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

Name

Date

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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.
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.
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.
## Health, Nutrition & Safety: Obesity Awareness
### Transfer of Learning

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Exercises/Activities</th>
<th>Learning Outcomes</th>
<th>Transfer of Learning Strategies</th>
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<tbody>
<tr>
<td>By the end of the training participants will be able to:</td>
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<tr>
<td>1) Describe the importance and benefits of eating healthy given the</td>
<td><strong>Exercise 1.1</strong> My Plate My State Activity</td>
<td>Given nutritional facts and 2015-2020 dietary guidelines for Americans, nutritional facts, sodium and</td>
<td>Learners will use Choose My Plate</td>
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<tr>
<td>2015-2020 dietary guidelines for Americans, nutritional facts, sodium and</td>
<td><strong>Exercise 1.2</strong> Clue Cards: Who am I?</td>
<td>sugar intake amount in food served to children.</td>
<td>activities to use with children</td>
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<td>sugar intake.</td>
<td><strong>Exercise 1.3</strong> Sugar/ Coke Demonstration</td>
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<td>and parents, create a Rebus</td>
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<td></td>
<td><strong>Exercise 1.4</strong> Nutritional Facts for “Funny Fishbowl” Recipe</td>
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<td>Recipe on diverse foods to</td>
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<td></td>
<td><strong>Exercise 1.5</strong> Create a Rebus Recipe</td>
<td></td>
<td>incorporate in lesson planning</td>
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<td>2) Implement physical activities in to the classroom, such as crossing</td>
<td><strong>Exercise 2.6</strong> Eye-Hand Coordination</td>
<td>Given ideas for physical activities learners will implement strategies that incorporate crossing the</td>
<td>Learners will incorporate</td>
</tr>
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</table>
| the midline and balance activities given gross motor and coordination     | **Exercise 2.7** Balance Activities                                                 | midline.                                                                                               | physical activities on crossing |}
| activities.                                                               |                                                                                      |                                                                                                       | the midline in their lesson plan |
|                                                                            |                                                                                      |                                                                                                       | activities to use in their      |
|                                                                            |                                                                                      |                                                                                                       | daily activities.               |
| 3) Empowering Parents & Caregivers                                         | **Exercise 3.8** Develop a Parent Handbook                                          | Given the information on Empowering Parents & Caregivers, learners will develop a parent handbook and | Learners will develop a parent |
| A) Parent Handbook                                                        | **Exercise 3.9** Create a lesson plan that includes:                                | create a lesson plan that includes:                                                                    | handbook, and a lesson plan    |
| B) Lesson Plan Involvement                                                |  • Cooking Experience                                                               |                                                                                                       | that includes:                  |
|                                                                             |  • Physical Activities                                                               |                                                                                                       |  • Cooking Experience          |
|                                                                             |  • Parent Involvement                                                                |                                                                                                       |  • Physical Activities         |
|                                                                             |  • Diversity & Inclusion                                                             |                                                                                                       |  • Parent Involvement          |
|                                                                             |                                                                                      |                                                                                                       |  • 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 overweight. 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.
Diversity & Inclusion

Health, Nutrition & Safety: Obesity Awareness & Diversity and 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.
RESEARCH
PART 1: HEALTH & NUTRITION

A. Obesity & Well-being
   • What is Obesity?
   • BMI Index
   • Childhood Obesity
   • Why are More Children Obese in Today’s Society?
   • What Causes Obesity in Children?

B. Let’s Move Initiative, Food Guide Pyramid & ChooseMYplate
   • A Brief History of USDA Food Guidelines
   • Choose MY Plate
   • Exercise 1.1 MY Plate MY State
   • Exercise 1.2 Clue Card: Who Am I?
   • Kitchen Activities
   • Healthy Tips for Picky Eaters

C. 2015-2020 Dietary Guidelines for Americans
   • Top Ten Things you Need to Know about the 2015-2020
     Dietary Guidelines for Americans
   • Government Recommendations
   • Sugar & Health
   • Sugar Consumption in the U.S.
   • Sugar Stacks
   • Exercise/Demonstration 1.3 Sugar-Coke
   • Sodium
   • Salt Intake/Food Facts
   • Recommendation Sodium Intake
   • Foods & Sodium Nutritional Facts

D. Nutritional Facts: Do you Know What you are Eating?
   • The New & Improved Nutritional Facts – Key Changes
   • Recommended Dietary Allowances
   • Exercise 1.4 Nutritional Facts for “Funny Fishbowl” Recipe
   • Exercise 1.5 Create a Rebus Recipe
PART 2: PHYSICAL ACTIVITIES IN DAILY CLASSROOM ACTIVITIES

A. Crossing the Midline
   • Gross Motor & Coordination Activities
B. What is Crossing the Midline?
   • Exercise 2.6 Eye Hand Coordination
C. Balance Activities
   • Exercise 2.7 Balance Beam Activities
   • Be a Fit Kid

PART 3: EMPOWERING PARENTS & CAREGIVERS

A. Parent Handbook Template
   • Exercise 3.8 Create a Parent Handout
B. Diversity & Inclusion
   • Exercise 3.9 Develop a Lesson Plan to use in your Daily Activities

Overview
Glossary
References
Feedback Evaluation Form
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

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:

____________________________________
____________________________________
____________________________________
____________________________________
____________________________________

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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](https://www.cdc.gov/healthyschools/obesity/facts.htm)

**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.

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**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:
Heart & Lung Association (2017) www.nhlbisupport.com/bmi/
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

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:

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

Fruits

Grains

Vegetables

Protein

Dairy

Choose MyPlate.gov/MyState
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?________________
## 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

Go to www.ChooseMyPlate.gov for more information. USDA is an equal opportunity provider and employer.
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.
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.
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.

Sugar Consumption in the US

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

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

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

Sodium is a nutrient to get less of.

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

<table>
<thead>
<tr>
<th>Serving Size 1 burger (151g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount Per Serving</td>
</tr>
<tr>
<td>Calories 200</td>
</tr>
<tr>
<td>Calories from Fat 50 9%</td>
</tr>
<tr>
<td>Total Fat 6g</td>
</tr>
<tr>
<td>Saturated Fat 1.5g 8%</td>
</tr>
<tr>
<td>Trans Fat 0g</td>
</tr>
<tr>
<td>Cholesterol 85mg 28%</td>
</tr>
<tr>
<td>Sodium 390mg</td>
</tr>
<tr>
<td>Total Carbohydrate 2g 1%</td>
</tr>
<tr>
<td>Dietary Fiber 0g 0%</td>
</tr>
<tr>
<td>Sugars 0g</td>
</tr>
<tr>
<td>Protein 35g</td>
</tr>
<tr>
<td>Vitamin A 0%</td>
</tr>
<tr>
<td>Vitamin C 0%</td>
</tr>
<tr>
<td>Calcium 2%</td>
</tr>
<tr>
<td>Iron 8%</td>
</tr>
</tbody>
</table>

*Percent Daily Values are based on a 2,000 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.

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](http://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/LabelingNutrition/ucm385663.htm)

## 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.
**Nutrition Facts**

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

<table>
<thead>
<tr>
<th>Amount per serving</th>
<th>Calories 230</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Daily Value*</td>
<td></td>
</tr>
<tr>
<td>Total Fat 8g</td>
<td>12%</td>
</tr>
<tr>
<td>Saturated Fat 1g</td>
<td>5%</td>
</tr>
<tr>
<td>Trans Fat 0g</td>
<td>0%</td>
</tr>
<tr>
<td>Cholesterol 0mg</td>
<td>0%</td>
</tr>
<tr>
<td>Sodium 160mg</td>
<td>7%</td>
</tr>
<tr>
<td>Total Carbohydrate 37g</td>
<td>12%</td>
</tr>
<tr>
<td>Dietary Fiber 4g</td>
<td>16%</td>
</tr>
<tr>
<td>Sugars 1g</td>
<td>0%</td>
</tr>
<tr>
<td>Protein 3g</td>
<td>10%</td>
</tr>
</tbody>
</table>

**New: added sugars**

* 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.
Serving Size Changes

What’s considered a single serving has changed in the decades since the original nutrition label was created. So now serving sizes will be more realistic to reflect how much people typically eat at one time.

CURRENT SERVING SIZE

<table>
<thead>
<tr>
<th>SERVINGS</th>
<th>CALORIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>200</td>
</tr>
</tbody>
</table>

NEW SERVING SIZE

<table>
<thead>
<tr>
<th>SERVINGS</th>
<th>CALORIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>270</td>
</tr>
</tbody>
</table>

Packaging Affects Servings

Package size affects how much people eat and drink. So now, for example, both 12 and 20 ounce bottles will equal 1 serving, since people typically drink both sizes in one sitting.

1 SERVING PER BOTTLE FOR EITHER BOTTLE SIZE
### Recommended Dietary Allowances

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Daily Calorie Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children Age 2 - 3</td>
<td>1,000 calories</td>
</tr>
<tr>
<td>Children Age 4 - 8</td>
<td>1,200 calories</td>
</tr>
<tr>
<td>Boys Age 9 – 13</td>
<td>1,800 calories</td>
</tr>
<tr>
<td>Boys Age 14 – 18</td>
<td>2,200 calories</td>
</tr>
<tr>
<td>Girls Age 9 – 13</td>
<td>1,600 calories</td>
</tr>
<tr>
<td>Girls Age 14 - 18</td>
<td>1,800 calories</td>
</tr>
</tbody>
</table>

### Table 1: Recommended Dietary Allowance (RDA) for iron by age and sex.

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

### Table 2: Daily Recommended Sodium Intake (mg) for Children and Adolescents

<table>
<thead>
<tr>
<th>Age</th>
<th>Males/Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 3</td>
<td>&lt;1,500</td>
</tr>
<tr>
<td>4 to 8</td>
<td>&lt;1,900</td>
</tr>
<tr>
<td>9 to 13</td>
<td>&lt;2,200</td>
</tr>
<tr>
<td>14 to 18</td>
<td>&lt;2,300</td>
</tr>
</tbody>
</table>

### Table 3: Potassium (Recommended Daily Allowance)

<table>
<thead>
<tr>
<th>Age</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth to 6 months</td>
<td>400mg</td>
<td>400mg</td>
</tr>
<tr>
<td>Infants 7 - 12 months</td>
<td>700mg</td>
<td>700mg</td>
</tr>
<tr>
<td>Children 1 - 3 yrs</td>
<td>3000mg</td>
<td>3000mg</td>
</tr>
<tr>
<td>Children 4 - 8 yrs</td>
<td>3800mg</td>
<td>3800mg</td>
</tr>
<tr>
<td>Children 9 - 13 yrs</td>
<td>4500mg</td>
<td>4500mg</td>
</tr>
<tr>
<td>Teens 14 - 18 yrs</td>
<td>4700mg</td>
<td>4700mg</td>
</tr>
<tr>
<td>Adult 19 - 49</td>
<td>4700mg</td>
<td>4700mg</td>
</tr>
<tr>
<td>Adult 50+ yrs</td>
<td>4700mg</td>
<td>4700mg</td>
</tr>
</tbody>
</table>

*IU = International Unit

### Table 4: Recommendations for Calcium Intake

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


Abbreviation: ND, not determined
Reproduced with permission. 213
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 for the Funny Fishbowl Rebus Recipe and list the following facts for each ingredient.

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Nutritional Facts</th>
<th>Nutritional Facts</th>
<th>Nutritional Facts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rice Cake</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nutritional Facts</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Amount Per Serving</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calories</td>
<td>Calories from Fat</td>
<td>Calories from Fat</td>
<td>Calories from Fat</td>
</tr>
<tr>
<td>Total Fat</td>
<td>% Daily Value</td>
<td>% Daily Value</td>
<td>% Daily Value</td>
</tr>
<tr>
<td>Saturated Fat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trans Fat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cholesterol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sodium</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Carbohydrate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dietary Fiber</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sugars</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protein</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamin A</td>
<td>Vitamin C</td>
<td>Vitamin D</td>
<td></td>
</tr>
<tr>
<td>Calcium</td>
<td>Iron</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Percent Daily Values (DV)</td>
<td>are based on a</td>
<td>calorie diet.</td>
<td></td>
</tr>
<tr>
<td>Cream Cheese</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nutritional Facts</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Amount Per Serving</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calories</td>
<td>Calories from Fat</td>
<td>Calories from Fat</td>
<td>Calories from Fat</td>
</tr>
<tr>
<td>Total Fat</td>
<td>% Daily Value</td>
<td>% Daily Value</td>
<td>% Daily Value</td>
</tr>
<tr>
<td>Saturated Fat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trans Fat</td>
<td></td>
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<td>*Percent Daily Values (DV)</td>
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<td>calorie diet.</td>
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</table>
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**

<table>
<thead>
<tr>
<th>Serving Size</th>
<th>Calories per Serving Size</th>
<th>Sugar Intake Amount</th>
<th>Sodium Intake Amount</th>
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<td>Vitamin D</td>
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**Cream Cheese**

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<th>Sugar Intake Amount</th>
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<td>Vitamin D</td>
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**Fish Crackers**

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<th>Sodium Intake Amount</th>
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<td>Vitamin D</td>
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**Sugar Sprinkles**

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<th>Calories per Serving Size</th>
<th>Sugar Intake Amount</th>
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<td>Vitamin D</td>
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**Food Coloring**

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<th>Calories per Serving Size</th>
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<td>Vitamin D</td>
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**Other**

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<th>Serving Size</th>
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<th>Sugar Intake Amount</th>
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<td>Vitamin D</td>
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**TOTALs**

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

<table>
<thead>
<tr>
<th>Calories</th>
<th>Sugar</th>
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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.
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.

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

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 you 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
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!

Go to www.ChooseMyPlate.gov for more information.
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 overweight. 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

**Mission Statement / Welcome Letter**

**Attendance**
- Ages Served ........................................................................................................ Page 4
- Weekly Schedule .................................................................................................... Page 4
- Absences, Appointments and Early Pick-ups .............................................. Page 4
- Termination ....................................................................................................... Page 4

**Holidays and Vacations**
- Holidays ........................................................................................................ Page 5
- Vacations ......................................................................................................... Page 5
- Emergency/Substitute Care ........................................................................ Page 5

**Program and Curriculum**
- Meals ............................................................................................................. Page 6
- Supplies ......................................................................................................... Page 6
- Change of Clothing ......................................................................................... Page 6
- Parent Involvement ......................................................................................... Page 6
- Emergencies .................................................................................................... Page 6
- Daily Activity Schedule .................................................................................. Page 7
- Illness, Medication and Immunizations ....................................................... Page 8
- Guidance policy .............................................................................................. Page 9

**Tuition Fees**
- Weekly Rates .................................................................................................. Page 10
- Deposit ........................................................................................................... Page 10
- Late Fees ......................................................................................................... Page 10
- Methods of Payment ....................................................................................... Page 10

**Enrollment Forms**
- Child Introduction Form ................................................................................. Page 11
- Field Trip Permission Form ............................................................................ Page 12
- Authorization to Administer Medication ....................................................... Page 13
- Parent sign-in/Out Sheet ................................................................................ Page 14
## 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!
<table>
<thead>
<tr>
<th>Program and Curriculum</th>
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<tbody>
<tr>
<td><strong>Meals</strong></td>
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<tr>
<td>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?</td>
</tr>
</tbody>
</table>

| **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?

____________________________________________________________________________________

____________________________________________________________________________________

Parent Handbook Worksheet
©Nakali Consulting, Inc 2010
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.

<table>
<thead>
<tr>
<th>Date</th>
<th>Child’s Name</th>
<th>Time In</th>
<th>Parent’s signature</th>
<th>Time Out</th>
<th>Parent’s signature</th>
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<tbody>
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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**

<table>
<thead>
<tr>
<th>Title:</th>
<th>Learning Objectives</th>
<th>Learning Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:____________</td>
<td>1)</td>
<td>1)</td>
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<td>2)</td>
<td>2)</td>
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<td></td>
<td>3)</td>
<td>3)</td>
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</table>

| What Learning Outcomes do you expect to achieve? | How will you make the Transfer of Learning into your classroom? | How will you assess students? |
| 1) | 1) | 1) |
| 2) | 2) | 2) |
| 3) | 3) | 3) |

<table>
<thead>
<tr>
<th>How will you involve parents?</th>
<th>How will you include diversity?</th>
<th>How will you include ALL students?</th>
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</table>
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?
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?
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
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.
REFERENCES


Heart & Lung Association (2017) www.nhlbisupport.com/bmi/


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.

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

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?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________