

Intermediate Level Wellness Training: Physical Activities, Nutrition & Menu Planning



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

Participants will be encouraged to integrate the information into their daily practices by being provided with practical applications and real-world examples on physical activities, nutrition and creating a meal plan. Additionally, offering self-assessment, making it easy for them to understand and apply the knowledge.



Dr. Theresa Vadala



**Applying New Knowledge:
Learning & Transfer**

Child Care Training Consultants, LLC

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

Intermediate Level Wellness Training: Physical Activities, Nutrition & Menu Planning

Theresa Vadala, Ed. D

Child Care Training Consultants, LLC

Las Vegas, Nevada 89139



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





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**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) Defines screen time activities and its impact and identify time limits per day
- e) Identify outdoor activities, provide examples and associated time requirement per day
- f) Identify indoor activities and provide examples

Part 2: Nutrition

- a) Serving size and types of milk/dairy products for all age groups
- b) MyPlate food groups
- c) Reading Food labels
- d) Sugary beverages and the negative impact on children
- e) Food safety
- f) Address Picky Eaters, and demonstrate how to reach children to like new foods

Part 3: Create a Meal Plan, Prevent and Act on Food Allergies

- a) Create a plan for how to plan, prevent, and act on food allergies
- b) Food Allergies
- c) Accommodations for children with disabilities

Overview



Part 1: Physical Activities

Introduction

This section contains a review of physical activities, structured and unstructured activities, sedentary and screen time activities. 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

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 and for how long? _____



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 Preschool 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 activities 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 engage 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



SEDENTARY TIME RESEARCH AND ACTIVITIES “INFANTS”

Sedentary is 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 stroller, 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 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 only when necessary **(NAS/IOM)**

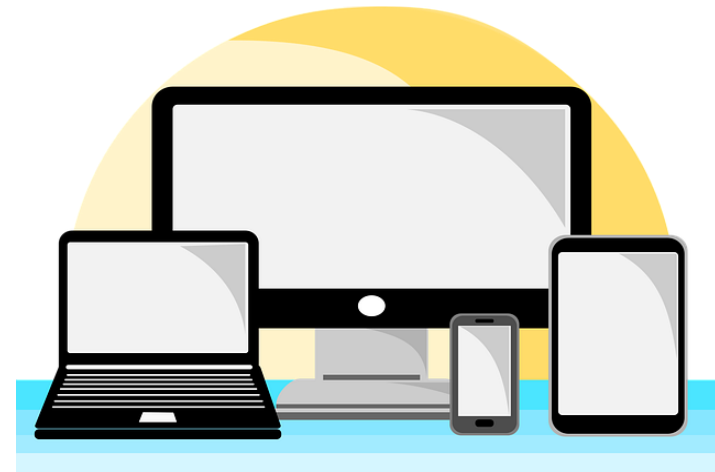


SCREEN TIME “BIRTH THROUGH 8 YEARS OLD”

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

Address Picky Eaters, and demonstrate how to reach children to like new foods



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
- f) Address Picky Eaters, and demonstrate how to reach children to like new foods



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
- f) Address Picky Eaters, and demonstrate how to reach children to like new foods



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. Fruits, vegetables, whole grains, milk products, and lean protein give us those nutrients. Eating healthy helps manage weight, protects against heart disease and other illnesses.



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. Child care professionals should also model healthy eating practices for children.
- Making sure that mealtimes are pleasant occasions, where children and child care 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 human 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 human 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 human 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)**
- Human 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**)



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? _____



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

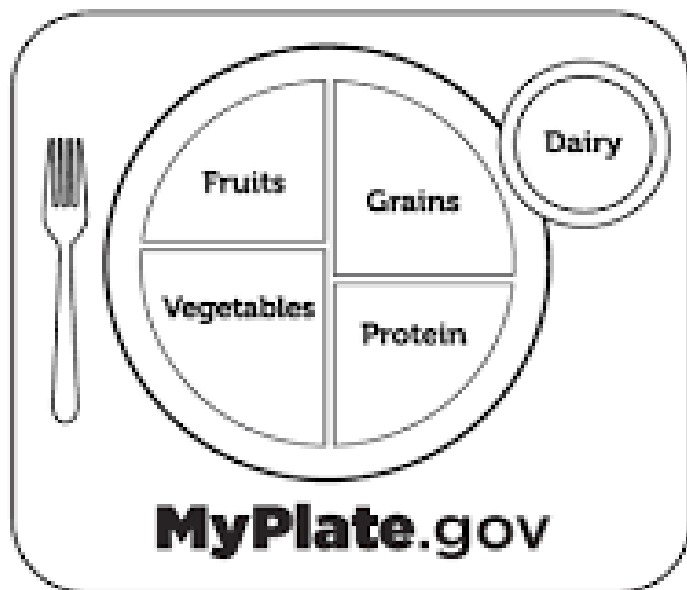


MyPlate Food Groups

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 has 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	

1 Start Here →

2 Check Calories

3 Limit these Nutrients

4 Get Enough of these Nutrients

5 Footnote

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

6 Quick Guide to % DV

• 5% or less is Low

• 20% or more is High



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 type 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)**



Added Sugars “All Children”

Foods with added sugars are include 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)**





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)



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





Picky Eaters

Picky eating can usually be overcome with patience, time, and repetition. Here are some tips that might help:

Offer a variety of healthy foods: Include fruits, vegetables, and higher protein foods like meat and fish at least twice a week.

Make mealtimes fun: Try adding different herbs and spices to make meals more interesting.

Don't force your child to eat: Let your child stay at the table for an age-appropriate amount of time and then let them get down.

Make it a sensory experience: Let your child look at, touch, smell, or lick the new food.

Reward your child: Offer rewards for trying new foods.



Introducing Children to New Foods

Let your child try one single-ingredient food at a time at first. This helps you see if your child has any problems with that food, such as food allergies. Wait 3 to 5 days between each new food. Before you know it, your child will be on his or her way to eating and enjoying lots of new foods.





Introducing Children to New Foods

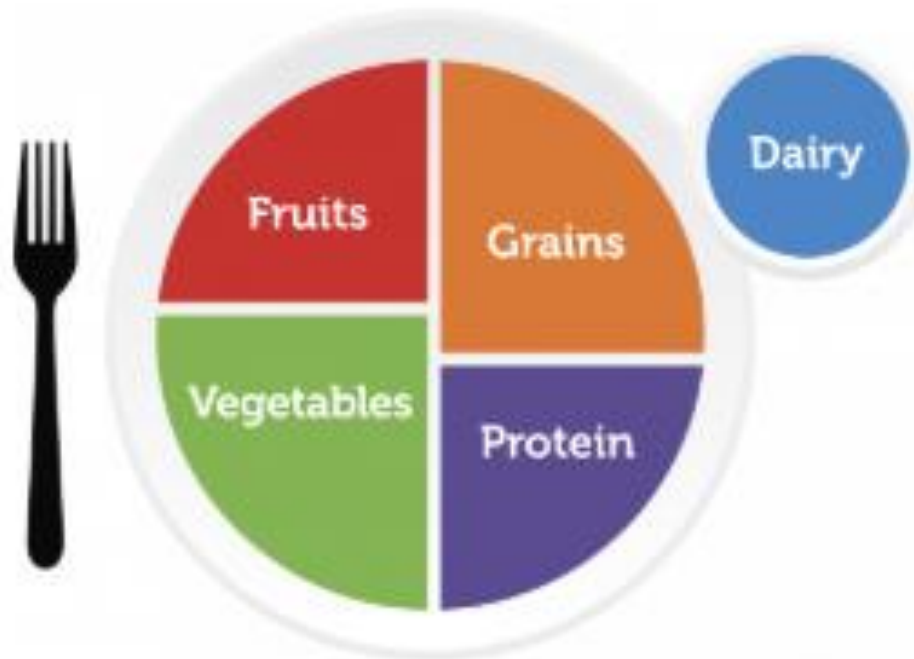
How to introduce new foods to picky eaters

1. Begin to offer a variety of nutritious foods and flavors at an early age to promote food acceptance.
2. Introduce new foods one at a time and serve with familiar foods, as offering several new foods at once can be overwhelming.
3. Involve children in food preparation and cooking activities to introduce and experiment with new foods through sensory cues.
4. Create a supportive mealtime experience free from distractions.
5. Offer bite-sized portions of new foods at mealtime and avoid pressuring children to "clean their plate," which interferes with their natural hunger cues.
6. Praise children when trying new foods and refrain from using dessert as a reward.
7. **Don't give up**, as it may take up to 12-15 exposures for a new food to be accepted.



Part 3: Create a Meal Plan, Prevent and Act on Food Allergies

- a) Create a plan for how to plan, prevent, and act on food allergies
- b) Food Allergies
- c) Accommodations for children with disabilities





Learning Objectives

Participants will be able to:

- a) Create a plan for how to plan, prevent, and act on food allergies
- b) Food Allergies
- c) Accommodations for children with disabilities

Learning Outcomes

Participants will be able to:

- a) Create a meal plan for how to plan, prevent, and act on food allergies
- b) Identify Food Allergies
- c) Define accommodations for children with disabilities



Written Nutrition Plan

The facility should provide nourishing and appealing food for children according to a written plan developed by a qualified nutritionist/registered dietitian

- Caregivers/Teachers, directors, and food service personnel should share the responsibility for carrying out the plan. The director is responsible for implementing the plan but may delegate tasks to caregivers/teachers and food service personnel
- The nutrition plan should include steps to take when problems require rapid response by the staff, such as when a child chokes during mealtimes or has an allergic reaction to a food. The completed plan should be on file, easily accessible to staff, and available to parents/guardians on request
- Some children may have medical conditions that require special dietary modifications. A written care plan from the primary health care provider, clearly stating the food(s) to be avoided and foods(s) to be substituted, should be on file



Written Nutrition Plan

- Staff should be educated about a child's dietary modifications to ensure that no child in care ingests or has contact with foods he/she should avoid while at the facility
- The facility needs to inform all families and staff if certain foods, such as nut products (e.g., peanut butter, peanut oil), should not be brought from home because of a life-threatening allergy
- Staff should also know what procedure to follow if ingestion or contact occurs. Staff must know



Weekly Meal Plan Example

Weekly Meal Plan

week of _____

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
meals							
							snacks
notes							

SUNDAY MEAL PREP NOTES

recipes:	plan:



Sample Child and Adult Care Meal



SAMPLE CHILD AND ADULT CARE MENU

<u>DAY 1</u>	<u>DAY 2</u>	<u>DAY 3</u>	<u>DAY 4</u>	<u>DAY 5</u>
Breakfast 1% or fat-free milk Oatmeal Diced apple	Breakfast 1% or fat-free milk Whole-wheat bagel Egg omelet Blueberries	Breakfast 1% or fat-free milk Waffles Peaches	Breakfast 1% or fat-free milk Wheat Chex® Raspberries	Breakfast 1% or fat-free milk Scrambled egg Roasted sweet potato hash
Snack Strawberries Vanilla yogurt Water	Snack Broccoli/cauliflower florets Cottage cheese ranch dip Water	Snack Pretzel rods Cheddar cheese cubes Water	Snack Cucumber slices Whole-grain crackers Water	Snack Celery sticks Tuna salad Water
Lunch/Supper 1% or fat-free milk Hot turkey sandwich on whole-wheat bread Green beans Plum	Lunch/Supper 1% or fat-free milk Cod fillet Brown rice Garden salad Cantaloupe	Lunch/Supper 1% or fat-free milk Chicken breast Whole-wheat roll Mashed potatoes Cherries	Lunch/Supper 1% or fat-free milk Roast beef Barley casserole Butternut squash Fresh pear slices	Lunch/Supper 1% or fat-free milk Tofu bean chili Whole-corn tortilla Sautéed carrots
<u>DAY 6</u>	<u>DAY 7</u>	<u>DAY 8</u>	<u>DAY 9</u>	<u>DAY 10</u>
Breakfast 1% or fat-free milk Toasted oats Orange slices	Breakfast 1% or fat-free milk Scrambled eggs with cheese Kiwi	Breakfast 1% or fat-free milk Cream of Wheat® Banana	Breakfast 1% or fat-free milk Bean burrito Applesauce	Breakfast 1% or fat-free milk Pancakes Mixed berries
Snack Triscuits® Cheddar cheese Water	Snack Apple slices Peanut butter Water	Snack Carrot sticks Hummus Water	Snack 1% or fat-free milk Soft pretzel	Snack Pineapple cubes Yogurt Water
Lunch/Supper 1% or fat-free milk Roast pork Corn bread	Lunch/Supper 1% or fat-free milk MorningStar® Garden Veggie Pattie on whole-wheat bun	Lunch/Supper 1% or fat-free milk Egg salad on whole-grain wrap Tomato cucumber salad	Lunch/Supper 1% or fat-free milk Baked haddock Whole-wheat noodles	Lunch/Supper 1% or fat-free milk Chicken stir fry with snow peas and red peppers



MyPlate Food Planning

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

Start *simple*
with MyPlate



Meal Planning

Healthy eating is important at every age. Eat a variety of fruits, vegetables, grains, protein foods, and dairy or fortified soy alternatives. When planning meals, choose options that are full of nutrients and limited in added sugars, saturated fat, and sodium. Start with these tips:



See what you have

Plan meals that use foods you already have. Look in your freezer, cabinets, and refrigerator, and be sure to check expiration dates.



Map out your meals

Write out the meals you plan to eat for the week and use it as a guide. Be sure to list beverages and snacks, too.



Find balance

Plan your meals so you eat from all five food groups—fruits, vegetables, grains, protein foods, and dairy or fortified soy products—every day. When planning, be aware of added sugars, saturated fat, and sodium by reading the Nutrition Facts label.



Think about your schedule

Prepare meals and sides—including whole grains, vegetables, and beans—on the weekends when you may have more time. This will help during busy weekdays.



Make a grocery list

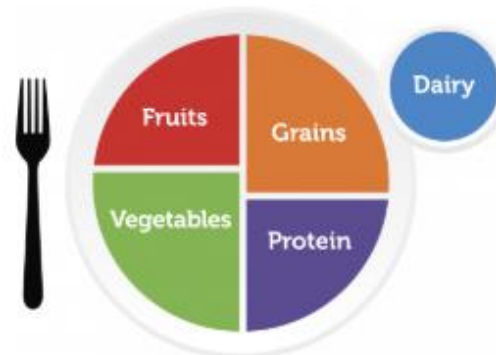
Start by listing ingredients for the meals you plan to make and then cross off items you already have. Buying for the week can help you make fewer shopping trips.



Love your leftovers

Prepare enough of a dish to eat multiple times during the week or freeze some to enjoy later. Making leftovers part of your plan can save you time and money.

www.myplate.gov has many resources on eating healthy.



Go to MyPlate.gov for more information.
USDA is an equal opportunity provider,
employer, and lender.

The benefits of healthy eating
add up over time, bite by bite.

FNS-905-24
March 2022

<https://www.myplate.gov/tip-sheet/meal-planning>



Prevent and Act on Food Allergies

The eight most common food to cause anaphylaxis in children are cow's milk, eggs, soy, wheat, fish, shellfish, peanuts, and tree nuts (**CFOC**) . Staff members must know ahead of time what procedures to follow, as well as their designated roles to follow, during an emergency (**CFOC**). Programs may consider using the American Academy of Pediatrics Allergy and Anaphylaxis Emergency Plan (**AAP, CFOC**)

Reflection Question/s:

What are the eight most common foods that cause anaphylaxis?



Prevent and Act on Food Allergies

When children with food allergies attend an early care and education facility, this is what should occur:

Each child with a food allergy should have a care plan prepared for the facility by the child's primary health care provider, to include:

(1) A written list of the food(s) to which the child is allergic and instructions for steps that need to be taken to avoid that food

(2) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of administration of any medications that the child should receive in the event of a reaction. The plan should include specific symptoms that would indicate the need to administer one or more medications.

Reflection Question/s:

What does a detailed treatment plan consist of? _____



Prevent and Act on Food Allergies

Based on the child's care plan, the child's caregivers/teachers should receive training, demonstrate competence in, and implement measures for:

- (1) Preventing exposure to the specific food (s) to which the child is allergic
- (2) Recognizing the symptoms of an allergic reaction
- (3) Treating allergic reactions Parents/guardians and staff should arrange for the facility to have the necessary medications, proper storage of such medications, and the equipment and training to manage the child's food allergy while the child is at the early care and education facility

Reflection Question/s:

Every center should have a childcare plan. What should be on the plan?



Prevent and Act on Food Allergies

The written childcare plan, a mobile phone, and a list of the proper medications for appropriate treatment if the child develops an acute allergic reaction should be routinely carried on field trips or transport out of the early care and education setting. Exposures may also occur through contact between children or by contact with contaminated surfaces, such as table on which the food allergen remains after eating. Some children may have an allergic reaction just from being in proximity to the offending food, without actually ingesting it. Should contact be minimized by washing children's hands and faces and all surfaces that were in contact with food. Reactions may occur when a food is used as part of an art or craft project, such as the use of peanut butter to make a bird feeder or wheat to make modeling compound. For all children with a history of anaphylaxis (severe allergic reaction), or for those with peanut and/or tree nut allergy (whether or not they have had anaphylaxis), epinephrine should be readily available (**CFOC**) Understanding how to read a food label would be very important in avoiding this issue



Prevent and Act on Food Allergies

Caregivers/teachers should promptly and properly administer prescribed medications in the event of an allergic reaction according to the instructions in the care plan. The facility should notify parents/guardians immediately of any suspected allergic reactions, the ingestion of the problem food, or contact with the problem food, even if a reaction did not occur. The facility should recommend to the family that the child's primary health care provider be notified if the child had required treatment by the facility for a food allergic reaction. The facility should contact the emergency medical services (EMS) system immediately if the child has any serious allergic reaction and/or whenever epinephrine (e.g., EpiPen, EpiPen Jr) has been administered, even if the child appears to have recovered from the allergic reaction. Parents/guardians of all children in the child's class should be advised to avoid any known allergies in class treats or special foods brought into the early care and education setting. Individual child's food allergies should be posted prominently in the classroom where staff can view them and/or wherever food is served.



ACCOMMODATIONS FOR CHILDREN WITH DISABILITIES

According to the 2018 Caring for Our Children publication , all children should be included in all activities possible unless a specific medical contraindication exists **(CFOC, 2018 PA guidelines)**.

The individualized service or treatment plan for a child with special health care needs should include services that are aimed at enhancing and improving the child's health and developmental functioning based on measurable functional outcomes agreed to by the parents/guardians **(CFOC)**.

Childcare facilities should be accessible for children and adults with disabilities in accordance with section 504 of the Rehabilitation Act of 1973. This accessibility includes access to the buildings, toilets, sinks, drinking fountains, outdoor play areas, meal and snack areas, and all classroom and therapy areas **(CFOC)**



ACCOMMODATIONS FOR CHILDREN WITH DISABILITIES

Methods of helping a child with special health care needs or behavior problems to participate in the facility's programs, including physical activity programs: Orientation for Care of Children with Special Health Care Needs (**CFOC**). When possible, youth with disabilities should work with a healthcare professional or physical activity specialist to understand the types and amounts of physical activity appropriate for them (**2018 PA Guidelines**). When possible, children with disabilities should meet the key guidelines. If they are unable to, they should remain as active as possible (**2018 PA Guidelines**).

5. Accommodations for individuals with disabilities.



Accommodations for children with disabilities in physical activities can include:

Examples:

Equipment: Using lighter equipment, like plastic bats or whiffle balls, or larger and softer balls

Space: Reducing the size of the playing area or changing the boundary lines

Rules: Modifying the rules of the activity, like using a hockey stick to kick a ball in soccer

Speed: Slowing down moving objects or the pace of the activity

Rest periods: Providing additional rest periods

Support: Providing a peer-helper to participate with a student with a disability

Goals: Making lower or larger goals

Balance: Providing balance support

Visuals: Using visuals or models to show the activity



Accommodations for Individuals with Disabilities

- Accommodations for individuals with disabilities include:
- Extra time for eating
- Bringing special foods from home
- Snacking during instruction or short breaks
- Having a familiar adult supervise eating
- Using verbal or visual cues
- Using specific chairs, utensils, or positioners
- Using fidgets or other sensory supports
- Reducing distractions during mealtimes
- Providing food allergy management training for staff
- Informing parents of learning activities or celebrations that involve gluten-containing items





PART 1: OVERVIEW

Part 1: Physical Activities

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

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 activities 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



PART 2: OVERVIEW

The five food groups on MyPlate are:

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

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: OVERVIEW

Part 3: Create a Meal Plan, Prevent and Act on Food Allergies

The facility should provide nourishing and appealing food for children according to a written plan developed by a qualified nutritionist/registered dietitian

Each child with a food allergy should have a care plan prepared for the facility by the child's primary health care provider, to include:

- (1) A written list of the food(s) to which the child is allergic and instructions for steps that need to be taken to avoid that food
- (2) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of administration of any medications that the child should receive in the event of a reaction. The plan should include specific symptoms that would indicate the need to administer one or more medications.

Accommodations for children with disabilities



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Thank you for choosing
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