Child Care Training Consultants, LLC

Health, Nutrition, and Safety: Obesity Awareness PART 2

Dr. Theresa Vadala





Child Care Training Consultants, LLC

Accredited by International Association for Continuing Education and Training (IACET)

Health, Nutrition and Safety: Obesity Awareness Part 2

Theresa Vadala, Ed. D

Child Care Training Consultants, LLC

Las Vegas, Nevada 89139



All rights reserved. No part of this manual may be photocopied or reproduced in any form without written permission from the publisher. Moreover, no part of this publication can be stored in a retrieval system, transmitted by any means, recorded or otherwise, without written permission from the publisher.

Limits of Liability and Disclaimer of Warranty

The contents of this training "Health, Nutrition and Safety: Obesity Awareness Part 2" is for Educational Purposes Only. While every precaution has been taken in preparing this manual, including research, development, and testing, the Author assumes no responsibility for errors or omissions. No liability is assumed by the Author for damages resulting in the use of this information.



Child Care Training Consultants, LLC

Accredited by International Association for Continuing Education and Training (IACET)

CKA 1: Health, Nutrition and Safety

Title: WY 1.B Health, Nutrition and Safety: Obesity Awareness (Part 2)

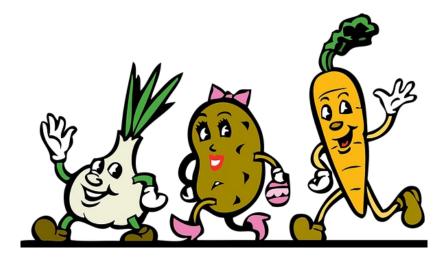
2 Hours

0.2 CEUs



Dr. Theresa Vadala (Instructor & Curriculum Designer)







Child Care Training Consultants, LLC

Accredited by International Association for Continuing Education and Training (IACET)



Thank you for choosing

Child Care Training Consultants, LLC.,

for your Training Needs!

Learning Assessment

Read the material provided, take the 5-10 quiz questions and complete the training evaluation at the end of the course.

Participants must receive 100% on individual courses to obtain a certificate of completion.

Questions?We are happy to help.

Support Services:

Please contact us 24/7 at

childcaretrainingconsultants1@gmail.com

Business # 702.837.2434



Child Care Training Consultants, LLC

Accredited by International Association for Continuing Education and Training (IACET)

Child Care Training Consultants LLC., Goal

The goal is to empower educators as they take Child Development Associate (CDA) courses to make a powerful difference in the lives of young children!

Mission Statement

"Child Care Training Consultants, LLC's is committed to provide research-based professional growth and development training courses primarily focused on the Child Development Associate. The CDA is the nation's premier credential that is transferable, valid, competency-based and nationally recognized in all 50 states, territories, the District of Columbia, community colleges and the United State Military.

Vision

Child Care Training Consultants, LLC's vision is to provide the early childhood community with courses based on CDA competency standards to obtain their CDA Credential and assist in reaching their goal as an exceptional early childhood educator to ultimately achieve higher child outcomes.



Child Care Training Consultants, LLC

Accredited by International Association for Continuing Education and Training (IACET)

About the Instructor

Theresa has over 30 years experience in the field of Early Childhood Education. During that time, she served as a Preschool Teacher, Disabilities Coordinator, Program Facilitator, and Director of an Early Childcare Program. She has a Doctoral Degree in Educational Leadership with Specialization in Curriculum and Instructional Design. Theresa is a Professional Growth & Development Trainer and Curriculum Designer and offers web-based courses internationally. She is the Executive Director/Owner of the training organization Child Care Training Consultants, LLC., (CCTC).



Business Description

Child Care Training Consultants, LLC. (CCTC) is an accredited provider (AP) with the International Association for Continuing Education and Training (IACET) that provides Continuing Education Units (CEU) for adult education nationally. The business is also a recognized training organization with the Council for Professional Recognition, Child Development Associate Council (CDA), National Credentialing Program.

Child Care Training Consultants, LLC



Learning Objectives and Outcomes

Participants will be able to:

- Identify health, nutrition, and safety
 concerns in children in childcare centers
- Identify signs of childhood obesity in early care programs
- Identify safety procedures in childcare center

The learning outcomes for participants is to understand and describe health, nutrition, obesity and center safety awareness to engage students in healthy activities during daily teaching opportunities.

AGENDA

Section 1: Health

Section 2: Nutrition

Section 3: Obesity

Section 4: Center Safety









- Routine Screening Test
- Feeding Plans
- Food Allergies

Upon students entering class, do a quick health check.





Health checks may serve to reduce the transmission of infectious diseases in childcare settings by identifying children who should be excluded and enable the caregivers/teachers to plan for necessary care while the child is in care at the facility. Every day, a trained staff member should conduct a health check of each child. This health check should be conducted as soon as possible after the child enters the childcare facility and whenever a change in the child's behavior or appearance is noted while that child is in care.

Routine Screening Test

terreira year child's eligibility to participate burrano, marko, or brusten on pour child's l	e aetwort consum. On acception this requires that staff investigate year shift's physi- in the program. Examples of a tradit rated trade involves intenting year shifts temperatu looky to determine the extent of an injury, in examining writer invance classing to ma- ar-child's teacht. In instances where your shift than developed an illness or winning.	in especial hes. These
	reductivesment, parents will be suffed immediately	
Child Name:	Dute:	
	nformed by:	
Verific	od by:	
eason for Concern:		
		_
Areas Examined:	Results:	
	Temperature	
\cap	Description:	
1		
/A A\		
// (1)		
8.11.	Treatment Provided:	
0 110		_
1//(□ Parent Notified	
()()	At pickup Via phone Time: an	/on
1111		i per
00		
70.700		
arent Sisnahare	Date:	
	Date:	
record organizate:		



Feeding Plans and Dietary Modifications

- Feeding plans
- Dietary modifications
- Written history of special nutrition

Feeding Plans

Before a child enters an early care and education facility, the facility should obtain a written history that contains any special nutrition or feeding needs for the child, including use of human milk or any special feeding utensils. The staff should review this history with the child's parents/guardians, clarifying and discussing how parental home feeding routines may differ from the facility's planned routine. The child's primary care provider should provide written information about any dietary modifications or special feeding techniques that are required at the early care and education program and these plans should be shared with the child's parents/guardians upon request.

Dietary modifications

If dietary modifications are indicated, based on a child's medical or special dietary needs, the caregiver/ teacher should modify or supplement the child's diet to meet the individual child's specific needs. Dietary modifications should be made in consultation with the parents/ guardians and the child's primary care provider. Caregivers/teachers can consult with a Nutritionist/Registered Dietitian. Reasons for modification of a child's diet may be related to food sensitivity. Food sensitivity includes a range of conditions in which a child exhibits an adverse reaction to a food that, in some instances, can be life threatening. Modification of a child's diet may be related to a food allergy, inability to digest or to tolerate certain foods, need for extra calories, need for special positioning while eating, diabetes and the need to match food with insulin, food idiosyncrasies, and other identified feeding issues.

Written History of Special Nutrition

These written instructions must identify:

- a) The child's full name and date of instructions;
- b) The child's special needs;
- c) Any dietary restrictions based on the special needs;
- d) Any special feeding or eating utensils;
- e) Any foods to be omitted from the diet and any foods to be substituted;
- f) Limitations of life activities;
- g) Any other pertinent special needs information;
- h) What, if anything, needs to be done if the child is exposed to restricted foods.





Food Allergies

- Staff awareness of food allergies
- Religious or cultural beliefs
- Types of food allergies

As a safety and health precaution, the staff should know in advance whether a child has food allergies, inborn errors of metabolism, diabetes, celiac disease, tongue thrust, or special health care needs related to feeding, such as requiring special feeding utensils or equipment, nasogastric or gastric tube feedings, or special positioning. These situations require individual planning prior to the child's entry into early care and education and on an ongoing basis (3,4).

In some cases, dietary modifications are based on religious or cultural beliefs. Detailed information on each child's special needs whether stemming from dietary, feeding equipment, or cultural needs, is invaluable to the facility staff in meeting the nutritional needs of that child.

The staff should use information on the child's growth in developing individual feeding plans. For the current CACFP meal patterns, go to http://www.fns. usda.gov/cnd/care/ProgramBasics/Meals/Meal_Patterns. htm.

Types of Food Allergies

- Food allergies exist in many different forms. Find out more about the food allergy you suffer from:
- Corn
- Eggs,
- Milk
- Peanut
- Soy
- Tree nut
- Wheat (Gluten) a substance (plant protein) present in cereal grains, shellfish

Child Care Training Consultants, LLC

Symptoms alone can be attributed to several other issues. Even gluten intolerant or Celiac Disease sufferers will manifest a variety of different symptoms. It's rather complex.

Learn more: http://www.naturalnews.com/038170 gluten sensitivity symptoms intolerance.html#ixzz2cNHkfznK

Six common symptoms of gluten intolerance

- (1) Obviously, there are gastrointestinal (GI), stomach, and digestive problems. These can include one or some of the following: Gas, bloating, queasiness, abdominal cramping, constipation, diarrhea, or an alternating combination of both IBS (Irritable Bowel Syndrome)
- (2) Headaches and/or migraines.
- (3) Fibromyalgia is not a disease, it's a syndrome. Getting a medical diagnosis is bogus. You don't need to be told you have muscular and connecting tissue aches and pains. That's what fibromyalgia means. Fibro= Connective Tissue; Myo= Muscle; Algia= Pain. Thus fibromyalgia.
- (4) Emotional issues involving chronic irritability and sudden, irrational mood shifts.
- (5) Neurological issues, including dizziness, difficulty balancing, and peripheral neuropathy affecting nerves outside the central nervous system and resulting in pain, weakness, tingling or numbness in the extremities.
- (6) Fatigue, whether chronic or almost after every meal. Chronic fatigue syndrome (CFS) is, like fibromyalgia, a syndrome, not a disease. If that's what you're diagnosed with, it means your doctor can't locate the cause of your fatigue.

Yes, all of these symptoms are common to other health issues and diseases. That's why symptoms alone as a diagnosis is perplexing.

Learn more: http://www.naturalnews.com/038170 gluten sensitivity symptoms intolerance.html#ixzz2cNHqpUfK



Section 2: Nutrition

What is Nutrition?

- Choose MYPLATE
- Nutrition Requirements for Infants, toddlers, and Preschool
- Nutrition Facts

Part 2 is based on obesity, the "Let's Move" initiative, obesity statistics, and describes why obesity is a problem in today's society.

What is Nutrition?

What is Nutrition? Simply said, Nutrition is the study of food at work in our bodies, our source for energy, and the medium for which our nutrients can function.

Think of nutrition as the building blocks of life.

The essential nutrients for life include carbohydrates,

proteins, and

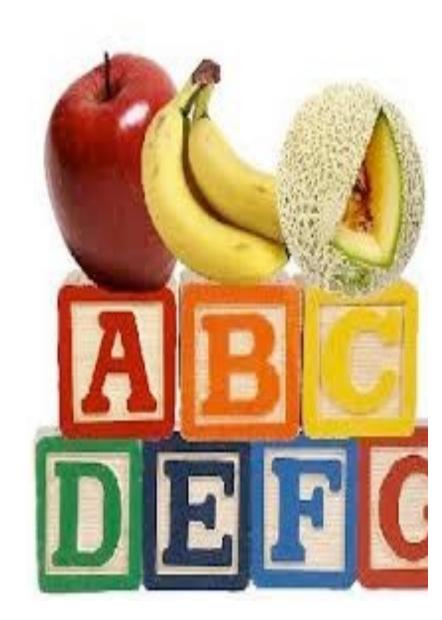
lipids (fats), as well as

fiber,

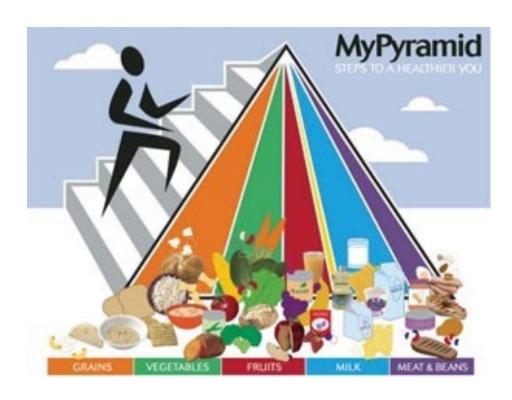
vitamins,

minerals, and

water—the solvent for all soluble ingredients in the blood and cells. The absorption of nutrients starts the moment we begin to digest our foods, as they are transported to assist all the metabolic processes in the human body.



Choose MyPlate





Child Care Training Consultants, LLC

According to the USDA 2010 guidelines, the food pyramid has changed from the MyPyramid 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.

ACTIVITY

Have children make a MyPlate food groups using paper plates, paint, construction paper, or crayons, and cut pictures of food out of a magazines to glue on to appropriate food group color.

ChoseMyPlate.gov

The goal of Choose MyPlate is to add more fruits and vegetables to your daily diet.

- MyPlate is an initiative based on 2010 Dietary Guidelines for Americans
- Helps consumers make better food choices.
- MyPlate is designed to remind Americans to eat healthy

MyPlate illustrates the five food groups using a familiar mealtime visual, a place setting.



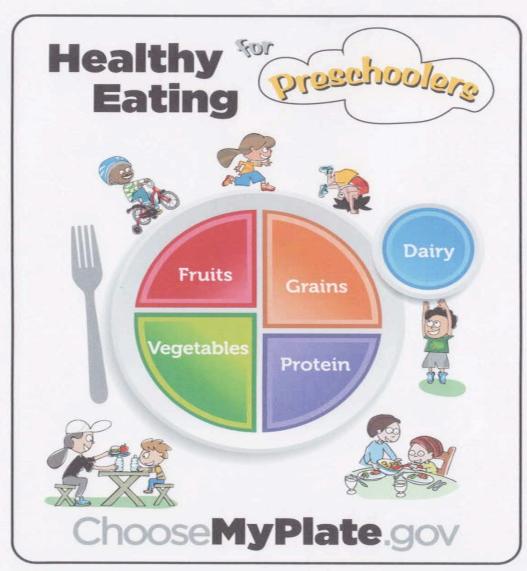
- Add more vegetables to your day
- Focus on fruits
- Make half your grains whole
- Got your dairy today?
- With protein foods, variety is key
- Build a healthy meal

Tweet

ChooseMyPlate.gov



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



Get your child on the path to healthy eating.



Focus on the meal and each other.

Your child learns by watching you. Children are likely to copy your table manners, your likes and dislikes, and your willingness to try new foods.

Offer a variety of healthy foods.

Let your child choose how much to eat. Children are more likely to enjoy a food when eating it is their own choice.

Be patient with your child.

Sometimes new foods take time. Give children a taste at first and be patient with them. Offer new foods many times.

Let your children serve themselves.

Teach your children to take small amounts at first. Let them know they can get more if they are still hungry.

Cook together.
Eat together.
Talk together.



Make meal time family time.



Child Care Training Consultants, LLC

Nutrition Facts

Nutrition Facts

Serving Size	172 g		
Amount Per	Serving	g	
Calories 200		Calories fro	om Fat 8
		% Daily	Value*
Total Fat 1 g			1%
Saturated F	at 0g		1%
Trans Fat			
Cholesterol	Omg		0%
Sodium 7mg			0%
Total Carbohydrate 36g		36g	12%
Dietary Fiber 11g			45%
Sugars 6g			
Protein 13g			
Vitamin A	1% •	Vitamin C	1%
Calcium	4% •	Iron	24%
*Percent Daily ' calorie diet. Yo or lower depen	ur daily	values may be	higher

NutritionData.com

ACTIVITY:

Bring in nutrition facts from various packaged food items. Highlight the sodium or sugar intake and make a graph to demonstrate which food items has more or less sodium or sugar.

> Sample label for Macaroni & Cheese

- (1) Start Here 🚃
- **Check Calories**
- (3) Limit these **Nutrients**

- **Get Enough** of these **Nutrients**

Nutr	ition	Fa	cts			
Serving Size						
Servings Pe						
Amount Per S	ierving					
Calories 2	50 Calo	ries from	Fat 110			
		% Daily Value*				
Total Fat 1	2g		18%			
Saturated	Fat 3g		15%			
Trans Fat	3g					
Cholester	1 30mg		10%			
Sodium 47	0mg		20%			
Total Carb	ohydrate	31g	10%			
Dietary Fi	ber 0g		0%			
Sugars 5g						
Protein 5g						
Vitamin A			4%			
Vitamin C			2%			
Calcium			20%			
Iron			4%			
* Percent Daily V Your Daily Value your calorie ne	a may be higher					
	Calories	2,000	2,500			
Total Fat	Less than	65g	80g			
Sat Fat	Less than	20g	25g			
Cholesterol	Less than	300mg	300mg			

2,400mg

300g

2,400mg

375g

- 6) Quick Guide to % DV
- 5% or less is Low
- 20% or more is High

Footnote

Sodium

Total Carbohydrate

Dietary Fiber

How much salt does a 1 ounce bag of potato chips have?

Take a look at the nutrition facts. How much sodium does this bag of potato chips contain? What is the serving size? Does it contain sugar?

The objective of reading the nutrition facts is for students to become familiar with the contents of packaged food items at a young age. Although they are tasty, many food are high in sodium and sugar, and fat. People typically eat more than the serving size.



Ingredients: Potatoes, Vegetable Oil (Sunflower, Corn and/or Canola Oil), Salt & Vinegar Seasoning (Maltodextrin [Made From Corn], Natural Flavors, Salt, Malic Acid, and Vinegar).

Amount Per	Servi	ng		
Calories 1	60	Cald	ories fron	n Fat 90
			% Dai	ly Value'
Total Fat 1	0g			15%
Saturated Fat 1g				6%
Trans Fat	0a			
Polyunsat	_	ed Fa	t 2.5a	
Monounsa				
Cholester			09	0%
Sodium 23		•		10%
Potassium				9%
Total Carb		-	e 15a	5%
Dietary Fi		100000000000000000000000000000000000000	- log	5%
Sugars les		-		3,0
-		an iç	,	
Protein 2g				
Vitamin A 09	%		Vitamir	C 10%
Calcium 0%	(7/2)			Iron 2%
Vitamin E 6% •			Thiamin 4%	
Niacin 4% •			Vitamin B ₆ 8%	
Phosphorus	2%		Magnes	
•		b	-	
Percent Daily V				
depending on				
	Calo	ries:	2,000	2,500
Total Fat	Less	than	65g	80g
Sat Fat		than	20g	25g
Cholesterol	2000	than	300mg	300mg
Sodium	Less	than		2,400mg
Potassium			3,500mg	
Total Carbohyo	de-to-		300a	375a

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.

Sodium provides essential nutrients our bodies need. However, if our salt intake is too high, it could cause high blood pressure or other illnesses. The next slide outlines the USDA guidelines for sodium intake.

Sodium provides essential nutrients our bodies need. However, if our salt intake is too high, it could cause high blood pressure or other illnesses. The next slide outlines the USDA guidelines for sodium 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 <u>2,300</u> milligrams of sodium per day –

about 1 teaspoon of table salt.

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

ACTIVITY:

Bring in food items and compare which has more sodium. Discuss which foods are a better choice for our bodies.



1-ounce servings:

Potato chips = 149 milligrams

Cheese puffs = 258 milligrams

Pretzels = 385 milligrams

Tip: Even "baked" or fat-free snacks can pack the same amount of sodium or more, so read the label.



Canned Vegetables

A cup of canned corn may contain 720 milligrams of sodium.



Vegetable Juices

One cup of vegetable juice cocktail contains 653 milligrams of sodium. Be careful with canned foods as they are high in sodium



Frozen Dinners

A 5-ounce frozen turkey and gravy dinner contains 787 milligrams of sodium.

Recommended sugar intake



USDA Dietary Guidelines

- Preschool children eating a 1,200- to 1,400-calorie diet, sugar intake is about 16.7 g per day.
- Children ages 4 to 8 should consume less sugar---about 12.5 g per day,
- Pre-teen and teenagers should limit their intake to between 21 and 33 g of sugar per day.
- Indicated that sugar intake should be restricted to 10 teaspoons per day for 2,000 calorie-per-day diets for adults.



Recommended sugar intake

Reminder: The USDA suggests that most people should limit the calories from solid fats and added sugars. Sugary foods are associated with obesity, diabetes, and other illnesses.

In terms of adults, this comes to about 25 g of sugar for adult women or 37.5 g of sugar for adult men, because there are four calories per every 1 g of added sugar.

For preschool children eating a 1,200- to 1,400-calorie diet, this translates into about 16.7 g per day.

Children ages 4 to 8 should consume less sugar---about 12.5 g per day, because they have greater nutritional needs and have fewer discretionary calories in their daily diets.

Pre-teen and teenagers should limit their intake to between 21 and 33 g of sugar per day.

GRANULATED SUGAR

1 cup sugar = 200 grams 3/4 cup sugar = $1\overline{50}$ grams 2/3 cup sugar = 135grams 1/2 cup sugar = 100grams 1/3 cup sugar = 70 grams 1/4 cup sugar = 50 grams 1 tablespoon sugar = 15 grams

How much sugar does a 20 ounce bottle of coke contain?

DEMONSTRATION

Bring in 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 65 oz. divide 64 by 4 = 16.25 The next slide will demonstrate how many sugar cubes coke contains.

20 oz. coke = grams of sugar

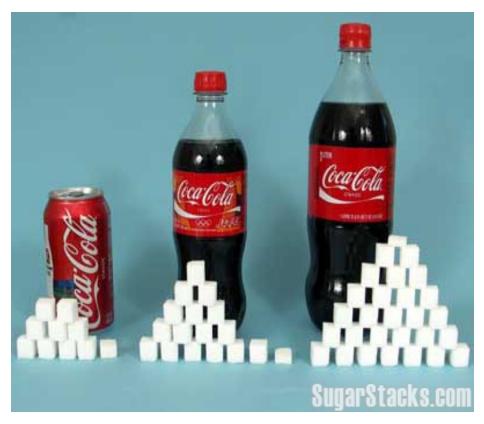




Hint: I cube = 4 grams

20 oz coke = 65 grams of sugar

www.Sugarstacks.com



39g 65g 108g

How much sugar do you consume a day?

Remember: A preschoolers sugar intake is about 16.7 per day. Is the small can of soda too much?

Preschool children eating a 1,200- to 1,400-calorie diet, sugar intake is about 16.7 g per day.

Children ages 4 to 8 should consume less sugar---about 12.5 g per day,

Pre-teen and teenagers should limit their intake to between 21 and 33 g of sugar per day.

Indicated that sugar intake should be restricted to 10 teaspoons per day for 2,000 calorie-per-day diets for adults.

Sugarstacks.com

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



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

Sugarstacks.com



Cinnabon Cinnamon Roll 1 pastry

Sugars, total: 55g Calories, total: 813

Calories from sugar: 220

These delicious Cinnabon cinnamon rolls contain 55 grams of sugar which is about 14 sugar cubes.

Sugarstacks.com



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

How much sugar do twinkles have? Now they have a package of three twinkles. More sugar.





Eating Properties Daily Food Plan



Use this Plan as a general guide.

- These food plans are based on average needs. Do not be concerned if your child does not eat the exact amounts suggested. Your child may need more or less than average. For example, food needs increase during growth spurts.
- Children's appetites vary from day to day. Some days they may eat less than these amounts; other days they may want more. Offer these amounts and let your child decide how much to eat.

Food group	2 year olds	3 year olds	4 and 5 year olds	What counts as:
Fruits	1 cup	1 - 1½ cups	1 - 1½ cups	1/2 cup of fruit? 1/2 cup mashed, sliced, or chopped fruit 1/2 cup 100% fruit juice 1/2 medium banana 4-5 large strawberries
Vegetables	1 cup	1½ cups	1½ - 2 cups	1/2 cup of veggies? 1/2 cup mashed, sliced, or chopped vegetables 1 cup raw leafy greens 1/2 cup vegetable juice 1 small ear of com
Grains Make half your grains whole	3 ounces	4 - 5 ounces	4 - 5 ounces	1 ounce of grains? 1 slice bread 1 cup ready-to-eat cereal flakes ½ cup cooked rice or pasta 1 tortilla (6° across)
Protein Foods	2 ounces	3 - 4 ounces	3 - 5 ounces	1 ounce of protein foods? 1 ounce cooked meat, poultry, or seafood 1 egg 1 Tablespoon peanut butter 44 cup cooked beans or peas (kidney, pinto, lentils)
Dairy Choose low-fat or fat-free	2 cups	2 cups	2½ cups	1/2 cup of dairy? 1/2 cup milk 4 ounces yogurt 3/4 ounce cheese 1 string cheese

Some foods are easy for your child to choke on while eating. Skip hard, small, whole foods, such as popcorn, nuts, seeds, and hard candy. Cut up foods such as hot dogs, grapes, and raw carrots into pieces smaller than the size of your child's throat—about

There are many ways to divide the Daily Food Plan into meals and snacks. View the "Meal and Snack Patterns and Ideas" to see how these amounts might look on your preschooler's plate at www.choosemyplate.gov/preschoolers.html.



Section 3: Obesity

- What is Obesity?
- Let's move initiative
- Physical Activities

Section 3 includes obesity, the Let's Move Initiative, the importance of physical activities such as crossing the midline and balance activities. Ideas for five senses activities and benefits of exercised are addressed in in this section as well.



Child Care Training Consultants, LLC



What is Obesity?

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

BMI Categories:

1 Underweight = <18.5

2 Normal weight = 18.5–24.9

3 Overweight = 25–29.9

4 Obesity = BMI of 30 or greater

- Eating more calories than your body uses
- More calories stored as fat not used in physical activity
- (Heart & Lung Association)

What is Obesity?

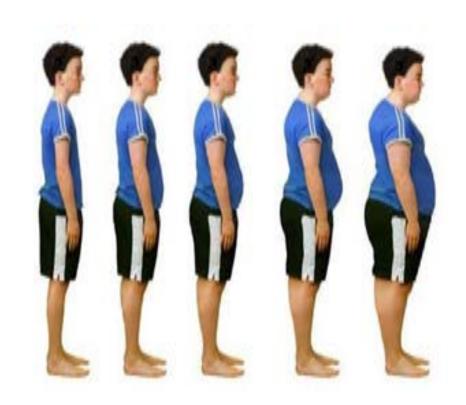
Obesity is defined as body mass index (BMI) which is a measure of body fat based on height and weight. A person is considered obese when his or her BMI is 30 or higher. The reason BMI increases, is due to eating more calories than the body uses. The extra calories not used in physical activity are stored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

Getting Started: What is Obesity?

Obesity is defined as excess body fat. Because body fat is difficult to measure directly, obesity is often measured by body mass index (BMI), a common scientific way to screen for whether a person is underweighted, normal weight, overweight, or obese, sugar intake, choseMyPlate, and rebus recipes are included in this section.

Obesity Statistics

- About 12 million U.S.
 children ages 2 -19 are obese
- That is nearly 1 in every 3 children
- Over one-third of U.S. adults are obese (nearly 75 million adults)



Obesity Statistics

Over the past three decades, childhood obesity rates in America have tripled, and today, nearly one in three children in America are overweight or obese. The numbers are even higher in African American and Hispanic communities, where nearly 40% of the children are overweight or obese. If we don't solve this problem, one third of all children born in 2000 or later will suffer from diabetes at some point in their lives. Many others will face chronic obesity-related health problems like heart disease, high blood pressure, cancer, and asthma.

Thirty years ago, most people led lives that kept them at a healthy weight. Kids walked to and from school every day, ran around at recess, participated in gym class, and played for hours after school before dinner. Meals were home-cooked with reasonable portion sizes and there was always a vegetable on the plate. Eating fast food was rare and snacking between meals was an occasional treat.

Today, children experience a very different lifestyle. Walks to and from school have been replaced by car and bus rides. Gym class and after-school sports have been cut; afternoons are now spent with TV, video games, and the internet. Parents are busier than ever and families eat fewer home-cooked meals. Snacking between meals is now commonplace.

Thirty years ago, kids ate just one snack a day, whereas now they are trending toward three snacks, resulting in an additional 200 calories a day. And one in five school-age children has up to six snacks a day.

Portion sizes have also exploded- they are now two to five times bigger than they were in years past. Beverage portions have grown as well- in the mid-1970s, the average sugar-sweetened beverage was 13.6 ounces compared to today, kids think nothing of drinking 20 ounces of sugar-sweetened beverages at a time.

In total, we are now eating 31 percent more calories than we were forty years ago—including 56 percent more fats and oils and 14 percent more sugars and sweeteners. The average American now eats fifteen more pounds of sugar a year than in 1970.

Eight to 18-year old adolescents spend an average of 7.5 hours a day using entertainment media, including, TV, computers, video games, cell phones and movies, and only one-third of high school students get the recommended levels of physical activity.



Child Care Training Consultants, LLC

Why are more children obese in today society?

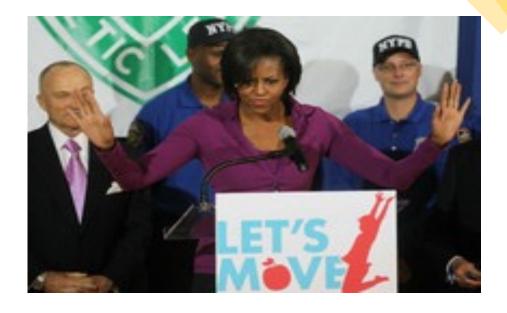
- · Both parents are working
- Children eat more boxed foods
- Huge variety of snacks
- Super-sized foods at fast food restaurants
- Too much TV/computer use/video games
- Lack of physical activities
- Unsafe environment to play outdoors
- Less "play" in schools

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.

"Let's Move" Initiative

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



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

Child Care providers involvement is key to ensuring a healthy future for our children

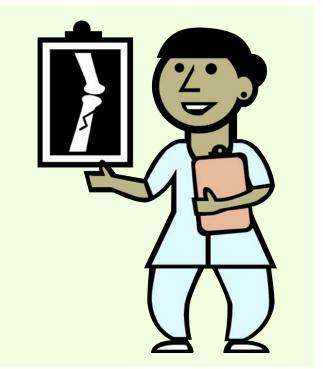
Why should children exercise?



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

- 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

Physical activity throughout the day all adds up and when you get moving, you're more likely to:







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

Gross Motor & Coordination Activities

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

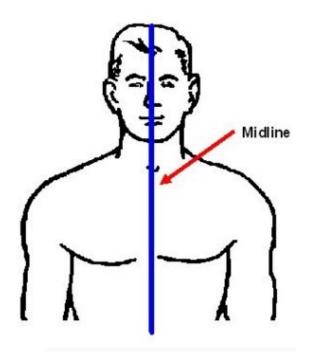
Development	Suggested Activities	Benefits
Strengthening shoulder muscles	walk)	Strengthens muscle stability work with smaller muscles Improved fine motor/writing
Strengthening the CORE (i.e. foundation/Step ladder to paint)	1 '	Supports spine Enhance good posture Improves child's balance
Developing hand-eye coordination		Eye tracking skills vital for reading Good coordination
Developing bilateral coordination		Strengthens gross motor activities Strengthens fine motor activities

Crossing the MIDLINE

Why is midline crossing so important?

- Helps develop good fine motor skills.
- Helps get equal practice at developing skills
- Midline crossing emerges as children develop
- bilateral coordination

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. Try the activities on the next slide. Midline crossing emerges as your child develops bilateral coordination skills. As your child learns to coordinate a strong hand which is doing something skilled (eg cutting) and an assistant hand which is helping (eg holding the paper), the ability to spontaneously cross the midline develops. Find out more about this process of developing handedness and see how midline crossing fits into your child's development.





Eye-Hand Coordination

ACTIVITY

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.

Eye-hand Coordination Activity

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



Central Nervous System (CNS) Brain and spinal cord

CNS receives signals, combines into a plan of coordination

Balance Beam Activity

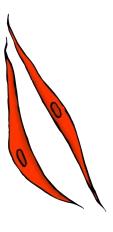
Walk heal toe
Stare at an object in front of you
Move head side to side/up and down
Close eyes











Muscle cell

Five Senses Activities

Infants Kick it! Crossing the midline Creepy/Crawly Puppet Play

Toddlers
Heads, Bellies, Toes
Tiptoe
Row your Boat
Follow the Leader
Tiny steps, giant Steps



By Kellogg's "Kids in Action"

Preschoolers Balance Games Heal Raises Bean Bag Balance Mirror Game Jump the River Statues Simon Says **Bridges and Tunnels** Follow the Leader

Section 4: Center Safety

- Do you know your centers safety policies?
- Choking hazards
- Child Care Licensing

Part 4: Center safety provides information on safety policies, potential center hazards, foods that are choking hazards, and hand washing.

Child Care Center Safety

Do you know your center safety policies?

 Where are the center's fire extinguisher located?

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



Child Care Center Safety

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.

According to the Nevada child mortality rate in 2007, 15 children deaths occurred by drowning, 56 by motor vehicle, 3 by fire/burns, 9 by poisoning, 18 by strangulation, and 2 by firearms.

Take a walk through your centers and ensure no chemicals are at children's reach. When cleaning the tables with bleach and water be sure to prepare a fresh solution using 1/4 cup of bleach per gallon of water (1 tablespoon per quart). Remember, never spray the tables when children are still sitting at the tables.



Foods that may be choking hazards

- Peanuts
- Rounds slices of hotdogs or sausages
- Whole grapes
- Chewing gum
- Carrot sticks or baby carrots
- Cherry tomatoes
- Popcorn
- Tough meat
- Large pieces of raw fruits and vegetables
- Chips
- Hard candy



CPR is essential because it helps save lives if a child has stopped breathing or their heart stops beating. All childcare workers should have up-to-date **CPR** childcare, certification for including those who work at home-based childcare facilities.

Hand washing

Always follow CDC Guidelines

- Hand washing is one of the most important ways to keep your preschooler from getting sick.
- Preschoolers are much less likely to get sick if they wash their hands properly
- Children should wash their hands with warm water and soap for 20 seconds each of these times:
- After using the bathroom
- Before and after handling food
- After playing with pets or visiting a petting zoo
- Sing "Twinkle, Twinkle, Little Star" or "the Alphabet Song" through while washing hands





Hand washing





Healthy Handwashing



Wash with soap and water for 10 seconds.



Help children wash their hands.



Rinse well.



Dry hands with a single-use towel.



Use towel to turn off water.



Place in a container lined with a plastic bag.

Child Care Training Consultants, LLC



Early Childhood Web Sites

- www.ot-mom-learning-activities.com
- www.choosemyplate.gov
- www.letsmove.gov
- www.sugarstacks.com

References

Samour, P. Q., K. King. 2005. *Handbook of pediatric nutrition*. 3rd ed. Lake Dallas, TX: Helm.

- 2. Dietz, W. H., L. Stern, eds. 1998. *American Academy of Pediatrics guide to your child's nutrition*. New York: Villard.
- 3. Kleinman, R. E., ed. 2009. *Pediatric nutrition handbook*. 6th ed. Elk Grove Village, IL: American Academy of Pediatrics.
- 4. Lally, J. R., A. Griffin, E. Fenichel, M. Segal, E. Szanton, B. Weissbourd. 2003. *Caring for infants and toddlers in groups:*Developmentally appropriate practice. Arlington, VA: Zero to Three.
- U.S. Department of Agriculture, Child and Adult Care Food Program. 2002. *Menu magic for children: A menu planning guide for child care*. Washington, DC: USDA, FNS. http://www.fns.usda.gov/tn/resources/ menu magic.pdf.
- 3. U.S. Department of Agriculture, Team Nutrition. 2000. *Building blocks for fun and healthy meals: A menu planner for the child and adult care food program*. Washington, DC: USDA, Food and Nutrition Service. http://teamnutrition.usda.gov/Resources/blocksintro.pdf.



Applying New Knowledge: Learning & Transfer

Child Care Training Consultants, LLC

Accredited by International Association for Continuing Education and Training (IACET)



Thank you for choosing

Child Care Training Consultants, LLC.,

for your Training Needs!

Learning Assessment

Read the material provided, take the 5-10 quiz questions and complete the training evaluation at the end of the course.

Participants must receive 100% on individual courses to obtain a certificate of completion.

Questions?We are happy to help.

Support Services:

Please contact us 24/7 at

childcaretrainingconsultants1@gmail.com

Business # 702.837.2434