

BASIC LEVEL WELLNESS TRAINING:

- ❖ PHYSICAL ACTIVITIES
- ❖ NUTRITION
- ❖ OBESITY PREVENTION

(Infants, Toddlers, Preschool, 6-8 Years Old)

Engage in wellness training that follows current guidelines, with developmentally appropriate practices for specific age groups. Training content consist of physical activities, nutrition, and obesity prevention in young children.





Basic Level Wellness Training: Physical Activities, Nutrition & Obesity Prevention

Theresa Vadala, Ed. D

Child Care Training Consultants, LLC

Las Vegas, Nevada 89139

Applying New Knowledge:
Learning & Transfer

Child Care Training Consultants, LLC

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- ❖ PHYSICAL ACTIVITIES
- ❖ NUTRITION
- ❖ OBESITY PREVENTION

(Infants, Toddlers, Preschool, 6-8 Years Old)

Engage in wellness training targeted to specific age groups and follows developmentally appropriate practices that is age-based, with children's developmental abilities, and intentionally based on specific outcomes or goals for individual age groups.

Dr. Theresa Vadala

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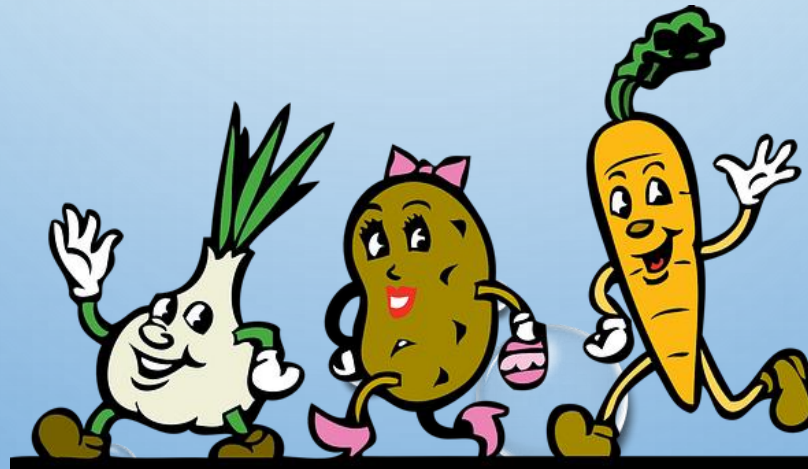
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<p>CKA5 : Health, Nutrition and Safety</p> <p>Title: Basic Level Wellness Training: Physical Activities, Nutrition & Obesity Prevention</p> <p>Level: Basic</p>	<p>2 Hours</p>	<p>0.2 CEUs</p>
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Dr. Theresa Vadala
(Instructor & Curriculum Designer)





**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 and take the learning assessment at end of the course.

Participants must receive 100% on the learning assessment to obtain a certificate of completion.

Questions?

We are happy to help.

Support Services:

Please contact us 24/7 at

childcaretrainingconsultants1@gmail.com





Mission Statement

“Child Care Training Consultants, LLC’s is committed to design, develop, and implement current research-based professional growth and development training courses focused on core knowledge areas and competencies to assist families, educators, and leadership in achieving high standards of learning to ultimately achieve higher child outcomes.”

Vision

The vision of Child Care Training Consultants, LLC’s is to provide the early childhood community with quality ongoing professional growth and development rich in context that provides value to the audience and content made available to learners.



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 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.



LEARNING OBJECTIVES



Part 1: Physical Activities

Participants will be able to:

- a) Define and provide examples of structured activity and set standards for time spent per day
- b) Define unstructured activity, provide and set standards for time spent per day
- c) Define sedentary activities and its impact and identify time limits per day
- d) Define screen time activities and its impact and identify time limits per day



LEARNING OUTCOMES



Part 1: Physical Activities

Participants will be able to:

- a) Define and provide 3-5 examples of structured activity and set standards for time spent per day
- b) Define and provide 3-5 examples of unstructured activity, provide and set standards for time spent per day
- c) Define and provide 3-5 sedentary activities and its impact and identify time limits per day
- d) Define screen time activities and its impact and identify time limits per day



AGENDA

Introduction

Part 1: Physical Activities

- a) Define and provide examples of structured activity and set standards for time spent per day
- b) Define unstructured activity, provide and set standards for time spent per day
- c) Define sedentary activities and its impact and identify time limits per day
- d) Define screen time activities and its impact and identify time limits per day

Part 2: Nutrition

- a) Define the serving size and types of milk/dairy products for all age groups
- b) Address the MyPlate food groups by defining what they are, what types of food are in each, portion sizes by age group and why they are important
- c) Read and understand the various parts of food labels
- d) Define sugary beverages and address the negative impact on children
- e) Define food safety and identify how to keep food safe

Part 3: Obesity Prevention

- a) Define how obesity is measured in children and its limitations
- b) Identify the current statistics of obesity in children
- c) Identify contributing factors to obesity in children
- d) Define why obesity prevention is important
- e) Define the role of an educator in obesity prevention



Part 1: Physical Activities

Introduction

This section contains current research on physical activities, structured and unstructured activities, sedentary and screen time activities. The course content is geared towards infants, toddlers, preschoolers and 6-8 years olds. As educators, it is our responsibility to follow current guidelines and ensure they are implemented into daily teaching practices.

Key Concepts:

Exercising provides many health benefits as well as psychological benefits to both children and adults, such as:

- 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 ACTIVITIES “INFANTS” TUMMY TIME

Offer three to five minutes (flexibility for more than five minutes if the infant is finding it enjoyable and tolerable), two times a day or more, increase time/frequency with toleration (**NAPSACC, CFO, AAP**). Provide tummy time daily for infants that are younger than six months (**NAS/IOM**). Provide tummy time regularly when the infant is awake and alert (**AAP**). Place a toy or object in front of infant to engage play and reaching (**CFOC, AAP**).

Reflection Question/s:

How often should “tummy time” be provided for infants? _____

Infants engage in play by _____.



TIME SPENT OUTSIDE “INFANTS”

Take infants outside two times/day or more often for various activities such as stroller walks and tummy time on a blanket (**NAPSACC, CFOC**). Allow infants the ability to move freely with adult supervision to explore outdoor and indoor environments (**NAS/IOM**). Provide infants with outdoor activity and/or carriage/stroller rides daily if the weather permits (**CFOC**).

Reflection Questions:

According to current research guidelines infants should be taken outside _____ times a day?

What types of activities should infants be engaged in while outdoors? _____

TIME SPENT OUTSIDE “TODDLERS”

Provide at least 60-90 minutes of outdoor play for children (**CFOC**). Allow for outdoor play time at least three times a day or more at any level of physical activity (**NAPSACC**). Provide daily outdoor time for physical activity when possible (**NAS/IOM**). Provide an outdoor environment that has a variety of portable play equipment, a secure perimeter, some shade, natural elements, an open grassy area, varying surfaces and terrain, and adequate space per child (**NAS/IOM**). Children should play outdoors when conditions do not pose any health and safety concerns such as significant risk of frostbite or heat related illness (**CFOC**).

Reflection Question/s:

How long should toddlers spend outdoors? _____



TIME SPENT OUTSIDE “TODDLER/PRESCHOOL”

Outdoor play creates the environment for physical activity that supports and promotes the maintenance of a healthy weight and better nighttime sleep **(CFOC)**. Short exposure of the sunlight to the skin promotes the production of Vitamin D growing children need and require **(CFOC)**. Open spaces in outdoor play areas encourage children to develop and enhance gross motor skills and fine motor play in ways that are difficult to duplicate indoors **(CFOC)**.

Reflection Question/s:

In what ways does outdoor play benefit children? _____



TIME LIMITS PER DAY “TODDLERS/PRESCHOOL”

Toddlers should have 60-90 minutes of moderate to vigorous activity during an eight-hour day and at least 90 minutes of indoor and outdoor physical activity per day (**NAPSACC**).

Give Toddlers and Preschoolers the opportunities for light, moderate, and vigorous physical activity for a minimum of 15 minutes per hour while children are in care (**NAS/IOM**).

Allow children to accumulate moderate to vigorous physical activity over the course of the day in short bursts of 15-30 seconds (**CFOC, NV DOE, NAPSE**).

Reflection Question/s:

According to current research guidelines, how often should toddlers and preschoolers engage in vigorous play? (Explain) _____



TIME LIMITS PER DAY “PRESCHOOL”

Preschoolers should have at least 60 minutes up to several hours of unstructured physical activity (**SHAPE**). Preschoolers should have at least 120 minutes of indoor and outdoor play per day (**NAPSACC, 2018 PA guidelines**). Preschoolers should have 90 minutes or more of outdoor play time (**NAPSACC**). Preschoolers should have 90-120 minutes of moderate to vigorous activity during an eight-hour day (**CFOC**). Give Preschoolers and Toddlers the opportunities for light, moderate, and vigorous physical activity for a minimum of 15 minutes per hour while children are in care (**NAS/IOM**). Allow children to accumulate moderate to vigorous physical activity over the course of the day in short bursts of 15- 30 seconds (**CFOC, NV DOE, NAPSE**).



OVERVIEW OF OUTDOOR ACTIVITY “BIRTH THROUGH 8 YEARS OLD”

Provide preschoolers with an indoor environment with a variety of portable play options and adequate space per child (**NAS/IOM**). Create time for two to three occasions of active play outdoors, with weather permitting (**CFOC**). Ensure the center’s physical environment includes indoor and outdoor recreation areas that encourage all children including infants to be physically active (NAS, IOM).

According to the Nevada, Department of Education it is important that early child education organizations have time for 60 minutes of physical activity daily for children, designed to promote health-related fitness and movement skills. The duration, frequency, and intensity will vary amongst each child (**NV DOE, NAPSE**).



STRUCTURED PLAY “TODDLERS/PRESCHOOL”

Research shows that toddlers should have a total of at least 30 minutes of structured physical activity each day (**SHAPE**). Provide developmentally appropriate structured physical activity (**NAS/IOM**). Preschoolers should have 60 minutes of structured activity per day (**SHAPE**).

Provide developmentally appropriate structured physical activity (**NAS/IOM**).

STRUCTURED ACTIVITY “BIRTH THROUGH 8 YEARS OLD”

Create time in the day for two or more structured or caregiver/teacher/adult led activities or games that promote movement over the course of the day (this could be indoors or outdoors) (**CFOC**). Ensure those in charge of the infant's/child's well-being are responsible for understanding the importance of physical activity and should promote movement by providing opportunities for structured physical activity (**SHAPE**).



UNSTRUCTURED ACTIVITY TIME PER DAY “TODDLERS/PRESCHOOL”

Research shows that current guidelines on physical education include the following:

Toddlers should have a total of at least 60 minutes to several hours per day of unstructured physical activity (**SHAPE**).

- Toddlers should have a total of 60 minutes or more of outdoor play time a day (**SHAPE**)
- Provide developmentally appropriate unstructured physical activity (**NAS/IOM**)
- Provide developmentally appropriate unstructured physical activity for Preschoolers (**NAS/IOM**)



UNSTRUCTURED ACTIVITY “BIRTH THROUGH 8 YEARS OLD”

Ensure those in charge of the infant’s/child’s well-being are responsible for understanding the importance of physical activity and should promote movement by providing opportunities for unstructured physical activity (**SHAPE**). Unstructured activity is often called “free time” or “self-selected free play”. Research shows that unstructured play is important for children's physical, emotional, mental, and social development. Some benefits of unstructured play include:

- Enhances self-confidence
- Develops creativity
- Fosters independence
- Helps children overcome fears
- Teaches children to share and settle disagreements with others
- Encourages children to exercise decision-making skills





UNSTRUCTURED ACTIVITIES “BIRTH THROUGH 8 YEARS OLD”

Unstructured play, also known as free play, is defined as child-led play. When children engage in unstructured play, their play is motivated by their own desires and curiosity and guided by their own rules. It is playing that children are willingly engaging in, deciding for themselves when to start and when to stop. Examples of unstructured play include:

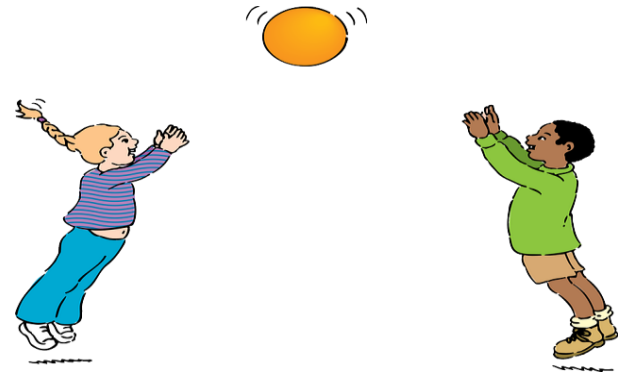
- Creative play
- Dramatic play
- Role play
- Movement activities
- Social play
- Pretend Play



STRUCTURED & UNSTRUCTURED ACTIVITIES FOR CHILDREN

Structured activities is when children follow directions or rules, such as, board games, puzzles, team activities. Examples of unstructured activities include playing on a playground, riding a bike, dancing, stacking blocks, coloring, drawing and painting. Additional structured and unstructured activities for children to strengthen their shoulder muscles, core, developing hand-eye coordination and bilateral coordination include the following gross motor and coordination activities:

- Crossing the Midline
- Eye-hand Coordination
- Balance Beam
- Five Senses Activities





GROSS MOTOR & COORDINATION ACTIVITIES

On the chart below are suggested activities to help strengthen children's gross motor and coordination.

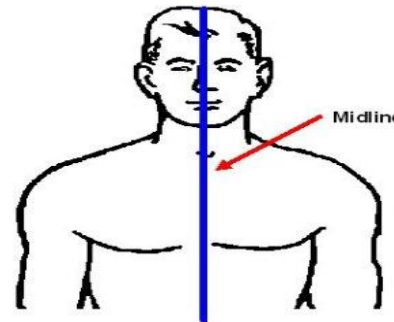
Development	Suggested Activities	Benefits
Strengthening shoulder muscles	Climbing, animal walk music and movement, (leopard walk) Walk ball down wall/Hand pushes	Strengthens muscle stability work with smaller muscles Improved fine motor/writing
Strengthening the CORE (i.e. foundation/Step ladder to paint)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



CROSSING THE MIDLINE

Crossing the midline means that one hand spontaneously moves to the other side of the body to reach there. Activities that include crossing the midline help children develop fine motor skills and help their arms get equal practice at developing skills.

Midline crossing emerges as children develop bilateral coordination skills. As children learn to coordinate a dominant hand which is doing something skilled, such as cutting a paper, drawing, or writing and the non-dominant hand is helping hold the paper, the ability to spontaneously cross the midline develops.





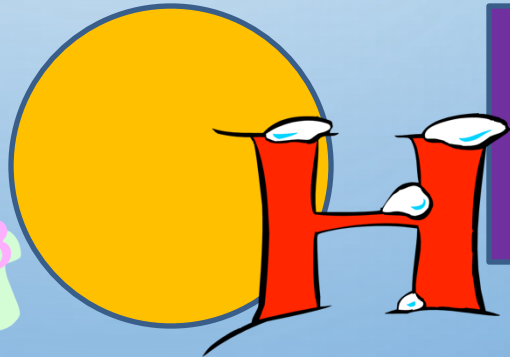
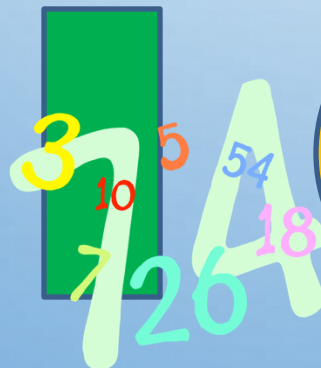
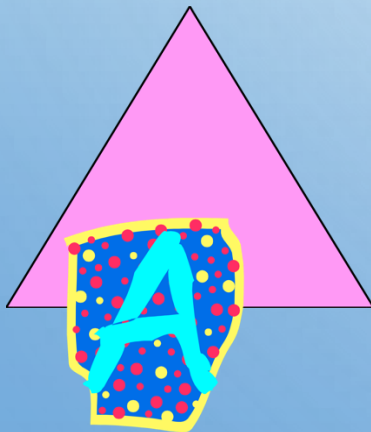
EYE-HAND COORDINATION

ACTIVITY

Tape 6 shapes on the wall, 3 on one side and three on the other at the child's eye level. Have 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 Beam Activity

Walk heel-toe

Stare at an object in front of you

Move head side to side/up and down

Close eyes



Muscle cell



BALANCE ACTIVITIES

HOW DOES THE BODY MAINTAIN BALANCE?



The inner ear senses direction or motion



Your sight senses the direction your body is moving



The sense of touch helps ground your body



Muscle cell

The 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



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



Preschoolers

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

By Kellogg's "Kids in Action"



SEDENTARY TIME RESEARCH AND ACTIVITIES “INFANTS”

Sedentary means spending too much time seated. According to research guidelines, it is important to limit the amount of time infants are seated in a swing, and exersaucer. An exersaucer is a stationary activity center for babies and toddlers that allows them to bounce, spin, and play with toys (**NAPSACC, CFOC, NAS/IOM**). Things such as strollers, car seats, and highchairs should be used for their primary purpose only and remove children when the purpose is completed (**NAS, IOM**). Ensure infants are not seated for more than 15 minutes at a time (**CFOC**).

Reflection Question/s:

It is important for infants not to be seated for more than _____ minutes.



SEDENTARY PLAY “TODDLERS”

Ensure toddlers are not seated for more than 15 minutes at a time (this excludes naps and meals) **(NAPSACC)**. Limit activities that require sitting or standing for more than 30 minutes at a time **(NAS/IOM)**. Toddlers should not be sedentary for more than 60 minutes at a time, except for sleeping **(SHAPE)**. Limit the use of strollers to only when necessary **(NAS/IOM)**.

Sedentary Time “Preschool”

Ensure preschoolers are not seated for more than 15 minutes at a time (this excludes naps and meals) **(NAPSACC)**. Limit activities that require sitting or standing for more than 30 minutes at a time **(NAS/IOM)**. Preschoolers should not be sedentary for more than 60 minutes at a time, except for sleeping **(SHAPE)**. Limit the use of strollers to only when necessary **(NAS/IOM)**



SCREEN TIME/DIGITAL FOR INFANTS

Media should not be used with children ages two and younger in early care and education settings **(CFOC, AAP, NAPSACC)**

Avoid solo media in children ages 18-24 months. If digital media is introduced, choose high quality programming **(AAP)**.

If your infant or young child is viewing a screen, it is encouraged to select quality content and watch with them. **(AAP)**

This can be a time for a fun family activity!





SCREEN TIME “TODDLERS”

For children ages two to five years, total exposure (in early care and education and at home combined) to digital media should be limited to one hour per day and with an adult who can help them apply what they are viewing to the world (**CFOC**).

In children older than two years, limit media to one hour or less per day of high-quality programming. Shared use between parent or caregiver and child to promote enhanced learning, greater interaction, and limit setting (**AAP, CFOC**).

The amount of screen time recommended each week for children two years of age and older: is less than 30 minutes (For children two years of age and older screen time does not include teachers using e-books or tablet computers to read children stories, using Smart Boards for interactive instruction, or connecting with families through video conferencing programs (**NAPSACC**).

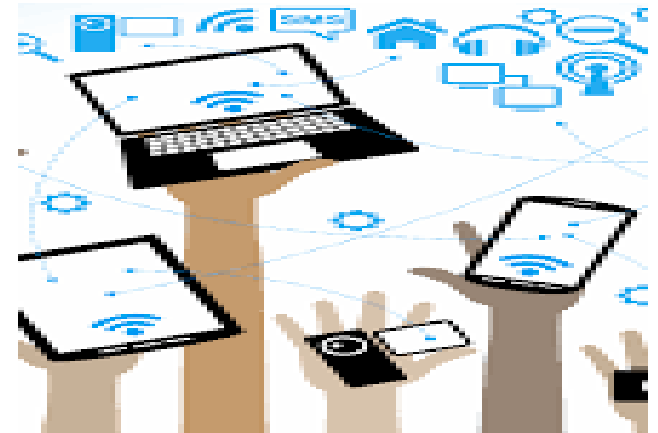


SCREEN TIME “PRESCHOOLERS”

Limit screen time (television, cell phone, digital media) to less than 30 min per day for preschoolers ages two to five years for those in half day programs or less than one hour per day for those in full day programs **(IOM/NAS)**. Screen time should be limited to two hours per day, including time spent at home and in childcare **(IOM, NAS)**. Adults working with children should limit screen time, including television, cell phone, or digital media to less than two hours per day for children aged two-five **(IOM, NAS)**.

Reflection Question/s:

Screen time should be limited to less than _____ minutes per day.





SCREEN TIME “TODDLERS/PRESCHOOL”

For children ages two to five years, total exposure (in early care and education and at home combined) to digital media should be limited to one hour per day and with an adult who can help them apply what they are viewing to the world (**CFOC**). In children older than two years, limit media to one hour or less per day of high-quality programming. Shared use between parent or caregiver and child to promote enhanced learning, greater interaction, and limit setting (**AAP, CFOC**). The amount of screen time recommended each week for children two years of age and older is less than 30 minutes (For children two years of age and older screen time does not include teachers using e-books or tablet computers to read children stories, using Smart Boards for interactive instruction, or connecting with families through video conferencing programs) (**NAPSACC**).

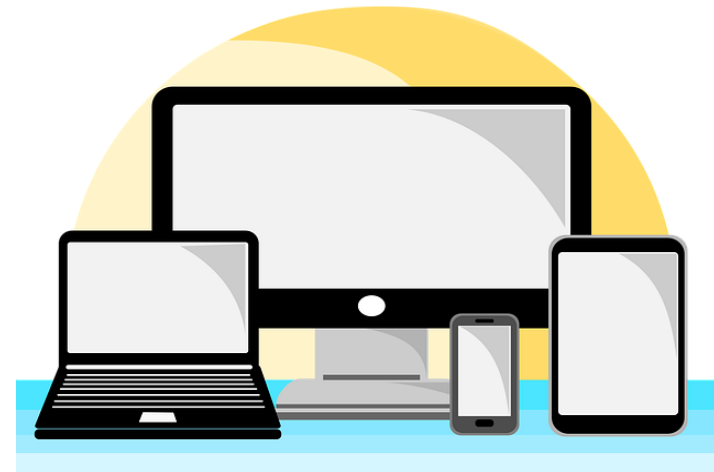


SCREEN TIME “PRESCHOOL”

Limit screen time (television, cell phone, digital media) to less than 30 min per day for preschoolers ages two to five years for those in half day programs or less than one hour per day for those in full day programs **(IOM/NAS)**. Screen time should be limited to two hours per day, including time spent at home and in childcare **(IOM, NAS)**. Adults working with children should limit screen time, including television, cell phone, or digital media to less than two hours per day for children aged two-five **(IOM, NAS)**.

Reflection Question/s:

What is the amount of screentime for toddlers? _____



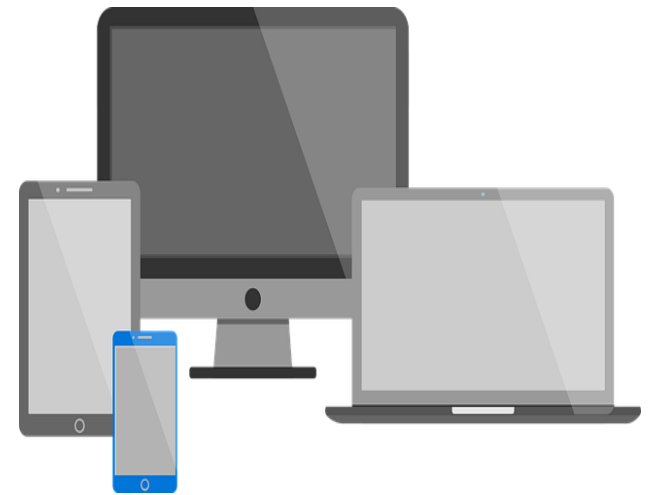


SCREEN TIME “BIRTH THROUGH 8 YEARS OLD”

For children of all ages, digital media and devices should not be used during meal or snack time, or during nap/rest times and in bed (**CFOC**). The guidance above should not limit digital media use for children with special health care needs who require and consistently use assistive and adaptive computer technology. However, the same guidelines apply for entertainment media use (**CFOC**).

Reflection Question/s:

Digital media and devices should not be used during meal or snack time, or during nap/rest times.





PART 2: NUTRITION



Define the serving size and types of milk/dairy products for all age groups

Address the MyPlate food groups by defining what they are, what types of food are in each, portion sizes by age group and why they are important

Read and understand the various parts of food labels

Define sugary beverages and address the negative impact on children

Define food safety and identify how to keep food safe





PART 2: NUTRITION

OBJECTIVES

Participants will be able to:

- a) Define the serving size and types of milk/dairy products for all age groups
- b) Address the MyPlate food groups by defining what they are, what types of food are in each, portion sizes by age group and why they are important
- c) Read and understand the various parts of food labels
- d) Define sugary beverages and address the negative impact on children
- e) Define food safety and identify how to keep food safe



PART 2: NUTRITION

LEARNING OUTCOMES

Participants will be able to:

- a) Define the serving size and types of milk/dairy products for all age groups
- b) Address the MyPlate food groups by defining what they are, what types of food are in each, portion sizes by age group and why they are important
- c) Read and understand the various parts of food labels
- d) Define and provide 3-5 sugary beverages and address negative impact on children
- e) Define and provide 3-5 food safety guidelines and identify how to keep food safe



INTRODUCTION

This section contains current research on serving size and types of milk/dairy products for all age groups (infants, toddlers, preschool, and 6-8 years old), MyPlate food groups, the types of food in each group, portion sizes by age group and why they are important. Also, in this section you will learn how to read food labels, sugary beverages and the negative impact on children, and food safety.



IMPORTANCE OF EATING HEALTHY

Following food guidelines for children is important because it helps them grow and develop in healthy ways, and can help prevent chronic diseases later in life:

Healthy growth and development

- Children need a variety of nutritious foods to support healthy growth and brain development.

Healthy weight

- Healthy eating can help children maintain a healthy weight and prevent obesity.

Reduced risk of disease

- Healthy eating can help reduce the risk of chronic diseases like type 2 diabetes and heart disease.

Improved health

- Healthy eating can help keep children's skin, teeth, and eyes healthy, support muscles, strengthen bones, boost immunity, and help their digestive system function.

Healthy habits

- Establishing healthy dietary patterns early in life can help children continue those behaviors into adulthood.





Why is Good Nutrition Important for Children?

Children need fruits and vegetables daily for healthy growth and brain development. Early eating experiences can also affect how we eat as we get older. This is why it is so important to introduce young children to healthy foods, including a variety of fruits and vegetables.

The Benefits of Healthy Eating

As children grow and develop, they need important nutrients to be strong and healthy. Some of the

benefits of healthy eating include:

- Stable energy
- Strong bones and teeth
- Improved mental health
- Makes us think clearly and be more alert
- Maintaining a healthy weight
- Preventing chronic diseases

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. Eating healthy helps manage weight, protects against heart disease and other illnesses.



MILK PRODUCTS & SERVING SIZE

- Involving children in creating a healthy menu. Even younger children and toddlers can begin to talk about 'healthy' and 'not so healthy' food choices.
- Providing children with opportunities to eat food and engage in the mealtime routines of different cultures.
- Talking with children throughout mealtimes about nutritional food.
- Childcare professionals should also model healthy eating practices for children.
- Making sure that mealtimes are pleasant occasions, where children and childcare professionals can socialize among each other.
- Allowing children to exercise their independence and to make some choices during mealtimes.

Reflection Question/s:

It is important to talk with children during mealtime and nutritional foods. What activities can professionals engage in with children during mealtimes?



Juice “Infants/Toddlers”

Infants

Do not serve any juice (including 100% fruit juice) to any child under the age of one **(CFOC, AAP, CACFP, CDC, USDA)**.

You can serve two to four ounces of 100% juice at six months or older once they are able to hold a cup **(USDA)**

Toddlers

- Serve four ounces or less of 100% juice a day **(CFOC, AAP, CACFP, USDA)**
- Four ounces or less daily **(AAP, CDC)**
- These juices must be served in a regular cup **(USDA, CFOC, AAP)**
- These juices must be pasteurized **(USDA, CFOC, AAP, CACFP)**
- They should be limited to one time per day **(CACFP)**
- Children should be encouraged to eat whole fruits and vegetables and be educated about the benefits of the food compared to the juice, which lacks fiber and contributes to weight gain **(AAP, USDA, CFOC, CACFP)**
- Juice is considered a SLOW food **(CATCH, CACFP)**
- One cup of 100% fruit juice can be considered as one cup from the fruit group



Juice “Preschool”

- Maximum of four to six ounces of 100% juice daily (**CFOC, AAP, CACFP, USDA**)
- Four ounces or less daily (**AAP, CDC**)
- These juices must be served in a regular cup (**USDA, CFOC, AAP**)
- These juices must be pasteurized (**USDA, CFOC, AAP, CACFP**)
- They should be limited to one time per day (**CACFP**)
- Children should be encouraged to eat whole fruits and vegetables and be educated about the benefits of the food compared to the juice, which lacks fiber and contributes to weight gain (**AAP, USDA, CFOC, CACFP**)
- Juice is considered a SLOW food (**CATCH, CACFP**)
- One cup of 100% fruit juice can be considered as one cup from the Fruit Group (**Myplate**)



Formula/ Breast Milk/ Milk/Dairy and Dairy Alternative “Infants”

Offer age-appropriate volumes of breast milk or formula to infants, allowing them to self-regulate **(NAS, IOM)**. Adults who work with infants are advised to promote and support exclusive breastfeeding for six months and continuation of breastfeeding for one year **(NAS/IOM)**.

- Formula or breast milk is appropriate for infants **(AAP)**
- Provide human milk or iron fortified formula for infants **(CFOC, CACFP)**
- Serving fortified cow’s milk may put a young child under 12 months old at risk for intestinal bleeding. It also has too many proteins and minerals for an infant’s kidneys to handle and does not have the right amount of nutrients an infant needs **(CDC)**
- Cow’s milk should not be given to any infant younger than 12 months **(CDC, CFOC)**
- Frozen breast milk should not be defrosted in the microwave **(CFOC)**
- The mother’s own expressed milk should only be used for her infant. Likewise, infant formula should not be used for a breastfed infant without the mother’s written permission **(CFOC)**



Formula/ Breast Milk/ Milk/Dairy and Dairy Alternative "Infants"

- Expressed breast milk should be placed in a clean and sanitary bottle with a nipple that fits tightly or into an equivalent clean and sanitary sealed container to prevent spilling during transport to home or to the facility **(CFOC)**
- The bottle or container should be properly labeled with the infant's full name and the date and time the milk was expressed. The bottle or container should immediately be stored in the refrigerator on arrival **(CFOC)**
- Breast milk should be defrosted in the refrigerator if frozen and then heated briefly in bottle warmers or under running water so that the temperature does not exceed 98.6°F **(CFOC).**

Reflection Question/s:

Describe the process of feeding an infant _____.



Formula/ Breast Milk/ Milk/Dairy and Dairy Alternative “Toddlers”

- Unflavored whole milk must be served to one-year olds (**CACFP, CFOC**). Unflavored low-fat or fat free milk must be served to two- and three-year-olds (**CACFP, CFOC**)
- Children from 12 months to two years of age should be served only human milk, formula, whole milk, or 2% milk unless documented by a healthcare professional. For overweight children in this age range, the use of reduced fat milk is appropriate only with written documentation from a healthcare professional (**CFOC**)
- Ages two to three years old can have two cups per day (**Myplate**)
- Flavored milk is prohibited for children ages two to five (**CACFP**)
- Non-dairy milk substitutes that are nutritionally equivalent to milk may be served in place of milk (**CACFP, CFOC**)
- Children 2 years of age and older should be served 1% or skim milk (**CFCO, CACFP, AAP**)



Formula/ Breast Milk/ Milk/Dairy and Dairy Alternative "Preschool/6-8 Years Old"

Preschool

- Unflavored low-fat or fat free milk must be served to four- and five-year-olds (**CACFP**)
- Ages four to eight years old are recommended to have 2.5 cups per day (**Myplate**)
- Flavored milk is prohibited from children two to five (**CACFP**)
- Non-Dairy milk substitutes that are nutritionally equivalent to milk may be served in place of milk (**CACFP, CFOC**)
- Children two years of age and older should be served 1% or skim milk (**CFCO, CACFP, AAP**)

6-8 Years Old

- Raw, unpasteurized milk and milk products should never be used (**CFOC, USDA, AAP**)
- Yogurt must not contain more than 23 grams of sugar per serving (**CFOC, CACFP**)
- All dairy products should be pasteurized and Grade A where applicable (**CFOC, CDC**)



Water “Infants”

Healthy infants do not usually need extra water; only provide water to infants whose parents/guardians have received clear instructions from their health care provider (**CFOC**).

On hot days, infants receiving human milk in a bottle can be given additional human milk in a bottle but should not be given water, especially in the first six months after birth. Infants receiving formula and water can be given additional formula in a bottle (**CFOC**).

Reflection Question/s:

Can infants receiving formula and water be given additional formula in a bottle?





Water "Preschool"

Safe drinking water should be made available to all children **(NAS/IOM, CDC, CFCOC, AAP)**

Encourage caregivers to model water consumptions **(CFCOC)**

Water is appropriate for young children **(AAP, CFCOC)**

Ensure that the water fountains are clean and properly maintained **(CDC, CFCOC)**

Allow students to have water bottles in class or to go to the water fountain if they need to drink water **(CDC)**

Water should not be a substitute for milk at meals or snacks where milk is a required food component unless recommended by the child's primary health care provider **(CFCOC)**

When toothbrushing is not done after a feeding, children should be offered water to drink to rinse the food from their teeth **(CFCOC)**



My Plate Food Groups “Infants, Toddlers, Preschool, 6-8 Year Olds”

The five food groups on MyPlate are:

1. **Fruits**
2. **Vegetables**
3. **Grains**
4. **Proteins**
5. **Dairy**



The focus of the food groups on MyPlate:

- Focus on whole fruits
- Vary your veggies
- Vary your protein routine
- Make half your grains whole grains
- Choose low-fat or fat-free dairy milk or yogurt
- Drink and eat less sodium, saturated fat, and added sugars

Reflection Question/s:

What are the five food groups on MyPlate?



MyPlate Portion Sizes “Infants, Toddlers, Preschool, 6-8 Year Olds”

MyPlate is another tool that can help you estimate portion sizes and plan balanced meals. The goal is to fill your plate with foods from different groups, so you get all the nutrients your body needs. Here are the basic guidelines:

Fill half (1/2) of your plate with colorful **fruits** and **vegetables**.

Fill one-fourth (1/4) of your plate with **whole grains**.

Fill the other one-fourth (1/4) of your plate with **lean proteins**.

Add one serving of **dairy** to your meal or serve it on the side.

Reflection Question/s:

What kind of tool is MyPlate? _____



MyPlate Portion Sizes

“Infants, Toddlers, Preschool, 6-8 Year Olds”



The image shows **common serving sizes for each MyPlate food group**. You will notice that fruits, vegetables, and dairy are measured in "**cup equiv**", which is short for "cup equivalents." Grains and proteins are measured in "**oz-equiv**", which is short for "ounce equivalents" These are simply ways of measuring different foods in a way that provides a similar nutrition value. For example, 1 slice of bread has about the same carbohydrate content as 1/2 cup of oatmeal. One egg has about the same protein content as 1/4 cup of beans.



Food Groups

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 need.



My Plate Food Groups “Infants, Toddlers, Preschool, 6-8 Year Olds”

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

- MyPlate is an initiative based on 2010 – 2020 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

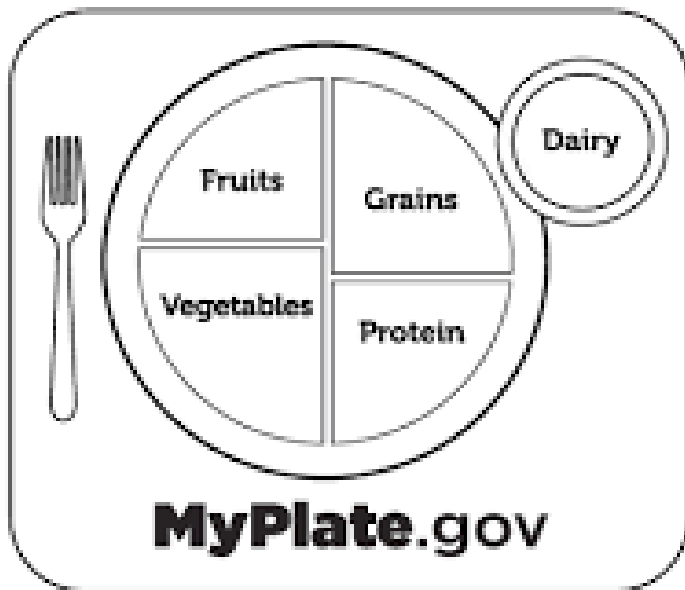


MyPlate Food Groups

ACTIVITY

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

USDA Food and Nutrition Service
U.S. DEPARTMENT OF AGRICULTURE





Food Labels

Nutrition facts outline the percent of daily values based on a 2,000-calorie diet. The daily values may be higher or lower depending on your calorie diet.

ACTIVITY:

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

The amount of sugar in fruit varies by type and quantity:

- High-sugar fruits
- Contain more than 16 grams of sugar per cup, including:
 - Pineapple: 16 grams per cup
 - Bananas: Almost 28 grams per cup
 - Cherries: 18 grams per cup
 - Grapes: 23 grams per cup
 - Mangoes: 23 grams per cup
 - Passion fruit: 26 grams per cup



Food Labels

Nutrition Facts

Serving Size 172 g

Amount Per Serving	
Calories 200	Calories from Fat 8
% Daily Value*	
Total Fat 1g	1%
Saturated Fat 0g	1%
Trans Fat	
Cholesterol 0mg	0%
Sodium 7mg	0%
Total Carbohydrate 36g	12%
Dietary Fiber 11g	45%
Sugars 6g	
Protein 13g	
Vitamin A 1%	Vitamin C 1%
Calcium 4%	Iron 24%

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

NutritionData.com

Sample label for
Macaroni & Cheese

Nutrition Facts

Serving Size 1 cup (228g)
Servings Per Container 2

Amount Per Serving	
Calories 250	Calories from Fat 110
% Daily Value*	
Total Fat 12g	18%
Saturated Fat 3g	15%
Trans Fat 3g	
Cholesterol 30mg	10%
Sodium 470mg	20%
Total Carbohydrate 31g	10%
Dietary Fiber 0g	0%
Sugars 5g	
Protein 5g	
Vitamin A	4%
Vitamin C	2%
Calcium	20%
Iron	4%

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

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

- 1 **Start Here** →
- 2 **Check Calories**
- 3 **Limit these Nutrients**
- 4 **Get Enough of these Nutrients**
- 5 **Footnote**

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





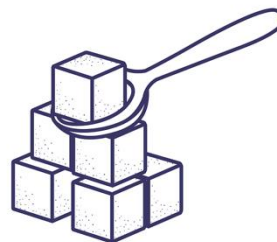
HOW TO READ FOOD LABELS

How much sugar does an Oreo Cookie have?

Nutrition Facts	
Oreo Cookies	
Serving size 100 grams (100g)	
Amount Per Serving	
Calories	471
<small>% Daily Value*</small>	
Total Fat 21g	26%
Saturated Fat 6g	29%
Trans Fat 0g	
Polyunsaturated Fat -g	
Monounsaturated Fat -g	
Cholesterol 0mg	0%
Sodium 471mg	20%
Total Carbohydrate 74g	27%
Dietary Fiber (per old FDA rule) 3g	12%
Dietary Fiber 3g	11%
Total Sugars 41g	
Includes 36g Added Sugars	72%
Sugar Alcohol 0g	
Protein 3g	

Oreo Cookies - Nutrition Facts

- Total Fat 21g. 26%
- Saturated Fat 6g. 29%
- Cholesterol 0mg. 0%
- Sodium 471mg. 20%
- Total Carbohydrate 74g. 27%
- Dietary Fiber (per old FDA rule) 3g. 12%
- Dietary Fiber 3g. 11%
- Includes 36g Added Sugars. 72%



According to a typical nutrition label, a single Oreo cookie contains roughly equivalent to half a sugar cube of sugar.

Sugar cube size: A standard sugar cube contains around 4 grams of sugar.

Oreo sugar content: A single Oreo cookie usually has around 2 grams of sugar.

SUGARSTACKS.COM





Food Labels

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.

GRANULATED SUGAR

1 cup sugar = 200 grams

3/4 cup sugar = 150 grams

2/3 cup sugar = 135 grams

1/2 cup sugar = 100 grams

1/3 cup sugar = 70 grams

1/4 cup sugar = 50 grams

1 tablespoon sugar = 15 grams

Reflection Question/s:

What information is listed on a food label?



Sugary Foods

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.

Reflection Question/s:

What types of diseases are sugary foods associated to?



Added Sugars/Honey "Infants/Toddlers/Preschool"

Soda, pop, fruit drinks, flavored milks, or other sugar sweetened beverages contain a lot of added sugars. The American Heart Association recommends that children younger than 24 months old are not given any added sugars **(AHA, CDC)**

Honey

May cause a serious type of food poisoning called botulism for younger children under 12 months old. Do not give any child younger than 12 months old anything with honey (yogurt, honey grahams, etc.) **(CDC, AAP)**

Toddlers

Children should consume less than 10% of daily calories from added sugar **(2015-2020 dietary guidelines)**

Preschool

Children should consume less than 10% of daily calories from added sugar **(2015-2020 dietary guidelines)**



HOW MUCH SUGAR DOES A 20-OUNCE BOTTLE OF COKE CONTAIN?

DEMONSTRATION

Bring in a box of sugar cubes (Small wooded cubes can be used) and stack the number 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: 1 cube = 4 grams

20 oz coke = 65 grams of sugar



HOW MUCH SUGAR DOES A 20-OUNCE BOTTLE OF COKE CONTAIN?



39g

65g

108g

How much sugar do you consume a day?
Remember: 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**.

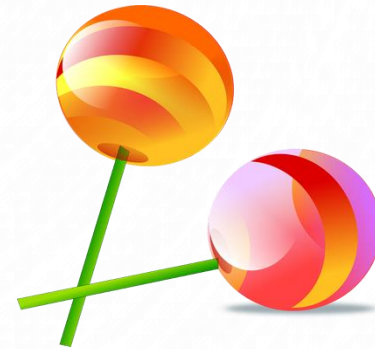
Children ages 4 to 8 should consume less sugar---about 12.5 g per day,
Pre-teen and teenagers should limit their intake to between 21 and 33 g of sugar per day.

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



Added Sugars “All Children”

Foods with added sugars are whoa foods (flavored milk and yogurt, pancakes and waffles, cookies, cakes, candies, etc.) **(CATCH)**. Avoid concentrated sweets, such as candy, sodas, sweetened caffeinated drinks, fruit nectars, and flavored milks. Offer foods that have little to no added sugars **(CFOC, AAP, CDC)**





Hunger Cues “Infants”

Caregivers/teachers

- Should feed infants on cue unless the parent/guardian and the child’s primary health care provider give written instructions stating otherwise **(CFOC)**
- Caregivers/teachers should be gentle, patient, sensitive, and reassuring when responding appropriately to the infant’s feeding cues **(CFOC)**
- Crying alone is not a cue for hunger unless accompanied by other cues, such as opening the mouth, making sucking sounds, rooting, fast breathing, clenched fingers/fists, and flexed arms/legs **(CFOC)**
- Whenever possible, the same caregiver/teacher should feed a specific infant for most of that infant’s feedings **(CFOC)**
- An infant will communicate fullness by shaking the head or turning away from food **(CFOC)**



Hunger Cues “Infants”

Birth through five months: Hunger: Open and closes mouth, brings hand to face, flexes arms and legs, roots around chest of carrier, makes sucking noises and motions, sucks on hands, fingers, toes, toys, etc. **(USDA, WICC)**

Satiety: Slows or decreases sucking, extends arms and legs, extends/relaxes fingers, pushes/arches away, falls asleep, turns head away from nipple, decreased rate of sucking or stops when full **(USDA, WICC)**

Four to seven months: Hunger: Smiles, gazes at caregivers, coos during feeding indicating wanting more, moves head toward spoon or tries to swipe food towards mouth **(USDA, WICC)**

Satiety: Releases nipple, seals lips together, may become distracted or pay more attention to surrounding areas, turns head away from food **(USDA, WICC)**

Eight to twelve months: Hunger: Reaches for spoon or food, points to food, gets excited when food is presented, expresses desire for specific food with words or sounds **(USDA, WICC)**

Satiety: Eating slows down, clenches mouth shut, pushes food away, shakes head to say no more **(USDA, WICC)**



Fruit

“Toddlers/Preschool - 8 Years Old”

Toddlers

Ages two to three years old can have one cup per day (**Myplate**)

Preschool – 8 Years Old

Ages four to eight years old can have 1-1.5 cups per day (**Myplate**)





Grains “Toddlers/Preschool”

Toddler

Ages two to three years old are recommended three ounces or 1.5 ounces minimum

(Myplate)

Half of all grains should be whole grains **(Myplate, CFOC)**

Limit the number of refined grains **(CFOC)**

Preschool

Ages four to eight years old are recommended to have five ounces with a daily minimum of 2.5 ounces **(Myplate)**

Half of all grains should be whole grains **(Myplate, CFOC)**

Limit the number of refined grains **(CFOC)**



Grains “Toddlers/Preschool”

Toddlers

Ages two to three years old are recommended to have one cup (**Myplate**)

A variety of vegetables from all the subgroups- dark green, red and orange, legumes (beans and peas), starchy, and other should be consumed (**CFOC, 2015-2018-dietary guidelines**).

Preschool

Ages four to eight years old are recommended to have 1.5 cups (**Myplate**)

A variety of vegetables from all the subgroups- dark green, red and orange, legumes (beans and peas), starchy, and other should be consumed (**CFOC, 2015-2018 dietary guidelines**)



Vegetables “Toddlers/Preschool - 8 Years Old”

Toddlers

Ages two to three years old are recommended to have one cup (**Myplate**)

A variety of vegetables from all the subgroups- dark green, red and orange, legumes (beans and peas), starchy, and other should be consumed (**CFOC, 2015-2018 dietary guidelines**)

Preschool – 8 Years Old

Ages four to eight years old are recommended to have 1.5 cups (**Myplate**) A variety of vegetables from all the subgroups- dark green, red and orange, legumes (beans and peas), starchy, and other should be consumed (**CFOC, 2015-2018 dietary guidelines**)

Reflection Question/s:

How much fruit and vegetables should toddlers and preschoolers consume?



Oils

“Toddlers/Preschool – 8 Years Old”

Toddlers

Ages two to three years old are recommended to have three tsp (**Myplate**)

Preschool – 8 Years Old

Ages four to eight years old are recommended to have four tsp (Myplate)

Proteins

“Toddlers/Preschool – 8 Years Old”

Toddler

Ages two to three years old are recommended to have two ounces or equivalent

Preschool – 8 Years Old

Ages four to eight years old are recommended to have four ounces (**Myplate**)



Proteins

“Toddlers/Preschool – 8 Years Old”

Toddlers

Ages two to three years old are recommended to have two ounces or equivalent

Preschool – 8 Years Old

Ages four to eight years old are recommended to have four ounces (**Myplate**)

Reflection Question/s:

How many ounces of protein can toddlers and preschoolers consume?



Fats

“Toddlers/Preschool – 8 Years Old”

Toddlers

The focus should be on replacing unhealthy fats with healthy fats (**AAP**). The omega three fats in oily fish are critical for brain development and are extremely heart healthy (**AAP**). Slow fat sources are things such as liquid (unsaturated) vegetable oils (**CATCH**). The focus should be on replacing unhealthy fats with healthy fats (**AAP**). The omega three fats in oily fish are critical for brain development and are extremely heart healthy

Preschool

GO fat sources are things such as avocado, nuts, salmon, and nut butters (**CATCH**)

All Children

Trans fatty acids should be avoided; whoa food (**CFOC, CDC < 2015-2020 Dietary Guidelines, CATCH**)

Saturated fats should be limited; whoa food (**CDC, 2015-2020 Dietary Guidelines, CATCH**)



Prevent Choking “Toddlers/Preschool”

Toddlers

Avoid small (1/2 inch, < size of a nickel), hard, and tough food such as grapes, tough meats, peanuts, round slices of hot dog or sausage, and chewing gum **(USDA, AAP)**

Preschool

Avoid small (1/2 inch, < size of a nickel), hard, and tough food such as grapes, tough meats, peanuts, round slices of hot dog or sausage, and chewing gum **(USDA, AAP)**

Reflection Question/s:

What types of food should be avoided to prevent choking? _____

Safe Snacking “Toddlers/Preschool”

Many hands touching snacks can spread germs. Divide snacks into small bags or buy single-serve packets. Rinse all fruits and vegetables before slicing them as snacks (AAP, USDA)



Meal and snack patterns “Toddlers/Preschool”

Toddlers

Children that are in care for eight or fewer hours in one day should be offered at least one meal and two snacks or two meals and one snack. A nutritious snack should be offered to all children in midmorning (if they are not offered a breakfast on-site that is provided within three hours of lunch).

Preschool

Children that are in care for eight or fewer hours in one day should be offered at least one meal and two snacks or two meals and one snack. A nutritious snack should be offered to all children in midmorning (if they are not offered a breakfast on-site that is provided within three hours of lunch) and in mid afternoon.

Reflection Question/s:

How many snacks should toddlers/preschoolers be offered in a day? _____



Meal and Snack Patterns “Toddlers/Preschool”

Children should be offered food at intervals at least two hours apart but not more than three hours apart unless the child is asleep. Some very young infants may need to be fed at shorter intervals than every two hours to meet their nutritional needs, especially breastfed infants being fed expressed human milk. Lunch may need to be served to toddlers earlier than preschool-aged children because of their need for an earlier nap schedule. Children must be awake prior to being offered a meal/snack.

Children should be allowed time to eat their food and not be rushed during the meal or snack service. They should not be allowed to play during these times. Caregivers/teachers should discuss breastfed infants feeding patterns with the parents/guardians due to varying frequency at home **(CFOC)**



FOOD STORAGE

There must be regular training for all cooks and staff in safe food storage, preparation and handling of food.

Correct procedure for storage of food products:

- Dispose of outer packaging/boxes prior to storage
- Store raw foods (i.e. meat, poultry and shellfish) separately from cooked or prepared food. Store raw food below cooked /ready-to-eat food.
- Rotate stock – first in first out (FIFO). (Always check use-by-dates)
- Cleaning materials such as detergents should be stored in a separate area
- Foods can be preserved by drying, freezing and canning



FOOD STORAGE

Potential hazards of dry goods storage (e.g. tins, rice and pasta)

- Bacterial growth due to cross contamination and excessive moisture
- Contamination by pest and insects
- Chemical contamination from cleaning agents

Controls in dry goods store

- Dry goods store must be clean, well lit, ventilated and adequately shelved
- Food must be stored on shelves above the floor
- Containers used for storage must be covered
- Windows must be fitted with insect screens and the store must be kept free from infestation



FOOD STORAGE

Refrigerating foods slows down the multiplication of bacteria:

- Maintain temperatures of 0-5°C
- Store raw and cooked/ready-to-eat food separately
- Do not place hot foods directly in the refrigerator as this will cause the temperature of the refrigerator to rise above 5°C
- Do not overload the fridge as cold air needs to be allowed to circulate
- Defrost and clean the fridge or freezer box regularly
- Keep doors closed to maintain the temperature
- Avoid prolonged storage
- Temperature of food should be recorded





EARLY CHILDHOOD WEB SITES

- WWW.OT-MOM-LEARNING-ACTIVITIES.COM
- WWW.CHOOSEMYPLATE.GOV
- WWW.LETSMOVE.GOV
- WWW.SUGARSTACKS.COM



Part 3: Obesity Prevention



< 18.5	Underweight
18.5–24.9	Normal weight
25.0–29.9	Overweight
30.0–34.9	class I Obesity
35.0–39.9	class II Obesity
≥ 40.0	class III Obesity



Learning Objectives

Participants will be able to:

- a) Define how obesity is measured in children and its limitations
- b) Identify the current statistics of obesity in children
- c) Identify contributing factors to obesity in children
- d) Define why obesity prevention is important
- e) Define the role of an educator in obesity prevention





Learning Outcomes

Participants will be able to:

- a) Define how obesity is measured in children and its limitations
- b) Identify 3-5 current statistics of obesity in children
- c) Identify 3 contributing factors to obesity in children
- d) Define why obesity prevention is important
- e) Define and provide 3 examples of the role of an educator in obesity prevention





What is Obesity?

Obesity is a medical condition that occurs when a person carries excess weight or body fat that might affect their health. A doctor will usually suggest that a person has obesity if they have a high body mass index. 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. 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.



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 midst 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 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 an unsafe environment and do not play outdoors. Further, studies are showing that there is less play in school due to the rigors of academics and higher students' outcomes.



How is Obesity Measured?

Body mass index (BMI) is a measure used to determine childhood overweight and obesity (**Let's Move, CDC**). Overweight is defined as a BMI at or above the 85th percentile and below the 95th percentile for children and teens of the same age and sex (**Let's Move, CDC**). Obesity is defined as a BMI at or above the 95th percentile for children and teens of the same age and sex (**Let's Move, CDC**)

To check your BMI go to: <https://www.cdc.gov/bmi/child-teen-calculator/index.html>

< 18.5	Underweight
18.5–24.9	Normal weight
25.0–29.9	Overweight
30.0–34.9	class I Obesity
35.0–39.9	class II Obesity
≥ 40.0	class III Obesity



Body Mass Index (BMI)

Body mass index (BMI) is a calculation that estimates body fat based on a person's weight and height. It's a quick, inexpensive, and reliable way to screen for underweight, overweight, or obesity. BMI is one potential health indicator and should be considered with other factors when assessing an individual's health. These factors may include a patient's medical history, health behaviors, physical exam findings, and laboratory findings.

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 = $18.5\text{--}24.9$

3 Overweight = $25\text{--}29.9$

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)



Risk Factors

Body mass index (BMI) is a measure used to determine childhood overweight and obesity **(Let's Move, CDC)**. Overweight is defined as a BMI at or above the 85th percentile and below the 95th percentile for children and teens of the same age and sex **(Let's Move, CDC)**. Obesity is defined as a BMI at or above the 95th percentile for children and teens of the same age and sex **(Let's Move, CDC)**. Risk factors include not enough physical activities due to too much TV time, computer or playing videos. Eating too many high calorie foods, such as sugary beverages and fast foods can cause health problems if not addressed.





Statistics

Obesity prevalence was 13.9% among 2 to 5 years old **(CDC)**

In 2017, 32.6% of Nevada children entering kindergarten were considered overweight or obese; furthermore, the percentage of obese youth in Nevada is steadily climbing **(Nevada State Plan Handout)**

Young children who are overweight by kindergarten are four times more likely to have obesity by 8th grade than those not overweight **(CDC)**

- 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)





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.



Statistics

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.



Prevention for Childhood Obesity

Healthy diet (**CDC, Let's Move**)

Physical activity (**CDC, Let's Move**)

Reduce screen time/sedentary time (**CDC, Let's Move**)

Energy balance (**CDC, Let's Move**)

Nutrition education (**CDC, Let's Move**)

The ECE setting can directly influence what children eat and drink and how active they are, and build a foundation for healthy habits (**CDC**)

Establishing healthy habits for physical activity in early childhood influences activity levels as children





The Role of an Educator in Obesity Prevention

An educator plays a critical role in obesity prevention by actively incorporating nutrition and physical activity education into their curriculum, serving as a positive role model for healthy behaviors, and advocating for supportive school policies that promote healthy eating and regular exercise among students, thereby helping to establish lifelong healthy habits.





Part 1: Physical Activities Overview

1. Structured Activities have directions or rules

- Benefits of Exercising

Infants / Toddlers

Helps develop gross motor skills

- Waving
- Crawling
- Walking
- Tummy Time
- Peek a Boo
- Encourage Movement
- Exploration

Preschoolers / 6- 8 Years Old

- Hopscotch
- Crossing the Midline
- Eye-hand Coordination
- Balance Activities
- Five Senses Activities

2. Unstructured Activities

is when children do what they want

Infants / Toddlers

- Creative Play
- Imaginative Play
- Exploring

Preschoolers/6-8 Years Old

- Imaginative Play
- Creative Play
- Exploring
- Symbolic Play
- Independent Play



Part 1: Physical Activities Overview

3. Sedentary/Sitting Activities

Infants/Toddlers

- Practice Sitting
- Help with Balance
- Side Sitting

Preschoolers/6-8 Years Old

- Watching TV
- Computer Games

4. Screen Time

Health guidelines recommend no screen time for children under two years old, and no more than one hour per day for children aged 2 to 5.



Part 2: Nutrition Overview

The five food groups on MyPlate are:

1. **Fruits**
2. **Vegetables**
3. **Grains**
4. **Proteins**
5. **Dairy**

Infants

Do not serve any juice (including 100% fruit juice) to any child under the age of one (**CFOC, AAP, CACFP, CDC, USDA**). You can serve two to four ounces of 100% juice at six months or older once they are able to hold a cup (**USDA**).

Toddlers

- Serve four ounces or less of 100% juice a day (**CFOC, AAP, CACFP, USDA**)
- Four ounces or less daily (**AAP, CDC**)
- These juices must be served in a regular cup (**USDA, CFOC, AAP**)
- These juices must be pasteurized (**USDA, CFOC, AAP, CACFP**)
- They should be limited to one time per day (**CACFP**)
- Children should be encouraged to eat whole fruits and vegetables and be educated about the benefits of the food compared to the juice, which lacks fiber and contributes to weight gain (**AAP, USDA, CFOC, CACFP**)
- Juice is considered a SLOW food (**CATCH, CACFP**)
- One cup of 100% fruit juice can be considered as one cup from the fruit group



Part 3: Obesity Prevention Overview

- Body mass index (BMI) is a measure used to determine childhood overweight and obesity
- Statistics of obesity in children: 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)
- Contributing factors to obesity in children may include, but not limited to, too much TV time, computer, and video games, consumption of sugary foods, little physical activity.
- Healthy habits, reducing screen time and physical activity play factors in obesity prevention
- An educator plays a critical role in obesity prevention by actively incorporating nutrition and physical activity education into their curriculum.



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