2. Calories

"Calories" is now larger and bolder.

3. Fats

"Calories from Fat" has been removed because research shows the type of fat consumed is more important than the amount.

4. Added Sugars

"Added Sugars" in grams and as a percent Daily Value (%DV) is now required on the label. "Added Sugars" include sugars that have been added during the processing or packaging of a food. Scientific data shows that it is difficult to meet nutrient needs while staying within calorie limits if you consume more than 10 percent of your total daily calories from added sugar.

5. Nutrients

The lists of nutrients that are required or permitted on the label have been updated. Vitamin D and potassium are now required on the label because Americans do not always get the recommended amounts. Vitamins A and C are no longer required since deficiencies of these vitamins are rare today. The actual amount (in milligrams or micrograms) in addition to the %DV must be listed for vitamin D, calcium, iron, and potassium.

The daily values for nutrients have also been updated based on newer scientific evidence. The daily values are reference amounts of nutrients to consume or not to exceed and are used to calculate the %DV.

6. Footnote

The footnote at the bottom of the label has changed to better explain the meaning of %DV. The %DV helps you understand the nutrition information in the context of a total daily diet.

Current Label

Nutrition Facts

Serving Size 2/3 cup (55g)
Servings Per Container About 8

Amount Per Serving

Calories 230	Calories from Fat 72
	% Daily Value*
Total Fat 8g	**12%**
Saturated Fat 1g	**5%**
Trans Fat 0g	
Cholesterol 0mg	**0%**
Sodium 160mg	**7%**
Total Carbohydrate 37g	**12%**
Dietary Fiber 4g	**16%**
Sugars 12g	
Protein 3g	
Vitamin A	10%
Vitamin C	8%
Calcium	20%
Iron	45%

* Percent Daily Values are based on a 2,000 calorie diet. Your daily value may be higher or lower depending on your calorie needs.

	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

New Label

Nutrition Facts

1 8 servings per container
Serving size **2/3 cup (55g)**

2 **Amount per serving**
Calories **230**

	% Daily Value*
3 **Total Fat** 8g	**10%**
Saturated Fat 1g	**5%**
Trans Fat 0g	
Cholesterol 0mg	**0%**
Sodium 160mg	**7%**
Total Carbohydrate 37g	**13%**
Dietary Fiber 4g	**14%**
Total Sugars 12g	
4 Includes 10g Added Sugars	**20%**
Protein 3g	
5 Vitamin D 2mcg	10%
Calcium 200mg	15%
Iron 8mg	45%
Potassium 235mg	6%

6 * The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

Manufacturers will need to use the new label by July 26, 2018, and small businesses will have an additional year to comply. During this transition time, you will see the current Nutrition Facts label or the new label on products.

For more information about the new Nutrition Facts label, visit:
www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/LabelingNutrition/ucm385663.htm

June 2017

SIDE-BY-SIDE COMPARISON

Original Label

Nutrition Facts

Serving Size 2/3 cup (55g)
Servings Per Container About 8

Amount Per Serving

Calories 230	Calories from Fat 72
	% Daily Value*
Total Fat 8g	**12%**
Saturated Fat 1g	**5%**
Trans Fat 0g	
Cholesterol 0mg	**0%**
Sodium 160mg	**7%**
Total Carbohydrate 37g	**12%**
Dietary Fiber 4g	**16%**
Sugars 1g	
Protein 3g	
Vitamin A	10%
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Calcium	20%
Iron	45%

* Percent Daily Values are based on a 2,000 calorie diet. Your daily value may be higher or lower depending on your calorie needs.

	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

New Label

Nutrition Facts

8 servings per container
Serving size **2/3 cup (55g)**

Amount per serving
Calories **230**

	% Daily Value*
Total Fat 8g	**10%**
Saturated Fat 1g	**5%**
Trans Fat 0g	
Cholesterol 0mg	**0%**
Sodium 160mg	**7%**
Total Carbohydrate 37g	**13%**
Dietary Fiber 4g	**14%**
Total Sugars 12g	
Includes 10g Added Sugars	**20%**
Protein 3g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 8mg	45%
Potassium 235mg	6%

* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

Note: The images above are meant for illustrative purposes to show how the new Nutrition Facts label might look compared to the old label. Both labels represent fictional products. When the original hypothetical label was developed in 2014 (the image on the left-hand side), added sugars was not yet proposed so the "original" label shows 1g of sugar as an example. The image created for the "new" label (shown on the right-hand side) lists 12g total sugar and 10g added sugar to give an example of how added sugars would be broken out with a % Daily Value.

NEW LABEL / WHAT'S DIFFERENT

Servings: larger, bolder type

New: added sugars

Change in nutrients required

Nutrition Facts

8 servings per container
Serving size **2/3 cup (55g)**

Amount per serving
Calories **230**

	% Daily Value*
Total Fat 8g	**10%**
Saturated Fat 1g	**5%**
Trans Fat 0g	
Cholesterol 0mg	**0%**
Sodium 160mg	**7%**
Total Carbohydrate 37g	**13%**
Dietary Fiber 4g	**14%**
Total Sugars 12g	
Includes 10g Added Sugars	**20%**
Protein 3g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 8mg	45%
Potassium 235mg	6%

* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

— Serving sizes updated

— Calories: larger type

— Updated daily values

— Actual amounts declared

— New footnote

FDA

Serving Size Changes

Recommended Dietary Allowances

Age Range	Daily Calorie Range
Children Age 2 - 3	1,000 calories
Children Age 4 - 8	1,200 calories
Boys Age 9 – 13	1,800 calories
Boys Age 14 – 18	2,200 calories
Girls Age 9 – 13	1,600 calories
Girls Age 14 - 18	1,800 calories

TABLE 2

Daily Recommended Sodium Intake (mg) for Children and Adolescents

Age	Males/Females
1 to 3	<1,500
4 to 8	<1,900
9 to 13	<2,200
14 to 18	<2,300

— SOURCE: GIDDING SS, DENNISON BA, BIRCH LL, ET AL. DIETARY RECOMMENDATIONS FOR CHILDREN AND ADOLESCENTS: A GUIDE FOR PRACTITIONERS: CONSENSUS STATEMENT FROM THE AMERICAN HEART ASSOCIATION. *CIRCULATION*. 2005;112(13):2061-2075.

Table 10. Recommendations for Calcium Intake

Age Range (Years)	Adequate Intake (mg/day)	Tolerable Upper Level (g/day)
0 to 0.5	210	ND
0.5 to 1.0	270	ND
1 to 3	500	2.5
4 to 8	800	2.5
9 to 13	1,300	2.5
14 to 18	1,300	2.5
19 to 50	1,000	2.5
50 to >70	1,200	2.5

Abbreviation: ND, not determined
Reproduced with permission. [213]

Recommended Dietary Allowance (RDA) for iron by age and sex.

Age/Group	Life Stage	Iron (mg/day)
Infants	0–6 months	0.27*
	7–12 months	11
Children	1–3 years	7
	4–8 years	10
Males	9–13 years	8
	14–18 years	11
	19–30 years	8
	31–50 years	8
	51–70 years	8
	>70 years	8
Females	9–13 years	8
	14–18 years	15
	19–30 years	18
	31–50 years	18
	51–70 years	8
	>70 years	8
Pregnant Women	14–18 years	27
	19–30 years	27
	31–50 years	27
Lactating Women	14–18 years	10
	19–30 years	9
	31–50 years	9

Group making recommendation	Recommended for	Recommended vitamin D3 intake	Upper levels
Institute of Medicine[1]	Children ages 1-8	600 IU	2500 IU (1-3 years) 3000 IU (4-8 years)
American Academy of Pediatrics[2]	Everyone over the age of 1	600 IU	N/A
Endocrine Society[3]	Children ages 1-18	600 IU	2500 IU (1-3 years) 3000 IU (4-8 years) 4000 IU (9+ years)

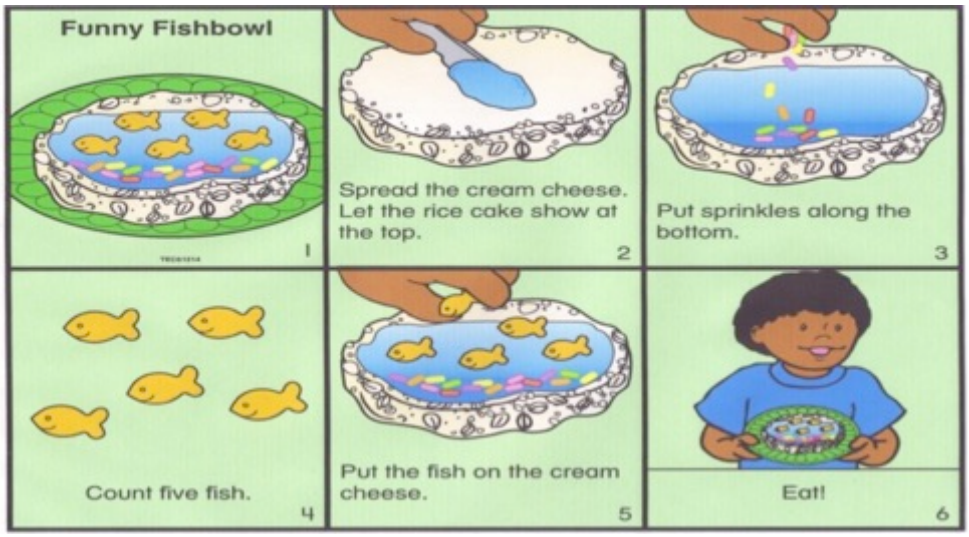
* IU = International Unit

Potassium (Recommended Daily Allowance)

Age	Female	Male
Birth to 6 months	400mg	400mg
Infants 7 - 12 months	700mg	700mg
Children 1 - 3 yrs	3000mg	3000mg
Children 4 - 8 yrs	3800mg	3800mg
Children 9 - 13 yrs	4500mg	4500mg
Teens 14 - 18 yrs	4700mg	4700mg
Adult 19 - 49	4700mg	4700mg
Adult 50+ yrs	4700mg	4700mg

Source:http://www.nlm.nih.gov/medlineplus/ency/article/002413.htm

Exercise 1.4 What are the nutritional facts for this "Funny Fishbowl" recipe?



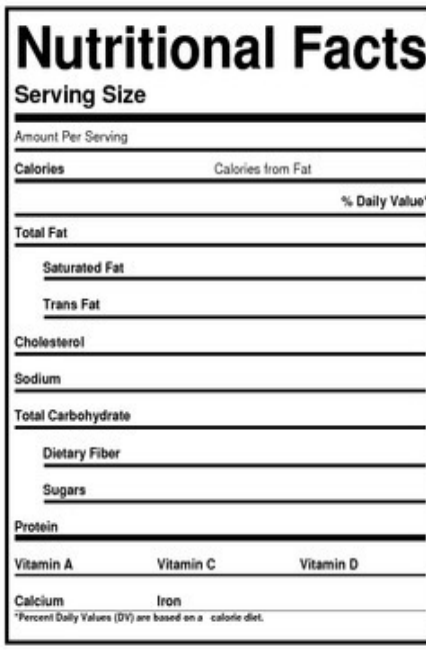
Rainbow Sprinkles

Food coloring

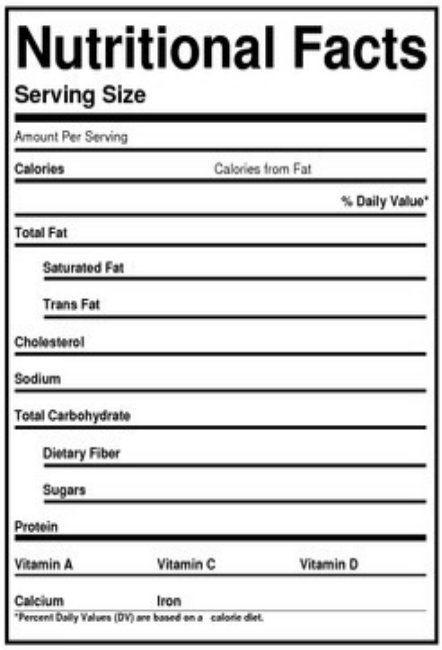
Fish Crackers

Exercise 1.4 What are the nutritional facts for this “Funny Fishbowl” recipe? Gather the nutritional facts fro the Funny Fishbowl Rebus Recipe and list the following facts for each ingredient.

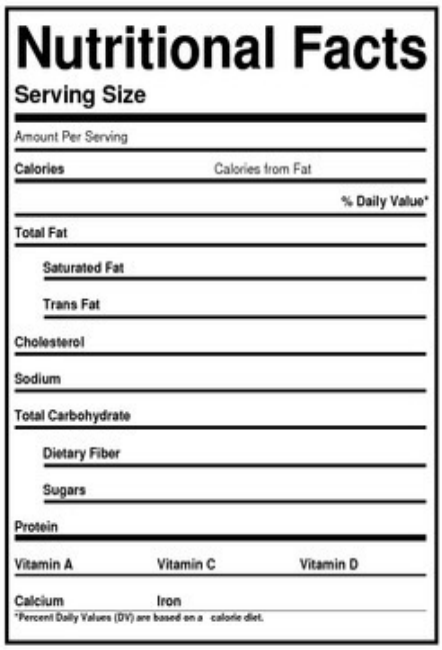
Rice Cake



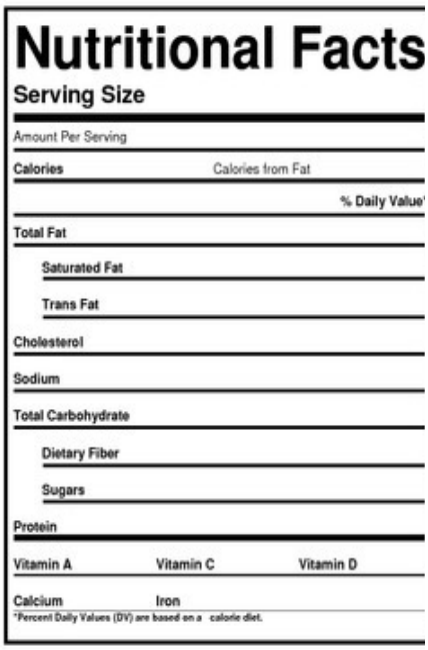
Cream Cheese



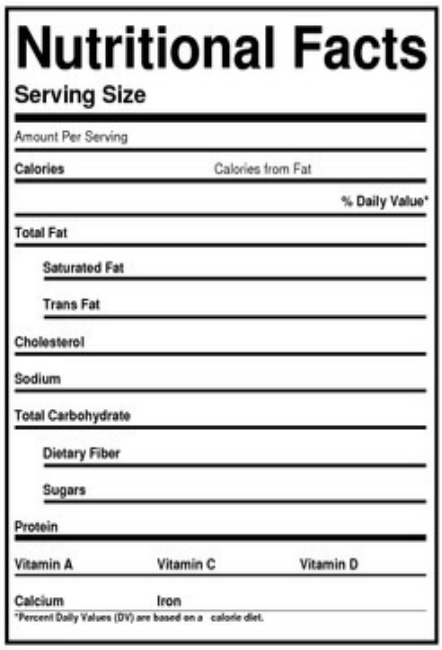
Fish Crackers



Rainbow Sprinkles



Food Coloring



Other

List the serving size, calories, sugar and sodium intake, and nutrients for each category of ingredients and calculate. Is the recipe over or under the recommended sugar and sodium intake recommendations?

Rice Cake

Serving Size _____Calories per Serving Size_____
Sugar Intake Amount_____ Sodium Intake Amount_____
(Include added Sugar)
Vitamin D_____ Calcium_____ Iron_____ Potassium_____

Cream Cheese

Serving Size _____Calories per Serving Size_____
Sugar Intake Amount_____ Sodium Intake Amount_____
(Include added Sugar)
Vitamin D_____ Calcium_____ Iron_____ Potassium_____

Fish Crackers

Serving Size _____Calories per Serving Size_____
Sugar Intake Amount_____ Sodium Intake Amount_____
(Include added Sugar)
Vitamin D_____ Calcium_____ Iron_____ Potassium_____

Sugar Sprinkles

Serving Size _____Calories per Serving Size_____
Sugar Intake Amount_____ Sodium Intake Amount_____
(Include added Sugar)
Vitamin D_____ Calcium_____ Iron_____ Potassium_____

Food Coloring

Serving Size _____Calories per Serving Size_____
Sugar Intake Amount_____ Sodium Intake Amount_____
(Include added Sugar)
Vitamin D_____ Calcium_____ Iron_____ Potassium_____

Other

Serving Size _____Calories per Serving Size_____
Sugar Intake Amount_____ Sodium Intake Amount_____
(Include added Sugar)
Vitamin D_____ Calcium_____ Iron_____ Potassium_____

TOTALs

Calories	_____
Sugar	_____
Sodium	_____
Vitamin D	_____
Calcium	_____
Iron	_____
Potassium	_____

How many calories/nutrients (in each area) does a preschooler (ages 3-5) need to reach the USDA nutritional recommendations?

Calories	_____
Sugar	_____
Sodium	_____
Vitamin D	_____
Calcium	_____
Iron	_____
Potassium	_____

EXERCISE 1.5 Create a Rebus Recipe

Use the recipe templates provided to create a Fruit Pizza Rebus Recipe. (You may create your own)

Make a Fruit Pizza!
You will need:

- 1 prepared thin-crust 12" pizza crust
- 8 oz. light cream cheese
- 4 cups assorted fresh fruit, such as pineapple chunks or slices, blueberries, strawberries, honeydew, cantaloupe, pitted cherries, peach slices, etc.

Spray 12-inch pizza with nonstick spray. Place crust on pizza pan and bake at 350°F for 8-10 minutes. Cool. Spread light cream cheese over cooled crust. Arrange banana slices and assorted fruit on pizza. Vary colors and shapes to make a design or even a face. Be creative! Cut into 10 wedges. Makes 5 two-slice servings.

Recipe:

Ingredients:

Directions:

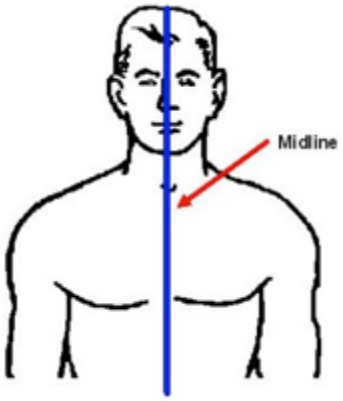
Part 2: Physical Activities in Daily Classroom Activities

A. Why is Crossing the Midline Important?
B. Balance Activities
C. Enhancing Coordination

Crossing the Midline

Why is midline crossing so important?
Crossing the midline means that one hand spontaneously moves to the other side of the body to reach or work there. Activities that include crossing the midline help develop fine motor skills and helps our arms get equal practice at developing skills. Midline crossing emerges as children develop bilateral coordination skills.

- Helps develop good fine motor skills.
- Helps get equal practice at developing skills



Physical activity is important for everyone, but how much you need depends on your age.

Adults (18-64 years)

Adults should do at least 2 hours and 30 minutes each week of aerobic physical activity at a moderate level OR 1 hour and 15 minutes each week of aerobic physical activity at a vigorous level. Being active 5 or more hours each week can provide even more health benefits. Spreading aerobic activity out over at least 3 days a week is best. Also, each activity should be done for at least 10 minutes at a time. Adults should also do strengthening activities, like push-ups, sit-ups and lifting weights, at least 2 days a week.

Children and adolescents (6-17 years)

Children and adolescents should do 60 minutes or more of physical activity each day. Most of the 60 minutes should be either moderate- or vigorous intensity aerobic physical activity, and should include vigorous-intensity physical activity at least 3 days a week. As part of their 60 or more minutes of daily physical activity, children and adolescents should include muscle-strengthening activities, like climbing, at least 3 days a week and bone-strengthening activities, like jumping, at least 3 days a week. Children and adolescents are often active in short bursts of time rather than for sustained periods of time, and these short bursts can add up to meet physical activity needs. Physical activities for children and adolescents should be developmentally appropriate, fun, and offer variety.

Young children (2-5 years)

There is not a specific recommendation for the number of minutes young children should be active each day. Children ages 2-5 years should play actively several times each day. Their activity may happen in short bursts of time and not be all at once. Physical activities for young children should be developmentally appropriate, fun, and offer variety.

Physical activity is generally safe for everyone.

The health benefits you gain from being active are far greater than the chances of getting hurt. Here are some things you can do to stay safe while you are active:

If you haven't been active in a while, start slowly and build up. Learn about the types and amounts of activity that are right for you. Choose activities that are appropriate for your fitness level.

- Build up the time you spend before switching to activities that take more effort.
- Use the right safety gear and sports equipment.
- Choose a safe place to do your activity.
- See a health care provider

Gross Motor & Coordination Activities

Read the chart and identify gross-motor development, suggested activities, and benefits each strategy provides. In reviewing this chart, strengthening the CORE refers to imagining the core of your body as the foundation. Such as using a stepladder to paint. Let me explain, when painting a wall you would not dangle from the ceiling to paint. You would use a step ladder to stand firm when painting. It is the same with your body. When the core of your body is strong, you are better coordinated and balanced. The following slides will provide activities on crossing the midline and balance activities.

Development	Suggested Activities	Benefits
Strengthening shoulder muscles	Climbing, animal walk music and movement, (leopard walk) Walk ball down wall/Hand pushes The big push, elbows up	Strengthens muscle stability work with smaller muscles Improved fine motor/writing
Strengthening the CORE (i.e. foundation/Step ladder to paint)	Pretend play, Climbing (trees, jungle gyms, climbing walls), superman stretch/knee bend	Supports spine Enhance good posture Improves child's balance
Developing hand-eye coordination	Throwing and catching a ball/ Crossing the midline activities Balance Activities/heal-toe Reaching for objects by reaching across your midline. Balance Beam Activities	Eye tracking skills vital for reading Good coordination
Developing bilateral coordination	Pulling on a rope, using a rolling pin, throwing and catching a ball…	Strengthens gross motor activities Strengthens fine motor activities

EXERCISE 2.6 EYE HAND COORDINATION

Tape -6 shapes on the wall, 3 on one side and three on the other (about a foot and a half apart) at the child's eye level. Have the child stand in front of the shapes and ask the child to point to a shape that you call out using alternating hands (right, left). The objective of this activity is for the child to reach across the midline to point to the shape. Prior knowledge for this activity includes children knowing which is their right and left hand.

Use right hand
Reach across midline
Touch shape (color/number/letter)
Use left hand
Reach across midline
Touch shape (color/number/letter)

Balance Activities

How does the body maintain balance?

Inner ear senses direction or motion

Sight senses direction your body is moving

Touch helps body ground itself

Muscle and joint sensory tell the body it is moving

Muscle cell

Balance activities are important for your children to help maintain balance. The body maintains balance by using four of the senses:

The inner ear senses direction or motion
Your sight senses the direction your body is moving.
The sense of touch helps ground your body.
The muscle and joint sensory tell the body it is moving.

So what happens is the Central Nervous System (CNS) receives the signals and combines them into a plan of coordination.

Central Nervous System (CNS) Brain and spinal cord

CNS receives signals, combines into a plan of coordination

EXERCISE 2.7 Balance Beam Activity

Place a 5” - 6” strip of masking tape on the floor.

First walk heal toe across the strip of tape.
Next, stare at an object in front of you as you walk heal toe across the strip of tape.
Then move head side to side/up and down as you walk heel toe.
Lastly, close your eyes as you walk heal toe.

This exercise demonstrates how dependent we are when it comes to using more than one of our five senses simultaneously. When students work and play throughout the day, be intentional about implementing crossing the midline and balance activates to help develop fine motor skills and bilateral coordination skills.




Exercising provides many health benefits as well as psychological benefits to both children and adults.

Some of the benefits of exercise are:

- Strengthens muscles
- Builds strong bones
- Improves fitness level
- Weight management
- Helps to reduce the risk of diabetes, heart disease, high blood pressure and other health issues

When we exercise, you :

- Feel less stressed
- Feel better about yourself
- Feel more ready and alert to learn in school
- Keep a healthy weight
- Build and keep healthy bones, muscles and joints
- Sleep better at night

MyPlate Kids' Place

be a fit kid

10 tips for being active every day

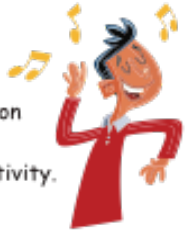
Fit kids are physically active and play for at least 1 hour every day. Look for ways to make physical activity a part of your day. Do activities that build your muscles, get your heart pumping, and make you feel good about yourself.

1 tie up your laces and walk

Go for a walk around your neighborhood or walk to your friend's house instead of taking the bus or asking for a ride. Forget the elevator and take the stairs every chance you get! Remember to be safe by using sidewalks and crosswalks.

2 turn up the music

Shake, rattle, and roll to your favorite songs. Turn on some hip hop, country, salsa, or pop music and move your body. Dancing is a great way to get some physical activity.



3 ride a bike

Grab your helmet and safety gear and go for a bike ride. Ride your bike to school or grab your friends and enjoy a ride in the neighborhood.

4 join a team

Show your team spirit and join a sport at your school or community center. There are tons of fun teams such as basketball, baseball, gymnastics, dancing, soccer, swimming, and tennis. Choose an activity that you like and have fun!

5 go out and play

Ditch the TV and go outside with friends, family, and even your pets! Walk your dog. Make a snowman. Fly a kite. Have a Hula-Hoop contest. Play basketball with friends. Try jumping rope. Or simply play a game of tag.

6 dive right in!

Go to your local indoor or outdoor pool and swim. Swim laps, play water games with friends, or have diving contests for fun.

7 get paid to be fit

Earn extra cash by mowing lawns, washing cars, shoveling snow, or walking dogs for your family or for your neighbors. Listen to music while you work to keep you going.

8 try skating or skateboarding

Grab your friends and go to a local park or indoor skating rink! It's easy to learn and a great way to be active while still having fun! Remember to wear your helmet and safety pads.

9 plant a garden

Plant and grow flowers, fruits, and vegetables with your family, or even with your friends! Creating a garden is tough work and a good way to keep fit. Be sure to check on your plants and water them every day!

10 stuck inside?

Play a game of hide-and-seek or plan a scavenger hunt in your house with friends and family. Another great way to stay active indoors is by doing crunches and jumping jacks—see how many you can complete!

USDA United States Department of Agriculture

Go to www.ChooseMyPlate.gov for more information.

MP4K-2 (8-12 years old)
May 2013
Center for Nutrition Policy and Promotion
USDA is an equal opportunity provider and employer.

Part 3: Empowering Parents & Caregivers

A. Parent Handbook Template
B. Lesson Planning: Diversity & Inclusion

Parents and Physical Activity during Early Childhood

Physical activity is a key component of energy balance, and keeping small children active is an essential part of preventing child over- weight. Research has shown that parents who are involved in their child's physical activities are associated with lower risks of accelerated weight gain and excess adiposity among preschool-aged children. An eight-year study of three- to five-year-old children found that the most active children had significantly lower body mass index (BMI) than their less active counterparts. A study of three- to five-year-old children attending preschool found that overweight boys were significantly less active than normal-weight boys during the preschool day.

One in 3 children in the United States are overweight or obese. Childhood obesity puts kids at risk for health problems that were once seen only in adults, like type 2 diabetes, high blood pressure, and heart disease. Childhood obesity can be prevented. It is important for parents to be involved in their child nutritional choices, both at home and at school. Communities, health professionals, and families can work together to create opportunities for kids to eat healthier and get more active. Make a difference for kids: spread the word about strategies for preventing childhood obesity and encourage communities, organizations, families, and individuals to get involved.

Do you know your safety policies? Do you have a parent handbook for your center?

Where is the center's fire extinguisher located?

_____
_____
_____

Potential safety hazards

- Cribs
- Soft bedding
- Playground surfacing
- Child safety gates
- Window blind cords
- Drawstrings in children's clothing
- Recalled children's products

List other potential safety hazards

_____
_____
_____

Take a minute and think about where your school policies are located. Are they up to date? Are they readily available? Where are the center's fire extinguishers? Do you know the protocol when a child gets hurt. What do you do first? How do you know when to notify licensing about an injury? There is a lot to consider when working with children. Some potential safety hazards include soft bedding in cribs, window blind cords, drawstrings in children's clothing, and recalled children's products. Others include pools of water, motor vehicle, burns, poisoning, strangulation, and firearms.

EXERCISE 3.8 Create a Parent Handbook

Parent Handbook

Business Name

Your Logo

Mission, Philosophy Statement
or Welcome Letter

You might want to include your Mission Statement here or a welcome letter that lets parents know what your beliefs and philosophies around children and child care are.

Table of Contents

Attendance

Ages Served
What ages will you serve in your program?

Enrollment procedures
What are your enrollment procedures? Do you require parents to visit and or stay with their children in the beginning? What paperwork/documentation do you require before the child starts? Do you have a trial period?

Weekly Schedule
What days will you be open? What time will you open and when will you close?
Be clear about what your hours are and put them in writing. Do you have a cut-off time for drop off? If so, be sure to state it. If you decide to extend your hours, or offer non-traditional hours for individual families, indicate this in a separate agreement in their individual contract.

Absences
What are your policies around absences? Do you expect to be notified if a child will not be in child care for the day? If so, at what point do you expect to be notified? Do you expect to be paid for absences?

Appointments and early pick-ups
Do you want to be notified if a child will be picked up early, or if a child has an appointment and will be leaving, and returning again later in the day?

Termination
What are causes for termination? What procedures are to be followed, and notices given for termination? What, if any, payment do you expect if notice is not given?

Holidays and Vacations

Holidays
What holidays are you closed for? Do you expect to be paid for holidays?

Vacations
Will you close for a vacation? When and for how long? Do you expect to be paid for your vacation time?

Emergency/Substitute Care
Be clear with parents that they must have arrangements for substitute care in the event that you are unable to care for their child. The parents, not the provider is responsible for arranging substitute care!

Program and Curriculum

Meals
Will you serve meals or will the parents be responsible for providing them? Do you participate in the child care food program? Serve only organic foods? What if a child has specific dietary needs or has allergies?

Supplies
Are parents responsible for supplying diapers and wipes? Snacks, cleaning or paper supplies? Or do you provide some of things items for a fee?.

Change of Clothing
Are parents are responsible for maintaining a spare set of clothing in their child's cubbies? Do you expect them to make sure the spare set of clothing matches their child's current size?

Parent Involvement
Do you expect parent participation in the program? Do you want parents to volunteer in the day care? Do you hold individual parent conferences or group meetings? Do you have a newsletter or parent bulletin board?

Emergencies
Do you conduct regular Fire and Earthquake drills?
In the event of fire or other emergency where you have to evacuate, where should parents meet you? Do you expect each family to contribute water, non perishable food items and a full set of clothing for their child to be stored with the emergency supplies in case of earthquake or other natural disaster or emergencies. If so, how often do you expect them to refresh the food and water supplies?

Daily Activity Schedule

It's a good idea to let parents know what your daily schedule is. When parents know your schedule, they can make better decisions about when to drop off or pick up their child, which may result in less disruptions in your schedule. It also gives parents a general idea what activities their child will be participating in.

Your Schedule can be as simple or as detailed as you wish.

Illness
When should the parent keep the child home? Do you require a doctor's note in order for a child to return to child care after certain illnesses? What are your policies for administering medication?

Medications
What are your policies for administering medication?

Immunizations
Be sure parents understand that complete Immunization records must be on file prior to a child's first day of enrollment. You will need to have a blue immunization form filled out and kept up to date for each child.

Guidance Policy

It is very important that you discuss guidance and discipline policies with parents, and are in agreement on this issue.

Fees

Tuition/ Rates
Be clear on what your rates are, and what type of care and hours your rates cover. Be sure to include when and how you expect to be paid. What are the consequences of late payments?

Payment during Family Vacations
What about parents vacations? Do you expect to be paid for part/all of the time when the child is not there due to a family's vacation?

Deposit
Do you require a deposit? Is it refundable if the parent changes his mind?

Late Fees
Do you charge a late fee? How much? When does it start? Do you expect to be paid the late fee immediately, or when the parent pays the tuition?

Methods of Payment
What payment methods do you accept?
Do you charge a service fee of $25 for any returned check? In the event multiple returned checks, do you require that parents make all future tuition payments in cash only?

CHILD INTRODUCTION FORM

Please help me get to know your child. What are his/her routines, likes, dislikes etc.

Eating _____

Sleeping _____

Toileting _____

Daily Activities _____

_____

Fears _____

Likes _____

Dislikes _____

Habits _____

Favorites _____

Tell me a little about where your child is developmentally

_____

_____

_____

What other information should I know/be aware of to care for your child as an individual? Events at home often influence your child's behavior. I am better able to help your child when you inform me of situations and/or events that might influence his/her overall behavior such as:

- Divorce.
- Separation from a relative or friend.
- Death of a relative or friend.

Knowing about these transitional times allows me to give special attention, understanding, and care. The information you give me will remain confidential. Has anything happened recently in your child's life that might have an effect on her/him?

_____

_____

FIELD TRIP PERMISSION FORM

I give my permission for my child, _____, to leave _____ for supervised trips via car or public transportation to special places such as:

- the Public Library
- the Park
- the Zoo or Museum
- Public Events at City Hall or Civic Center

Restrictions on such trips for my child include:

_____

_____

_____

_____

_____

_____ _____

Signature of Parent or Guardian Date

_____ _____

Signature of Parent or Guardian Date

AUTHORIZATION TO ADMINISTER MEDICATION

Child's Name _____ Date_____

_____ has my permission to administer the following prescription medications to my child.

_____ _____ _____

Dosage instructions

_____

_____ has my permission to administer the following over the counter medications to my child.

_____ _____ _____

Dosage instructions

_____

_____ has my permission to administer the following creams, lotions or ointments to my child.

_____ _____ _____

Application instructions _____

_____ has my permission to apply the following sunscreen or sun block on my child.

_____ _____ _____

Application instructions _____

_____ _____

Signature of Parent or Guardian Date

_____ _____

Signature of Parent or Guardian Date

Parent Sign-In/Out Sheet

All parents must sign their child both in and out each day at the time of drop-off or pick-up.

Date	Child's Name	Time In	Parent's signature	Time Out	Parent's signature

Diversity & Inclusion

Certain studies suggest that children of higher socioeconomic backgrounds, rather than more disadvantaged backgrounds, benefit more from interventions. Policy-makers and practitioners must therefore consider the potential impact of interventions to ensure that obesity prevention does not deepen existing inequalities. The focus of obesity prevention interventions should be on protecting the right of all children to a healthy start to life.

Strategies and programs need to prioritize the inclusion of vulnerable groups, particularly children with disabilities. Children with special learning needs, for instance, can be provided for by recommendations and guidance on the modification of population-based strategies for specific groups. It is also important to ensure that children are not disadvantaged on the basis of gender.

Exercise 3.9 Create a Cooking Experience Lesson Plan that includes Parents, Diversity & Inclusion

Title: Date:_____ Allotted Time Frame: _____		
Learning Objectives 1) 2) 3)	Learning Activities 1) 2) 3)	
What *Learning Outcomes* do you expect to achieve? 1) 2) 3)	How will you make the *Transfer of Learning* into your classroom? 1) 2) 3)	How will you assess students? 1) 2) 3)
How will you involve parents?	How will you include Diversity?	How will you include ALL students?

Overview

Why is it important to understand the importance of the 2015-2020 Dietary Guidelines for Americans? Nutritional Facts? Sodium & sugar intake?

_____

_____

_____

_____

_____

_____

What is crossing the mid-line?

_____

_____

_____

Why is it important for children to engage in activities that involve crossing the mid-line?

_____

_____

_____

What is BMI Index?

_____

_____

_____

How was parent involvement evident in this training?

_____

_____

_____

How was diversity and inclusion evident in this training?

_____

_____

_____

Overview

What were the learning objectives for this training? (List)

_____

_____

_____

What learning styles were used? (Describe)

_____

_____

_____

What did you learn today? (List 3-5 outcomes learned today)

_____

_____

_____

How did you meet your intended learning outcomes?

_____

_____

_____

Were the activities and content covered be useful in your daily activities? (How so?)

_____

_____

_____

What method of assessments were used to assess learners?

_____

_____

_____

Glossary

BMI Index -Body Mass Index (BMI) is a person's weight in kilograms divided by the square of height in meters. A high BMI can be an indicator of high body fatness. BMI Categories:
Underweight = <18.5
Normal weight = 18.5–24.9
Overweight = 25–29.9
Obesity = BMI of 30 or greater

Calcium - Calcium, the most abundant mineral in the body, is found in some foods, added to others, available as a dietary supplement, and present in some medicines (such as antacids). Calcium is required for vascular contraction and vasodilation, muscle function, nerve transmission, intracellular signaling and hormonal secretion, though less than 1% of total body calcium is needed to support these critical metabolic functions

Calorie - A calorie is a unit of energy. In nutrition and everyday language, calories refer to energy consumption through eating and drinking, and energy usage through physical activity. For example, an apple may have 80 calories, while a 1 mile walk might use up about 100 calories.

Iron - Iron is a mineral that our bodies need for many functions. For example, iron is part of hemoglobin, a protein which carries oxygen from our lungs throughout our bodies. It helps our muscles store and use oxygen. Iron is also part of many other proteins and enzymes.

Obesity - Obesity means having too much body fat. It is different from being overweight, which means weighing too much. The weight may come from muscle, bone, fat, and/or body water. Both terms mean that a person's weight is greater than what's considered healthy for his or her height.

Potassium - Potassium is one of the seven essential macro-minerals, along with calcium, magnesium, phosphorus, sodium, chloride, and sulfur. We require at least 100 milligrams of potassium daily to support key bodily processes.

Vitamin D - Vitamin D is a fat-soluble vitamin that is naturally present in very few foods, added to others, and available as a dietary supplement. It is also produced endogenously when ultraviolet rays from sunlight strike the skin and trigger vitamin D synthesis. Vitamin D obtained from sun exposure, food, and supplements

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Congratulations!

You have completed the 2-hour course content portion of

Health, Nutrition, and Safety: Obesity Awareness (Part 1)

Please proceed to the end of the course exam to complete this course and receive your certificate with successful completion of 70% or higher on the online course quiz.

Feedback is one of the best ways for trainers to determine what is working well in our workshops and to identify areas where additional growth may be needed.

Please take a few minutes to share your thoughts about this training.

On-site Feedback Evaluation Form

Provided by Trainer/Instructor

Online Certificate & Feedback Evaluation

Retrieve from Website Resource Tab

Retrieve from Survey.monkey Email

THANK YOU!

WE APPRECIATE YOUR FEEDBACK

Professional Development Contacts

Child Care Training Consultants, LLC.
Theresa Vadala, Ed. D.

CONTACT INFORMATION

Website: www.childcaretrainingclasses.org

Email: childcaretrainingconsultants1@gmail.com

Business Phone (702) 837-2424

Feedback Evaluation Form

Name of Training: _____ Date: _____

Feedback is one of the best ways for trainers to determine what is working well with training content and to identify areas where professional growth may be needed. Please take a few minutes to share your thoughts about this training.

Please check "✓" how much you agree with each statement about the training.

Statements	Strongly Disagree (Poor)	Disagree (Fair)	Neither Disagree or Agree	Agree (Good)	Strongly Agree (Excellent)	N/A
1. The learning objectives for this training were clear.						
2. The training was well organized.						
3. The training was sensitive to the needs of participants.						
4. The training kept me engaged and interested.						
5. The activities and the content covered will be useful in my daily work.						
6. The activities were relevant to the training content.						
7. The training contributes to my educational, professional, and/or personal development.						
8. The quality of the training met my expectations.						
9. The training included an overview of the training and reinforcement activities.						
10. The end of the training "quiz" fairly tested the stated learning objectives.						
11. The Instructor provided feedback on the mastery of the learning outcomes.						
12. Taking this online training was an overall positive experience.						
13. Technical assistance was readily available when needed.						
14. The Self-study Guide was useful and followed the training objectives.						

Statements	Poor	Fair	Good	Excellent
13. BEFORE the training my knowledge of the topic was:				
14. AFTER the training my knowledge of the topic was:				

COMMENTS/How can this training be improved?

_____

_____

_____

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