Participant Guide

Session 1 Objectives:

- Identify health hazards in meals and meal preparation and the steps needed to prevent them.
- Review menus and make changes based on the My Plate recommendations.
- Describe how the environment influences children's food choices.
- Identify ways to incorporate cultural and family preferences into meal planning.

Session 1 Assignments

- **1.** Go to the MyPlate website at http://www.choosemyplate.gov/index.html. List 1 thing you will use from each of the following categories:
 - new information that you learned;
 - activity or recipe to use in your child care setting; and
 - resources to share with parents.
- 2. What's On My Menu? This assignment will be similar to the activity done in class. Copy one week of your current menu into the top portion of the attached assignment. Evaluate your menu based on the color of the fruits and vegetables you are offering that week as well as the MyPlate recommendations. Answer the following questions: what did you learn? What changes did you make on the menu? Why (or why not) did you make the changes?
- 3. Go to http://www.center-trt.org/index.cfm. This is the Center of Excellence page through the University of North Carolina at Chapel Hill. On the left side, click on the Obesity Prevention tab; then click on the NAP SACC tab (on the left side as well). Once there, click on the Intervention tab (right side of screen). This will pull up a tab that states "Click here to download the NAP SACC Materials. You will now have access to a variety of free materials on obesity prevention for both child care and parents."

Compare your Nutritional Self-Assessment, completed earlier in class, to the NAP SACC Best Practice Recommendations. Be ready to discuss what your learned in the next session.

Session 2 Objectives

- Explain the factors that contribute to obesity and overweight in children.
- List the recommended activity guidelines for the age group they work with (birth to 5 years).
- Identify daily opportunities to incorporate both structured and unstructured physical activity.

Nutrition Self Check

Answer the questions as either True or False.

| | True | False |
|---|------|-------|
| 1. Child care providers influence children's nutritional habits. | | |
| 2. Every person working around food has the potential of contaminating a food. | | |
| 3. Iron deficiency is one of the most prevalent nutrition problems in young children. | | |
| 4. The effects of under-nutrition are only seen in malnourished children. | | |
| 5. The media begins to influence food and beverage choices in children around the age of 6 years. | | |
| 6. It is not necessary for child care providers to eat the served meals with children. | | |
| 7. The new MyPlate guidelines recommend that we use bigger plates to serve meals and that one-third of the plate should be filled with fruits and vegetables. | | |
| 8. Chewing gum and carrots are considered choking hazards. | | |
| 9. Child care providers can use an epinephrine auto-injector on an any child they suspect is having an allergic reaction. | | |
| 10. Serving foods from other cultures is the best way to incorporate diversity into your child care setting. | | |

Activity: What's on My Menu?

Review the menu below. Highlight the different fruits and vegetables using their color (i.e. orange over the oranges).

| | ½ c clementines | ½ c orange juice | ½ slice toast + ½ oz | ½ c applesauce | ½ c peaches |
|-----------|----------------------|------------------------|------------------------|----------------------|------------------------|
| | Sliced boiled egg | ¼ c cooked oatmeal | melted cheese | 1 pancake w/1T syrup | 1/3 c cereal |
| Breakfast | ½ slice toast | w/1 T. raisins | ½ c orange sections | ¾ c milk | ¾ c milk |
| | ¾ c milk | ¾ c milk | ¾ c milk | | |
| | 2 oz. yogurt | ½ c carrot sticks w/1T | 1 string cheese | 1/3 c cereal w/milk | 1 slice banana bread |
| | 2 graham cracker | ranch dressing | ½ c apple slices | ½ c apple juice | ¾ c milk |
| Snack | sticks | ½ oz wheat crackers | Water | water | water |
| | water | water | | | |
| | 1/3 c baked chicken | ¾ c veggie chili | ½ oz tuna w/1 t. light | 1 tortilla roll up | 1 English muffin pizza |
| | ¼ c steamed broccoli | ¼ c fresh fruit salad | mayo | ¼ c black beans | w/1/2 oz cheese & 1 T |
| Lunch | ¼ c apple slices | 1 corn muffin | ¼ c cooked carrots | ¼ c kernel corn | sauce |
| | 1/2 slice bread | ¾ c milk | ½ c gelatin w/fruit | ¼ c grapes | ¼ c cooked broccoli |
| | ¾ c milk | | ¾ c milk | ¾ c milk | ¼ c pear halves |
| | | | | | ¾ c milk |

Rewrite the menu using the new My Plate dietary recommendations as well as the food program requirements.

| Breakfast | | | |
|-----------|--|--|--|
| Snack | | | |
| Lunch | | | |

Infants and Toddlers Mealtime Considerations

Infants

- Discuss the infants feeding schedule with the parents. Some parents will follow a self-demand schedule; others will want something on a more timed schedule. Consider having a written infant feeding schedule and/or agreement as part of your policies.
- To warm a bottle, hold it under warm running water or use a bottle warmer until room temperature. Do not use a microwave to warm a bottle; this is a safety hazard.
- Throw out any unused breast milk or formula left in a bottle after a feeding. Rinse the bottle. Do not reuse a bottle containing breast milk or formula after the baby has fed.
- Always wash your hands before feeding an infant.
- Always hold babies who cannot sit while bottle feeding them. Remember that this is a wonderful time to talk to and to build a secure attachment the infant. Never prop a bottle.
- When an infant is old enough to feed themselves with their own bottle, child care providers should continue to sit nearby and to talk.
- Do not allow young children to walk around or to nap with bottles.
- Check with your child care licensing rules for additional considerations.
- Feed only breast milk or formula from a bottle, never juice.

Breast Fed Infants

- Encourage mothers who are breast feeding their infant to continue to do so. Discussing your policies on breast feeding should help alleviate any concerns the mother may have.
- Locate a quiet, comfortable, and private place in your environment that could be available for mothers who are breastfeeding to use.
- Discuss the possibility of a back-up supply of refrigerated expressed breast milk in case the baby needs to eat more often than usual.
- When parent bring expressed milk to your setting, the baby's name and the date/time the breast milk
 was collected should be labeled on the bottle. Refrigerate bottles immediately when they arrive and until
 ready to use.
- Fresh breast milk should be refrigerated at 40° Fahrenheit or below and used within 48 hours of the time they were collected
- When handling breast milk, caregivers should wear gloves in accordance with universal precautions safety procedures. Wash skin on which breast milk has spilled with soap and

water immediately.

• Do not leave any bottle of expressed breast milk out where another child could accidentally drink it.

Bottle Fed Infants

- Decide who will supply infant formula. While it may be okay to switch from one brand of formula to the
 next, it is not recommended you change the type of formula used (i.e. iron fortified to one that is not).
 Encourage parents to speak with their pediatrician if they have any questions about the type of formula
 they are feeding their infant.
- Water used to mix with infant formula should be from a safe water supply.
- When parent bring prepared bottles to your setting, the baby's name and the date/time prepared should be labeled on the bottle. Refrigerate bottles immediately when they arrive and until ready to use.

Infant Food

• Revisit the infant feeding schedule and/or agreement when the child becomes ready for additional foods, such as cereal. This should occur somewhere in the 4-6 month age range.

- Introduce no more than one new food at a time, typically 5 7 days apart. This will make it easier to identify a possible food allergy or intolerance.
- Keep in mind that infants do demonstrate a gag reflex when they first begin to eat; this does not necessarily mean he/she does not like the food.
- Begin with single ingredient foods first. When serving infant cereals, you should start with the rice cereal
 first. This can be mixed with breast milk or formula. The consistency to which you mix the cereal can
 gradually thicken as the infant's abilities develop. Do not add a wheat cereal in until after 9 months to
 prevent possible allergies.
- Do not put cereal into a bottle.
- Fruits and vegetables can be introduced after the infant accepts cereals into their diet, typically around 6 months. It is recommended that you begin with single vegetables; fruits can be added in later.
- Individual food jars or containers should be labeled with the infant's name and the date opened.
- To minimize the risk of cross-contaminations, do not feed infants directly from the jar or container. Do not return uneaten food to the jar.
- For all foods, watch for signs of allergic reactions in children as you introduce new foods.
- 100% fruit juice should only be introduced after 6 months of age. Initially you could limit juice to 3 ounces per day. However, it is suggested that all children ages 1 6 years get no more than 4 6 ounces of juice per day. Avoid giving infants orange juice due to the acidity content.
- Meat and meat alternatives are typically introduced around 8 months of age.
- Around 9 months, you should plan to revisit the infant feeding agreement and/or schedule again. This is
 the time when infants will be getting ready to begin drinking from a cup, eating finger foods, wean off
 bottles (around 12 months) and in general, become more independent.
- You may introduce a cup as children's diet and skills advance, somewhere around 9 months. This works well with the introduction of juice in their diet.
- Finger foods may also be introduced somewhere around 9 months. Remember that not all finger foods are alike; for example, some crackers may come apart in larger chunks that can create a choking hazard. Monitor children carefully as they become more independent in their skills.
- Inspect all finger foods for potential choking hazards.
- Infants capable enough to sit up while eating can be put into a low chair, "me-do" chair, or high chair at mealtime.
- Remember that daily milk intake will decrease as the infant's food intake increases. However, do continue to offer breast milk and/or iron-fortified formula until they reach 12 months.

Additional Considerations for Toddlers

- Children ages 1 2 years should be given whole milk to promote healthy brain development.
- Remember to give only 100% fruit juice and no more than 4 6 ounces per day.
- Use a variety of colors, textures, and tastes in your meal planning. Remember that new foods may need up 8 – 12 exposures before a child will accept it.
- Meals should be served with child-sized dishes and utensils at a table they can sit comfortably at.
- Children should eat at the table until they are done. Encourage those who finish to talk and to interact with the children still at the table.
- Clean and sanitize the chairs, tables, and tray tops immediately after the child is done eating.

Physical Activity Self-Assessment

Complete the self-assessment by choosing the answer that best describes you and your program.

| | Yes | No |
|---|-----|----|
| 1. I plan a minimum of 60 minutes of active free play each day. | | |
| 2. I join the children in active free play each day. | | |
| 3. I plan 30 - 60 minutes of structured (provider-led) play each day. | | |
| 4. Children (in full day programs) go outdoors to play at least 2 times each day. | | |
| 5. When weather does not allow children to go outside, indoor play space is available. | | |
| 6. I provide portable play equipment (i.e. wheeled toys, balls, tumbling mats) for gross motor skill development. | | |
| 7. I actively teach gross motor skills such as throwing and catching balls, jumping rope, etc. | | |
| 8. I teach children about the benefits of physical activity. | | |
| 9. I share resources with parents on physical activity. | | |
| 10. I do not withhold large motor play time for children who demonstrate challenging behaviors. | | |
| 11. I attend training and/or look for resources on physical activity. | | |

Adapted from: Ammerman, A.S., Benjamin, S.E., Sommers, J.S., Ward, D.S. (2004) The Nutrition and Physical Activity Self-assessment for Child Care environmental self-assessment instrument. Division of Public Health, NC DHHS, Raleigh, NC, and the Center for Health Promotion and Disease Prevention, UNC-Chapel Hill, Chapel Hill NC.