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# Nutrition and Physical Activity



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California Childcare Health Program  
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### California Childcare Health Program

The mission of the California Childcare Health Program is to improve the quality of child care by initiating and strengthening linkages between the health, safety and child care communities and the families they serve.

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## LEARNING OBJECTIVES

To describe the major nutrition issues affecting children and providers in early care and education (ECE) programs.

To describe the health benefits of physical activity for children in ECE programs.

To identify safe practices in food handling, cooking and storage to prevent foodborne illnesses.

To describe three ways a Child Care Health Advocate (CCHA) can assist ECE programs meet the nutrition and physical activity needs of children.

To identify the primary nutrition and physical activity resources available to assist and support ECE providers and families.

## RATIONALE

Nutrition and physical activity are an important part of a healthy childhood. For good health, children need a variety of safe and nutritious foods, along with daily physical activity. Balanced nutrition and physical activity improve not only physical health, but also children's growth, mood, quality and quantity of sleep, and ability to learn. *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, Second Edition* (CFOC) (American Academy of Pediatrics [AAP], American Public Health Association & National Resource Center for Health and Safety in Child Care, 2002) notes that “nourishing and attractive food is the cornerstone for health, growth, and development as well as developmentally appropriate learning experiences (Standard 4.001).”

## INTRODUCTION

At home and in ECE programs, young children develop preferences and habits for foods and activities (Birch, 1998). These early habits are likely to continue for the rest of their lives. Children look to adults as models for the foods they prefer (Fisher & Birch, 1995). Thus, ECE staff have a chance to influence children's food preferences and experiences in ways that will promote health by offering foods that are safe, nutritious and appealing.

### Responsibilities of ECE Providers

(*Graves, Sutor & Holt, 1997*)

- Provide a variety of foods that help children grow and develop.
- Provide food that is safe to eat.
- Provide food that respects each child's culture.
- Pay attention to each child's eating behavior—tell the child's parent if the child is not eating enough of the right kinds of food.
- Prevent injuries when preparing, handling and eating food.
- Bottlefeed infants whenever they are hungry.
- Offer food every 2 to 3 hours to prevent children from feeling hungry.
- Offer snacks only at scheduled times.
- Give children enough time to eat (30 minutes is usually enough).
- Provide enough help so that children feel relaxed when they eat.
- Have a friendly, comfortable place for eating—make food time fun time.
- Help children feel good about nutritious foods.
- Help children develop a habit for eating the right kind and amount of food.
- Take care of yourself—eat well so that you stay healthy, feel good and have energy to take care of children.
- Be a role model.

## WHAT THE CCHA NEEDS TO KNOW

### Why Young Children Are at Risk

- Young children depend on adult caregivers (parents, family members, ECE providers) to teach them healthy eating habits and to offer them good food choices. If children see adults eating foods that are poor in nutrients, they may copy these unhealthy habits (Fisher & Birch, 1995). Children who do not get enough nutrients, such as those who overeat unhealthy foods, may become obese and have serious health problems as teenagers and adults.
- Children must eat food that is rich in calcium, iron and other nutrients because they often eat small portions of food.
- Some parents may prepare foods based more on convenience than on nutrition. Meals made from packaged foods are usually high in additives and preservatives, and poor in nutrients, compared to more planned meals that may take time to prepare.
- Children are targets of many marketing strategies by food companies. Children's television shows are often sponsored by makers of processed foods and highly sweetened snacks. Children are vulnerable to these advertisements because they do not yet have the ability to recognize advertisements that are trying to persuade them to eat unhealthy foods.

### What the Research Tells Us

- Increasing the proportion of infants in a community who are exclusively breastfed seems to be an effective way of reducing infant illness (Wright, Bauer, Naylor, Sutcliffe & Clark, 1998). ECE staff can affect their community's health status by supporting the efforts of mothers who continue to breastfeed after returning to work or school.
- Children at or above the 95th percentile of body mass index (BMI) by sex and age are considered overweight (Crawford, Mitchell & Ikeda, 2000). BMI measures how heavy the body is. BMI is weight (in kilograms) divided by height squared (in meters). Fifty percent of overweight children stay overweight as adults (Dietz, 1998). Being overweight, which may start in early

childhood, is linked to later health problems in adulthood, including high blood pressure, Type 2 diabetes and increased risk for coronary heart disease (Freedman, Khan, Dietz, Srinivasan & Berenson, 2001). Childhood obesity rates are increasing because of poor nutrition and inactive lifestyles (Christoffel & Ariza, 1998; Mei, Scanlon, Grummer-Strawn, Freedman, Yip & Trowbridge, 1997; Ogden, Troiano, Briefel, Kuczmarski, Flegal & Johnson, 1997). See *Handout: Fact Sheets for Families: Overweight and Obesity*.

- Children may spend a great deal of time watching television or playing video or computer games. These passive and sedentary activities are closely linked with poor nutrition and can lead to obesity (Andersen, Crespo, Bartlett, Cheskin & Pratt, 1998; Dietz & Gortmaker, 1985; Gortmaker, Must, Sobol, Peterson, Colditz & Dietz, 1996).

## Issues That Arise in ECE Programs

- The amount of nutrients that children receive each day when they eat both at home and at their ECE program may not be balanced or different enough if parents and ECE staff do not talk everyday about the food eaten in each setting.
- Frequent staff turnover makes education about the importance of nutrition and of physical activity difficult. ECE staff may also lack strong training in the guidelines for good nutrition and for physical activity. ECE staff may not be aware of the specific nutritional issues or feeding needs of children with disabilities and other special needs.
- Food served to children must be free from disease or bacteria. Food that is safe for children to eat are not likely to cause choking; are clean and wholesome; are safely prepared, served and stored; and are right for their age and development (Graves et al., 1997). Even a small amount of carelessly stored or prepared food can make a young child very ill (see *Handout: Fact Sheets for Families: Food-Borne Illness*). Food-borne illness is completely preventable when those who prepare meals and snacks are educated in safe food handling practices. See *Handout: Child Care Center Self-Assessment Guide: Safe Food Handling and Preparation* for center-based care and *Handout: Family Child Care Homes Self-Assessment Guide: Safe Food Handling and Preparation* for family-based homes.

- It is helpful to monitor food storage, preparation and serving areas using a standard tool based on CFOC (AAP et al., 2002), such as the *California Childcare Health Program Health and Safety Checklist-Revised (CCHP H & S Checklist-R)* (2005).
- Food served in ECE programs must both meet children's nutritional needs and be appealing to them. Because children can eat only small servings of food at a time, they need food that is rich in nutrients. The Child Care Food Program Meal Pattern (CFOC, AAP et al., 2002, Appendix Q) and the Community Care Licensing Regulations (State of California, 2002) provide guidelines for nutritious and child-friendly meals and snacks. See *Handout: Health and Safety Notes: Supporting Breastfeeding Families*.
- ECE programs must promote good eating habits. It is important to encourage children to try new foods, or familiar foods prepared in new ways. Children who eat a variety of foods at a young age are more likely to continue to eat many different foods as they grow older. Variety in the diet is also linked to better and more balanced nutrition (Dodds, Benjamin & Walsak, 2004). This variety can be achieved when ECE programs make meal and snack times fun and interesting so that children are encouraged to join in.

## Challenges for Children and Families

- ECE programs have unique challenges for meeting the goals of safe and healthy nutrition and regular physical activity. For example, parents may not be aware of the components of a nutritious diet and may give their children foods that have poor nutrition.
- Breastfeeding mothers may find it difficult to continue exclusive breastfeeding after going back to work or school. ECE programs can serve an important role by encouraging breastfeeding, providing a comfortable space and atmosphere for mothers to breastfeed their infants, and storing breastmilk safely. If parents bring breastmilk from home, the bottle or container should be clearly labeled with the child's name and date (AAP et al., 2002, Standard 4.017).
- Parents and ECE providers may have different beliefs and attitudes about food. Cultural

food preferences may not be correctly observed in ECE programs and may cause feeding difficulties or ECE provider–family conflicts. ECE providers are encouraged to provide food from various cultures to teach children about the world around them (American Dietetic Association [ADA], 1999).

- Young children may resist having new foods added to their diet, making it difficult to correct any known or developing deficiencies. Lack of iron is the most common nutritional deficiency in the United States and a frequent cause of anemia (Dietz & Stern, 1999). To prevent iron deficiency, pediatricians often recommend iron-fortified cereals when infants start solid foods. After age 2, the risk of iron deficiency decreases for children who eat a balanced diet.
- Food brought from home should fit with the ECE program’s nutritional philosophy, which means that ECE programs may need to discourage or even prohibit families from bringing unhealthy or unsafe food choices to the program, whether for their own child or for sharing with others during celebrations. Because food choices can be a very emotional topic, staff may need support in enforcing the program’s food policies in a way that is respectful and fair to all.
- ECE professionals are encouraged to serve meals family style to children (Graves et al., 1997). Some ECE providers think this is too messy, but it is an important learning activity for children. This style of serving allows children to decide how much they will eat, with guidance from ECE providers, and prevents waste.
- An ECE provider should sit at the table with the children and eat what they are eating (Graves et al., 1997). Adults are role models for using utensils, choosing and eating foods, and behaving in socially acceptable ways at the table. ECE professionals help shape children’s eating behavior. They help children trust the eating environment by making sure they are safe both physically and psychologically.
- The amount of time children spend in ECE programs per day should decide the amount and combinations of foods that are provided (ADA, 1999). For example, if a child spends 4 to 7 hours in an ECE program, at least one third of the daily nutrition needs should be provided during that time. If a child spends 8 or more hours in an ECE program, at least one half to

two thirds of the child’s daily nutrition needs should be met.

- Nutritional guidelines and research findings often change, affecting which foods are considered healthy and safe. Keeping up with these changing guidelines is important to the nutrition and health of young children in ECE programs.

## Recommended Nutrition Guidelines

The new Dietary Guidelines for Americans (2005) encourage the general public over age 2 to make wise choices from every food group, be physically active and get the most nutrition out of their calories. A healthy eating plan is one that does the following:

- Emphasizes fruits, vegetables, whole grains, and fat-free or low-fat milk products.
- Includes lean meats, poultry, fish, beans, eggs and nuts.
- Is low in saturated fats, trans fats, cholesterol, salt and added sugars.

The Dietary Guidelines recommend five servings a day of fruits and vegetables. The Dietary Guidelines encourage people to combine choices within each food group. For example, eating a wide variety of fruits rather than fruit juices is recommended. Eating vegetables from all five vegetable subgroups (dark green, orange, legumes, starchy vegetables and other vegetables) is also recommended. Based on a 2,000 calorie per day intake, the Guidelines recommend the following servings: two cups per day of fruit and two and a half cups per day of vegetables. Children and teenagers should eat whole grain products everyday to make sure that they get enough dietary fiber; at least half of grains that are eaten should be whole grains (ADA, 1999).

Children 2 to 8 years old should have two cups per day of fat-free or low-fat milk, or products that are equivalent to milk. For children who cannot drink milk, choose lactose-free milk products or other calcium-fortified foods. For children 2 to 3 years of age, it is recommended that 30% to 35% of calories be from fat. For children and teenagers 4 to 18 years of age, it is recommended that 25% to 35% of calories be from fat. When giving children meat, poultry, dry beans, and milk or milk products, choices that are lean, low-fat or fat-free are healthiest. For more infor-

mation, see the Dietary Guidelines for Americans (2005) at <http://www.healthierus.gov/dietaryguidelines>. See *Handout: Health and Safety Notes: Healthy Snacks for Toddlers and Preschoolers* and *Handout: Health and Safety Notes: Types of Vegetarian Diets*.

## Developing a Nutrition Plan

Developing a nutrition plan is key to meeting children's nutritional needs in ECE programs. The plan should include the following: healthful food choices, food preparation and food storage safety, kitchen cleanliness and sanitation, correct infant feeding practices, and healthy menu planning to meet the nutritional needs of all children. The plan should also include nutritional activities that reinforce healthy habits, emphasize a positive and enjoyable social atmosphere during mealtimes, and are developmentally appropriate.

Infant/toddler feeding plans should also take into account developmental readiness as children progress to a variety of new foods (see *Handout: How to Help Your Child Have Healthy Weight*). This includes understanding physical skills, such as the ability to swallow solid food safely, and the signs of hunger and fullness. Infant/toddler feeding plans can also be used to help decide when children with special needs are ready to move on to solid foods and modified table foods.

## How Do Infants and Toddlers Communicate Hunger and Fullness?

To help prevent underfeeding or overfeeding, parents and ECE providers must be sensitive to the following signs of hunger and fullness in healthy infants and young children (Butte, Cobb, Dwyer, Graney, Heird & Rickard, 2004):

- For infants, signs of hunger may include the following: crying, moving the arms excitedly, smiling, cooing, looking at the caregiver during feeding to show that the feeding should continue, moving forward as the spoon gets closer, swiping food towards the mouth, or moving the head forward to reach the spoon.
- Hungry toddlers may point at foods or drinks, ask for foods or drinks, or reach for foods or drinks.
- Signs that infants are full may include the following: falling asleep, becoming fussy during

feeding, slowing the pace of eating, stopping sucking, spitting out the nipple, refusing the spoon, batting the spoon away or closing the mouth as the spoon gets closer.

- Toddlers may slow their pace of eating, become distracted or notice surroundings more, play with food, throw food, want to leave the table or chair, or leave food on the plate.

## Division of Responsibility in Feeding

Adults are responsible for what type of food is offered and when food is served. Meals and snacks should be healthy, safe and age-appropriate. Young children need to be fed often, including at least three meals and two snacks daily. Children are responsible for what and how much they eat. Healthy children will eat what they need and should not be forced to clean their plate (Graves et al., 1997). When children are forced to eat more than what they want, they learn to ignore their signs of hunger and fullness. Children are developing their own internal ability to decide how much or whether to eat. It is important to let children eat until they are full or satisfied, rather than setting limits on how much they eat. Sometimes children in groups are fed using the principle of equality. This translates to the rule that each child gets an equal amount. However, fairness should be based on letting children's natural body signals tell them when they are full. Children can ask for more food if they are still hungry. Recent research has shown that the amount of food children are given is an important part of how much children eat (Mrdjenovic & Levitsky, 2005). Controlling children's portion size is important.

## Risk of Choking

Young children in their first 3 years of life are at great risk of choking (Graves et al., 1997). See *Handout: Possible Choking and Suffocation Hazards*. Do not serve children under age 4 the following foods:

- spoonfuls of peanut butter
- mini marshmallows
- large chunks of meat
- nuts, seeds or peanuts
- raw carrots (in rounds)

- fish with bones
- dried fruit
- hot dogs (whole or sliced into rounds)
- hard candy or cough drops
- popcorn
- raw peas
- whole grapes and raisins
- ice cubes
- whole olives
- pretzels or chips

## Children Need Physical Activity Daily

The Dietary Guidelines for Americans (2005) and the American Heart Association (2005) recommend that children and teenagers do at least 60 minutes of physical activity on most, preferably all, days of the week. Despite the myth that being in cold weather increases the risk of the common cold or makes it worse, children and adults benefit from outdoor activity in all but the most extreme conditions. There is no evidence that playing in brisk weather causes children to catch colds (see *Handout: Health and Safety Notes: Is It Safe to Play Outdoors in Winter?* and *Handout: Health and Safety Notes: Active Outdoor Play*). AAP et al. (2002) Standard 2.009 states that “children shall play outdoors daily when weather and air quality conditions do not pose a significant health risk.” Weather that poses a significant health risk includes wind chill at or below 15 degrees F and heat index at or above 90 degrees F, as identified by the National Weather Service. If children are dressed appropriately for the weather, it is safe to play outdoors in most weather conditions if air pollution does not present a problem.

Increased physical activity has been linked to an increased lifespan and decreased risk of heart disease (American Heart Association, 2005). Many children are at risk for health problems because of inactive lifestyles (Centers for Disease Control and Prevention, 1996). The Surgeon General’s report and Bright Futures (Patrick, Spear, Holt & Sofka, 2001) state that there are many health benefits of physical activity for children, including the following:

- increased muscle and bone strength
- reduced blood pressure

- reduced total body fat
- better psychological well-being
- decreased risk of obesity

**Play equipment and space.** ECE programs should select indoor and outdoor equipment that is developmentally appropriate for safety; the equipment should also provide developmentally appropriate gross and fine motor experiences (AAP et al., 2002, Standard 2.016). Children should always be supervised while playing on playground equipment (AAP et al., 2002, Standard 5.085). There should be enough space in the outside play area so that children can move freely without running into one another—if an outside play area is not accessible or available, an indoor play area that is similar in size to the standard outside play area will work well (AAP et al., 2002, Standards 5.162, 5.163).

## Children with Disabilities and Other Special Needs

Children with disabilities and other special needs may require extra nutritional planning and support. Children may have special needs because of food allergies, diabetes mellitus, developmental disabilities, swallowing problems or other conditions. Individual feeding plans should be carefully developed with the input of the family to meet the needs of these children (see *Handout: Forms: Nutrition and Feeding Care Plan*).

### Food allergies

Children with food allergies and other dietary restrictions need careful planning and extra attention to make sure that their nutritional needs are fully and safely met. Some foods that often cause allergies are eggs, peanuts, tree nuts, milk, soy milk and shellfish. Children’s food allergies can range from mild to life-threatening (see *Handout: Fact Sheets for Families: Food Allergies*). ECE staff will need to gather clear information from the child’s family about the nature of the food allergies, signs of allergic reactions, how to prevent the child from being accidentally exposed to allergens and safe foods to substitute. This information should be kept in the child’s record and should be shared with all ECE staff who care for the child. A list of children’s names and their food allergies should be posted on the refrigerator in the ECE program for all staff to see.



If children with severe allergies have a prescription for emergency medicine (EpiPen®) to be used in case the child is exposed to a known allergen food, ECE staff will need education on handling the EpiPen® and procedures for storing it in a place that is both safe and easy to reach. The use of EpiPen® and EpiPen Jr.® are permitted in ECE programs. EpiPen® and EpiPen Jr.® are disposable, prefilled automatic injection devices designed to administer a single dose of epinephrine for allergic emergencies. However, EpiPen® and EpiPen Jr.® can only be administered in the event of an emergency and only to someone who has a prescription for them (Health and Safety Code Section 101226[e]).

Regular and clear communication between ECE staff and families about food allergies is crucial. It is also recommended that staff post a notice about any dietary restrictions that children have, including food allergies, in kitchen and classroom areas. The notice should be easy to see by staff who prepare or serve food. These notices should list the names of any children with dietary restrictions and a complete list of the prohibited foods for each affected child. A Food Allergy Action Plan is included in the handouts and can be downloaded from <http://www.foodallergy.org/actionplan.pdf> in English and Spanish (see *Handout: Food Allergy Action Plan*).

### Diabetes

Children with Type 1 diabetes need carefully planned and balanced meals at regular intervals during the day, so following a feeding plan is very important (Story, Holt & Sofka, 2002). They may also need extra snacks or drinks, depending on their blood sugar status, which is determined by regular testing. ECE staff will need education on the basic principles of metabolism, how diabetes interrupts these processes and the urgent importance of maintaining an appropriate and stable blood sugar level.

Children with insulin resistance, or pre-diabetes, who have a very high risk of developing Type 2 diabetes later in childhood or adolescence, or those who are at increased risk for Type 2 diabetes due to overweight or family history, also need to carefully follow a nutrition plan, as well as to get enough daily exercise. ECE staff who are caring for children with or at risk for Type 2 diabetes will need to understand the condition,

its possible long-term effects, and the basic principles for supporting good blood sugar control and avoiding problems (See *Handout: Health and Safety Notes: Diabetes in the Child Care Setting*).

### Positioning issues

Feeding children with disabilities or other special needs may require specific positioning, adaptive equipment, or more time and effort than is needed for other children. Without this special attention and care, these children may not get enough nutrition. CCHCs can provide training and can support the practice of any special techniques or procedures that may be necessary.

## WHAT THE CCHA NEEDS TO DO

### Promote Healthy Nutrition Practices

- Support breastfeeding practices.
- Monitor food brought in by parents to make sure it is nutritious and safe.
- Serve well-balanced, age-appropriate meals and snacks.
- Review menus for nutritional content.
- Serve meals family style starting with small portions and allowing children to ask for more if they are still hungry.
- Create a pleasant, social eating environment.
- Eat with the children and model positive health habits.
- Let children choose what and how much they will eat.
- Encourage children to try new foods.

### Make Sure Food Served to Children Is Safe

- Use the *CCHP H & S Checklist-R* (2005) at least monthly and help make corrections if needed.
- Monitor the temperature of food, water and refrigerators; identify problems and work on their solutions.

- Monitor food deliveries and temperatures of food served to children and staff, and follow up with delivery agencies.
- Follow best practices, such as labeling and storing food safely, and cleaning surfaces used for preparing or eating food.
- Monitor the hand washing practices of children and staff before and after meals.
- Prevent choking risks.
- before and after handling raw meat, poultry, fish or raw eggs
- before and after eating meals or snacks
- after changing or checking diapers
- after using the toilet or helping a child with toilet use
- after handling pets or other animals
- after contact with any items or persons soiled with body fluids, such as vomit, saliva or blood
- after wiping a child's or your own nose
- after using gloves
- after playing outside
- before and after using water tables or moist items

## Teach Staff and Children When and How to Wash Hands

One of the best ways to prevent the spread of germs is by washing hands. It is important for children and ECE staff to know how to wash hands properly as well as when to wash hands. See below for more information (Dodds, Benjamin & Walsak, 2005).

### How to Wash Hands: Six Easy Steps (AAP et al., 2002, Standard 3.021)

1. Remove all jewelry and roll up your sleeves.
2. Wet your hands with warm, running water, and apply liquid\* soap.
3. Scrub all surfaces of your hands for at least 10 seconds, including backs of hands, thumbs, between fingers, under and around fingernails, and wrists. Hands should be washed for 20 seconds when handling meat and poultry (U.S. Department of Agriculture [USDA] Food Safety Inspection Services, 1998).
4. Rinse thoroughly, with fingertips pointed down.
5. Turn off the water faucet with a paper towel and discard it.
6. Dry your hands with a fresh, disposable paper towel.

*\*It is the physical action of hand washing that removes soil, not the type of soap. However, it is advisable for children to use liquid soap because they do not have the dexterity to handle bar soap. Soap does not have to be antibacterial, and bar soap does not transmit bacteria.*

### When to Wash Hands: Staff and Children

Hands should be washed in the following situations:

- upon arrival
- before any food service activity (food preparation, handling, serving or setting the table)

### Where to Wash Hands

The child care center kitchen should be equipped with two sinks: one for hand washing and one for food preparation (AAP et al., 2002, Standard 4.045). (Family child care homes are not required to have two sinks.) To prevent food from being contaminated, the hand washing sink should have an 8-inch splash guard or be 18 inches from the food preparation sink (AAP et al., 2002, Standards 4.045, 4.046). The following practices should be observed:

- Never wash hands in a sink where food is prepared.
- If there is only one sink, wash your hands first. Then clean the sink thoroughly before preparing food.
- Make sure the sink faucet, liquid soap and paper towels are easily accessible for children.

### Monitor Practices for Feeding Children with Special Needs

- Keep staff notices of children with allergies accurate and up-to-date.
- Monitor children who have Nutrition and Feeding Care Plans because of chronic health conditions or disabilities.
- Respect the personal (vegetarian) or religious (no pork) food preferences of families.

## Review Existing Nutrition and Physical Activity Policies and Procedures

Find out if the program has policies and procedures for nutrition and physical activity. If there are none, the CCHA can work with the ECE provider to develop policies and procedures for safe food handling and storage, nutrition, and physical activity using the National Health and Safety Performance Standards (AAP et al., 2002). If there are policies and procedures, review them and find out if they are being followed. The CCHA can review daily schedules to see if children are getting enough physical activity. See Table 1 for ideas for physical activities that can be included in the child's day. The CCHA can help plan menus and evaluate their nutritional value. When reviewing nutrition policies, CCHAs should make sure that the policies give guidance for a variety of situations and that the following policies are communicated to families:

- If parents send food for their child from home, they need clear guidelines from the ECE program about both nutritive content and food safety. It is best to give families these policies in writing at the time of enrollment. For example, an ECE program may have a written policy pro-

hibiting children from bringing unhealthy foods such as candy or soda from home.

- Activities that have children involved in preparing food are creative ways to build children's interest in healthy food. However, it is important not to leave out children who have allergies or other food restrictions from such activities. When planning activities, program staff or parents who are volunteering should choose foods that are acceptable and safe for all participants.
- Children whose families ask for a vegetarian diet for their children or make other specific food requests deserve consideration and respect. The Dietary Guidelines for Americans (2005) states that vegetarians can get the recommended amount of nutrients by carefully choosing their foods. Children who avoid milk products can be offered other sources of protein, iron and vitamin B12, as well as calcium and vitamin D. In addition, vegetarians may choose only nuts, seeds and legumes from the meat and beans group, or they may choose to also include eggs (Dietary Guidelines for Americans, 2005). Remember that substitutions to menus, which allow for these individual preferences, must be equivalent in nutrients (see *Handout: Health and Safety Notes: Types of Vegetarian Diets*). In other words, bread is not an acceptable substitution for meat, but another protein food is acceptable.

**TABLE 1: PHYSICAL ACTIVITY IDEAS FOR YOUNG CHILDREN**

Age	Physical Activity	
Birth to 3 years old	<ul style="list-style-type: none"> <li>• Crawling through tunnels or under tables.</li> <li>• Climbing.</li> <li>• Dancing.</li> <li>• Walking.</li> <li>• Having a parade around the playground.</li> </ul>	<ul style="list-style-type: none"> <li>• Kicking a ball.</li> <li>• Throwing a ball or balloon.</li> <li>• Stacking toys.</li> <li>• Rolling over.</li> <li>• Active games such as pat-a-cake, duck-duck-goose and hide-and-seek.</li> </ul>
3 to 5 years old	<ul style="list-style-type: none"> <li>• Dancing.</li> <li>• Gymnastics.</li> <li>• Jumping on a mini trampoline.</li> <li>• Skipping.</li> <li>• Galloping.</li> <li>• Playing on ride-on toys.</li> <li>• Swinging.</li> <li>• Running.</li> </ul>	<ul style="list-style-type: none"> <li>• Taking a walk.</li> <li>• Flying a kite.</li> <li>• Hopping.</li> <li>• Jumping.</li> <li>• Throwing a ball.</li> <li>• Catching a ball.</li> <li>• Playing "Simon Says."</li> <li>• Playing "Follow the Leader."</li> </ul>

## Promote Physical Activity for Young Children

In 2002, the National Association for Sport and Physical Education [NASPE] released the first physical activity guidelines specifically designed to meet the developmental needs of infants and toddlers (NASPE, 2002). The guidelines (see below) address the kinds of physical activity recommended for infant, toddler and preschool age groups, the activity environment, and the role of the adult facilitator in children's physical activity.

### Physical Activity Guidelines

*(Adapted from NASPE, 2002)*

#### Infants

- Daily physical activities should promote the development of movement skills and the exploration of the environment.
- Infants should be placed in safe settings that facilitate physical activity and do not restrict movement for prolonged periods of time.
- Infants should have access to a safe environment that promotes large muscle activities.
- Parents and caregivers should be aware of the importance of physical activity and should facilitate movement.

#### Toddlers

- Toddlers should accumulate at least 30 minutes daily of structured physical activity (such as a dance class).
- Toddlers should engage in at least 60 minutes (and up to several hours) daily of unstructured physical activity (such as playing on the playground), and they should not be sedentary for more than 60 minutes at a time except when sleeping.
- Toddlers should develop movement skills that are building blocks for more complex movement tasks.
- Toddlers should have access to safe indoor and outdoor areas that promote gross motor activities.
- Parents and caregivers should be aware of the importance of physical activity and should facilitate movement skills.

#### Preschoolers

- Preschoolers should accumulate at least 60 minutes daily of structured physical activity.
- Preschoolers should engage in at least 60 minutes (and up to several hours) daily of unstructured physical activity, and they should not be sedentary for more than 60 minutes at a time except when sleeping.
- Preschoolers should develop competence in movement skills that are building blocks for more complex movement tasks.
- Preschoolers should have access to safe indoor and outdoor areas that promote gross motor activities.
- Parents and caregivers should be aware of the importance of physical activity and should facilitate movement skills.

### Provide Resources

CCHAs can provide resources for children, staff and parents related to food, nutrition and physical activity. CCHAs can make a list of farmers' markets, food pantries, and local park and recreation activities and events. CCHAs can create nutrition and physical activity bulletin boards, newsletter articles and collaborative menu planning.

### Provide Educational Materials for ECE Providers, Families and Children

CCHAs can give out examples of successful nutrition plans from other ECE programs. CCHAs can offer posters that educate children and parents about healthy food choices and physical activity, and encourage ECE providers to put them up in several easy-to-notice places. CCHAs can provide a list of books, videotapes and Web sites to help educate staff, parents and children about nutrition and physical activity. CCHAs should provide resources that are culturally sensitive to the families being served by the ECE programs.

## **Train Staff**

CCHAs can orient new employees or substitute teachers to nutrition and fitness policies and to the specific needs of each child.

## **Support and Educate Parents**

CCHAs should help parents follow their schedule of well child checkups in a “medical home” (i.e., a consistent place where medical care is received such as a doctor’s office) where children are routinely weighed and measured. CCHAs can keep track of height, weight or BMI of children and follow up when needed. CCHAs can plan a parent education workshop or bulletin board focusing on nutrition and physical activity.

## **Cultural Implications**

It is important for CCHAs to provide resources that are culturally appropriate and inclusive to the families served by the ECE program. CCHAs should understand that nutrition can be a very emotional topic for some families and ECE providers. Families may have different opinions about food, based on their cultural traditions. Conflicts between ECE providers and families may come up due to cultural differences; CCHAs can help solve these conflicts by being culturally aware and being open to different perspectives.

## **Implications for Children and Families**

Children and families can benefit from CCHAs and ECE providers who model healthy eating habits. By having healthy food choices available in ECE programs, and having educational materials available about nutrition and physical activity, families can help their children become healthier people.

## **Implications for ECE Providers**

ECE providers will appreciate having up-to-date resources and educational materials about nutrition and physical activity available for staff and families. ECE providers can make healthy food choices and physical activity part of their normal activities during the day.

## ACTIVITY: BUILDING HEALTHY EATING HABITS

1. Identify the problems in the following four scenarios.
2. In small groups, talk about suggestions for improvements.
3. Note educational and any other supportive steps you might take in these situations.
4. What CFOC standards are relevant?

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### Scenario 1

A new teacher tells you she is having trouble getting the children to sit down and eat. She tells you that she has the television turned to the children's favorite video show so they will sit quietly and watch television while they are eating. She also tells you that she tries to have the meals right after the children come in from playing since they will probably be tired out and ready to sit down and eat. She is too busy to sit down with the children since she is dishing out each child's plate in the kitchen. She cannot figure out what to do to get the children to sit at the table and eat their meals. What can you suggest to her?

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### Scenario 2

A parent in your program wants you to give her 2-month-old infant cereal in the bottle twice a day.

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### Scenario 3

A teacher's aide in your ECE program tells you she is really annoyed with a parent who wants her child treated differently because she is a vegetarian. The aide wants the parent to bring in the vegetarian meals because it is so much work to cook special dishes everyday. The aide just found out that the Child Care Food Program Guidelines require that a family's religious, cultural or medical nutritional needs must be respected.

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### Scenario 4

A parent in your program is concerned because she feels her 2-year-old is not getting enough to eat in your ECE program.

## **NATIONAL STANDARDS**

From *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, Second Edition*

1.009, 1.023, 1.029-1.031, 1.038-1.039, 1.041, 2.011, 2.021, 2.047-2.048, 2.060, 4.005-4.062, 4.066-4.070, 8.004-8.005, 8.034-8.036, 8.041-8.042, 8.048, 8.074-8.075, 8.077, 9.033-9.034.

## **CALIFORNIA REGULATIONS**

From *Manual of Policies and Procedures for Community Care Licensing Division*

Title 22, Section 101227, 101230, 101238.2, 101239.2, 101419.3, 101427, 101527, 101538.2.

# RESOURCES

## Organizations and Resources

Organization and Contact Information	Description of Resources
<p>American Academy of Allergy Asthma &amp; Immunology www.aaaai.org</p>	<p>Food Allergy Tips to Remember <a href="http://www.aaaai.org/patients/publicedmat/tips/foodallergy.stm">http://www.aaaai.org/patients/publicedmat/tips/foodallergy.stm</a></p>
<p>American Dietetic Association 120 South Riverside Plaza, Suite 2000 Chicago, IL 60606-6995 (800) 877-1600 www.eatright.org</p>	<p>American Dietetic Association (ADA), the nation’s biggest organization of food and nutrition professionals, provides reliable, objective food and nutrition information that includes resources to help achieve a healthy lifestyle and answer food and nutrition questions.</p> <p>National Center for Nutrition and Dietetics (NCND) Consumer Information Line (800-366-1655) offers the public direct access to objective, accurate food and nutrition information from the experts—registered dietitians. ADA’s Consumer Nutrition Information Line provides recorded messages with up-to-date, practical nutrition information as well as referrals to registered dietitians. Messages are available 24 hours daily.</p> <p>Messages and accompanying Nutrition Fact Sheets (in English and Spanish) change monthly and offer practical, creative ways to balance food choices for a healthful eating style. Funding for this toll-free service is provided by educational grants to the American Dietetic Association Foundation.</p> <p>Healthy Habits for Healthy Kids: A Nutrition and Activity Guide for Parents <a href="http://www.eatright.org/Public/Files/wellpoint.pdf">http://www.eatright.org/Public/Files/wellpoint.pdf</a></p> <p>Nutrition Fact Sheets <a href="http://www.eatright.org/Public/NutritionInformation/92_11722.cfm">http://www.eatright.org/Public/NutritionInformation/92_11722.cfm</a></p> <p>American Dietetic Association (1999). Position of the American Dietetic Association: Nutrition standards for child care programs. <i>Journal of the American Dietetic Association</i>, 99, 981-988.</p>
<p>Bright Futures <a href="http://www.brightfutures.org/index.html">www.brightfutures.org/index.html</a></p>	<p>Based at Georgetown University and sponsored by National Center for Education in Maternal and Child Health Bureau, this Web site offers resources for health professionals and families to encourage overall health among youth. Nutrition and physical activity practice guides, training tools and family materials are available to help promote the management of a healthy weight.</p>
<p>California Childcare Health Program (CCHP) 1333 Broadway, Suite 1010 Oakland, CA 94612-1926 Healthline: (800) 333-3212 <a href="http://www.ucsfchildcarehealth.org">www.ucsfchildcarehealth.org</a></p>	<p>Program of the University of California, San Francisco, School of Nursing. Provides staff training, parent educational materials and telephone and online support to California ECE providers. Many documents are available to download from the Web site related to nutrition and physical activity; available in English and Spanish.</p>



Organization and Contact Information	Description of Resources
<p>California Department of Education            PO Box 944272            Sacramento, CA 94244-2720  <a href="http://www.cde.ca.gov">www.cde.ca.gov</a></p>	<p>California Department of Education, Nutrition Division provides information and resources on menu planning, preparation documentation, meal patterns and other materials needed for proper administration of the federal Child and Adult Care Food Program (CACFP)-subsidized food program for child care centers and family day care homes. Retrieved October 11, 2004, from <a href="http://www.cde.ca.gov/ls/nu/cc/">www.cde.ca.gov/ls/nu/cc/</a></p> <p>Publications:</p> <ol style="list-style-type: none"> <li>1. Ingredients for a Good Start: Shaping Healthy Food Choices in Child Care and Development Programs</li> <li>2. Simplified Buying Guide</li> <li>3. Today's Special: A Fresh Approach to Meals for Preschoolers</li> </ol> <p>Meal planning for older children  <a href="http://www.cde.ca.gov/ls/nu/he/documents/oldchmlpat.rtf">www.cde.ca.gov/ls/nu/he/documents/oldchmlpat.rtf</a></p>
<p>California Department of Health Services            Women, Infants, and Children (WIC)            Supplemental Nutrition Program  <a href="http://www.wicworks.ca.gov">www.wicworks.ca.gov</a></p>	<p>WIC, the Women, Infants, and Children program, is a nutrition program that helps pregnant women, new mothers and young children eat well and stay healthy. The Web site provides information on nutrition, breastfeeding and physical activities for families. The Local Agency Section helps locate WIC offices in every community.</p>
<p>Centers for Disease Control and Prevention  <a href="http://www.cdc.gov">www.cdc.gov</a></p>	<p>CDC Growth Chart Training Modules and Resources Retrieved March 15, 2005, from <a href="http://www.cdc.gov/Growthcharts">http://www.cdc.gov/Growthcharts</a></p>
<p>Center for Weight and Health            College of Natural Resources            University of California            101 Giannini Hall #3100            Berkeley, CA 94720-3100  <a href="http://nature.berkeley.edu/cwh/resources/childrenandweight.shtml">http://nature.berkeley.edu/cwh/resources/childrenandweight.shtml</a></p>	<p>Children and Weight: What Health Professionals Can Do About It</p> <p>This kit contains everything needed to conduct in-service training for doctors, nurses, dietitians and other health professionals on diagnosing, assessing and treating pediatric obesity. The kit includes a videotape that addresses body image, medical risks to screen for with an overweight child, and assessment and care planning for overweight patients. Also included are five unit lesson plans complete with educational objectives, teaching activities, overhead masters and handout masters. Other materials included are an extensive resource list, a teaching flip chart for use with low-income families, samples of pamphlets for parents, a review of recent scientific research on pediatric obesity, and an evaluation instrument.</p> <p>Order from:            Agriculture &amp; Natural Resources            UC Communication Services            Phone: (510) 642-2431            E-mail: <a href="mailto:anrcatalog@ucdavis.edu">anrcatalog@ucdavis.edu</a>            Order online from the DANR Publications onlinecatalog:  <a href="http://anrcatalog.ucdavis.edu/merchant.ihtml?id=349&amp;step=2">http://anrcatalog.ucdavis.edu/merchant.ihtml?id=349&amp;step=2</a></p>
<p>Ellyn Satter Associates  <a href="http://www.ellynsatter.com">www.ellynsatter.com</a></p>	<p>Feeding policy for child care facilities.</p>

Organization and Contact Information	Description of Resources
<p>Food Allergy &amp; Anaphylaxis Network 11781 Lee Jackson Hwy, Suite 160 Fairfax, VA 22033-3309 (800) 929-4040 faan@foodallergy.org www.foodallergy.org</p>	<p>Food Allergy and Anaphylaxis Network offers information and resources for managing children’s food allergies in school and group care settings. Retrieved October 11, 2004, from <a href="http://www.foodallergy.org/school.html">http://www.foodallergy.org/school.html</a></p> <p>Childcare and Preschool Guide to Managing Food Allergies (1994). This comprehensive program, endorsed by the American Academy of Allergy Asthma &amp; Immunology and the American Academy of Pediatrics, is designed to educate caregivers of children under age 5. Included are two videos, It Only Takes One Bite and Alexander the Elephant Who Couldn’t Eat Peanuts, a binder filled with vital information, an EpiPen® trainer, a laminated sheet of “How to Read a Label: cards, and a food allergy awareness poster”.</p>
<p>Healthy Child Publications P.O. Box 624, Harbor Springs, MI 49740 Info@healthychild.net www.healthychild.net</p>	<p>David, P. (n.d.). Nutrition Action: Nutrition Assessment of Infants and Toddlers. Retrieved March 28, 2005, from <a href="http://www.healthychild.net/articles/na23assess.html">http://www.healthychild.net/articles/na23assess.html</a></p>
<p>National Network for Child Care www.nncc.org</p>	<p>Make sure children exercise regularly. Retrieved October 11, 2004, from <a href="http://www.nncc.org/Health/fc43_exercise.html">www.nncc.org/Health/fc43_exercise.html</a></p>
<p>The President’s Council on Physical Fitness Department of Health and Human Services www.fitness.gov</p>	<p>This Web site includes information on how children can stay fit and active.</p>
<p>U.S. Department of Agriculture (USDA) 1400 Independence Ave., S.W. Washington, DC 20250</p>	<p>USDA Child Care Food Program sets standards for healthy and safe food service in child care settings. Their materials include evidence-based recommendations on meal patterns, content and frequency starting from infancy onward. Retrieved October 11, 2004, from <a href="http://www.fns.usda.gov/cnd/care/cacfp/cacphome.htm">www.fns.usda.gov/cnd/care/cacfp/cacphome.htm</a></p> <p>USDA Child Care Nutrition Resource System provides recipes, resources and information on preparing nutritious meals and food safety for child care programs. Retrieved October 11, 2004, from <a href="http://www.nal.usda.gov/childcare/index.html">www.nal.usda.gov/childcare/index.html</a></p> <p>USDA Food Safety and Inspection Service Publication: Keeping Kids Safe: A Guide for Safe Food Handling and Sanitation. Retrieved March 28, 2005, from <a href="http://schoolmeals.nal.usda.gov/Safety/KidsSafedit.pdf">http://schoolmeals.nal.usda.gov/Safety/KidsSafedit.pdf</a></p> <p>USDA Food and Nutrition Service. Feeding Infants: A Guide for Use in the Child Nutrition Programs. Retrieved March 28, 2005, from <a href="http://www.fns.usda.gov/tr/Resources/feeding_infants.html">www.fns.usda.gov/tr/Resources/feeding_infants.html</a></p>
<p>U.S. Department of Health and Human Services (HHS) and U.S. Department of Agriculture (USDA)</p>	<p>Dietary Guidelines for Americans 2005, Retrieved March 10, 2005, from <a href="http://www.healthierus.gov/dietaryguidelines/">www.healthierus.gov/dietaryguidelines/</a></p>

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# HANDOUTS FOR THE NUTRITION AND PHYSICAL ACTIVITY MODULE

## Handouts from California Childcare Health Program (CCHP), Oakland, CA

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# Food Allergies

Children with food allergies can pose challenges for parents and child care providers alike. Allergies of all kinds are the most frequent chronic disease found in child care. The Food Allergy Network reports that approximately 2 percent of the general population suffers from food allergies. That means 6 to 7 million Americans suffer some type of reaction to the foods they eat.

## Which foods are the most common allergens?

Eight foods account for the majority of allergic reactions:

- peanuts
- fish
- shellfish
- eggs
- milk
- soy
- wheat
- tree nuts (walnuts, pecans, etc.)



## What happens during an allergic reaction?

During an allergic reaction, the immune system releases large amounts of chemicals called histamines to protect the body from the offending allergic substance. These chemicals trigger a chain of allergic symptoms that can affect the respiratory system, gastrointestinal tract (involving the stomach or intestines), skin or cardiovascular system (involving the heart and blood vessels).

## What are the symptoms?

Symptoms can include a tingling sensation in the mouth, swelling of the throat and tongue, difficulty breathing, hives, vomiting, abdominal cramps, diarrhea and a drop in blood pressure. Symptoms typically occur within minutes to two hours after the person has eaten the food to which he is allergic. A serious, often life-threatening allergic reaction characterized by low blood pressure, shock and difficulty breathing is called an *anaphylactic reaction*.

## What emergency treatment is available?

Avoidance is the most important aspect in the management of life-threatening allergies. If a child does eat some-

thing to which she is severely allergic, medical treatment needs to be immediate. The treatment of choice is epinephrine, administered by injection. Other medications such as antihistamines, asthma medications or steroids may be given, but only as a second line of defense. Consult with your health care provider about a prescription for an epinephrine administration kit (usually Epi-Pen Jr. for children). These kits deliver a pre-mixed epinephrine solution through a shot that anyone can administer. The use of Epi-Pen is considered life-saving first aid and therefore is not prohibited in child care. Take a kit to your child care program and provide instructions in its use. Check the expiration date periodically on each kit to make sure the contents have not expired.

## What should I tell my child care provider?

You or your child's health care provider should tell any one who cares for your child about your child's specific allergies and what to do in an emergency. Be sure to include the following:

- What foods your child is allergic to.
- What symptoms your child typically has.
- The treatment of choice for your child.
- How the child care provider can contact you in an emergency.
- The side effects and possible negative effects of the treatment of choice.
- How to use an Epi-Pen Jr., if that is the emergency treatment your child will need (you can practice with a demonstration Epi-Pen Jr. that does not contain medication).
- If an injection of epinephrine appears necessary, the child care provider should call 911 to have your child transported to the hospital. *Under no circumstances should the child care provider attempt to drive your child to the hospital.*

## Working with your child care provider

Developing a plan of action with your child care provider can be a critical factor in saving your child's life. Ask for your provider's support in reducing or eliminating potential allergens from the child care home or center. With specific allergies such as peanut allergies, total elimination of the food is recommended. Everyone need to read food labels carefully. Ask your provider to communicate with other parents, so when treats are brought from home (birthdays, holidays, etc.), they are aware of any special food needs.

by Terry Holybee, RN



Provided by California Childcare Health Program  
For more information, please contact:  
Healthline 1-800-333-3212

Distributed by:

# Food-Borne Illness

Food-borne illnesses are wide-spread and making headlines. Because a small dose of infectious or toxic materials can lead to serious illnesses among children, food safety is an increasingly important issue for parents and caregivers, particularly those looking after young children.

## What is a food-borne illness?

Food-borne illness is a disease caused by ingesting food or drink contaminated by microbes, chemicals or toxins. Every person is at risk of food-borne illness, but young children, pregnant women, elderly people, persons with liver disease, and those with weakened immune systems are at a higher risk.

## How does food become contaminated?

We live in a microbial world with many opportunities for food to become contaminated as it is produced, processed, stored and prepared. Bacteria may already be present on products such as raw meat, poultry, seafood and eggs when you purchase them. Even safely cooked foods can become cross-contaminated with raw products, meat juices or other contaminated products.

Common food handling practices that contribute to food-borne illnesses include improper cooling, a lapse of 12 or more hours between preparation and eating, handling of foods by infected persons, inadequate reheating, contaminated raw food or ingredients, food from unsafe sources, improper cleaning of equipment and utensils, and inadequate cooking.

## What causes food-borne illnesses?

While a good number of more than 250 different recognized food-borne diseases are caused by a variety of bacteria, viruses and parasites, others are caused by harmful toxins or chemicals that have contaminated the food. Foods most often implicated in food-borne illness outbreaks include meat and poultry, eggs and egg products, milk and milk products (including pastries with cream or custard filling), and home-canned and low-acid foods such as vegetables and meats.

## What are the symptoms?

It may take from hours to days to develop symptoms of illness after a person has consumed contaminated food or drinks. This period is called the incubation period. Nausea, vomiting, abdominal cramps and diarrhea are usually the first symptoms in many food-borne diseases. However, symptoms will vary according to the type and amount of microbes and may include fever, headache, severe exhaustion and sometimes blood and pus in the stools. Symptoms usually last a day or two, but in some cases can continue for a week to 10 days. Different kinds of food-borne diseases may require different treatment depending on the symptoms they cause. Many food-borne illnesses will improve in two to three days without any medicine, and illnesses caused by viruses do not require antibiotics.

## When should you seek medical help?

Seek medical help if:

- Diarrhea lasts more than three days.
- Vomiting lasts longer than 12 hours.
- There is blood in the stool.
- High fever (temperature that is over 101.5° F measured orally) is present.
- Vomiting and diarrhea are causing severe abdominal cramps.
- Signs of dehydration (such as dry mouth, decrease in urination, and feeling dizzy when standing up) are present.

## How can I avoid food-borne illnesses?

Food safety involves proper food purchasing, food storage, handling and cooking. A few simple precautions can prevent food from spreading illnesses:

- **Clean.** Wash hands and surfaces often.
- **Separate.** Do not cross-contaminate.
- **Chill.** Refrigerate promptly.
- **Cook.** Cook to proper temperatures.

Remember that bacteria multiply rapidly between 40° F and 140° F. To be safe, **keep cold food cold and hot food hot.**

## References

- Foodborn Infections*, Division of Bacterial and Mycotic Diseases, CDC.
- Consumer Fact Sheet*, FDA Center for Food Safety and Applied Nutrition.
- Food Safety for Child Care Facilities*, University of Nebraska, Institute of Agriculture and Natural Resources.
- Child Care Centers Fight Bacteria*, USDA, Food and Nutrition Services.

by Rahman Zamani, MD, MPH (03/03)



Provided by California Childcare Health Program  
For more information, please contact:  
Healthline 1-800-333-3212

Distributed by:

# Fact Sheets for Families

## Overweight and Obesity

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Obesity is not only a problem for adults, its dramatic increase in children has become a disturbing national epidemic and public health concern that warrants our attention. In the United States, 10 percent of children between ages 5 and 17 are obese and more than 30 percent are overweight (*International Obesity Task Force, 2004*). Overweight children are more likely to become overweight adults.

### When is a child obese?

Obesity means having too much body fat in relation to lean body mass. A measurement of Body Mass Index (BMI) is used to assess overweight and obesity. BMI is the ratio of weight in kilograms to the square of height in meters ( $\text{kg}/\text{m}^2$ ). BMI between the 85th and 95th percentiles for age and sex is considered at risk of overweight, and BMI above the 95th percentile is considered overweight or obese.

### Why do children become overweight?

While in some cases heredity and genes play a role, very few children are overweight because of underlying medical problems. The main causes of childhood obesity are unhealthy eating habits and low level of physical activity. When a child eats more calories than his body can burn, the extra calories are stored as fat. Everyone has some stored fat, but too much fat results in the unhealthy condition of being overweight.

### What are the health consequences?

Obesity in children is a serious issue with health and social consequences that often continue into adulthood.

**Physical risks of being overweight.** Obese children have shown an alarming increase in the incidence of type 2 diabetes, a disease that previously was typically seen in adults. Many obese children have high cholesterol and blood pressure levels, which are risk factors for developing heart disease and stroke. Obese children

also have a high incidence of orthopedic problems, liver disease, asthma and certain types of cancer. One of the most severe problems for obese children is sleep apnea (interrupted breathing while sleeping). In some cases this can lead to problems with learning and memory.

**Social and emotional outcomes.** Social discrimination may be more disturbing to an overweight child than physical health problems. Research shows that obesity can be harmful to children's mental health. Children who are teased frequently can develop low self-esteem, behavior and learning problems, and depression.

### What is the best way to help children reduce weight?

Management of obesity in children is often focused on slowing or stopping the progress of weight gain rather than weight loss so the child grows into a normal body weight over a period of months to years. Parents and child care providers can play a very important role in helping overweight children.

**Physical activity.** Evidence shows that promoting exercise to burn calories helps more than restricting calories, and it's more fun. Offer regular opportunities for children to engage in physical activities. Organize indoor and outdoor activities and reduce screen time (television, computer, videos) to two or less hours per day.

**Diet management.** Provide nutritious meals and snacks based on the new dietary guidelines for children. Keep on hand water, fruits, vegetables, yogurt and low-fat snacks; keep fatty and sugary snacks to a minimum, especially sugar sweetened beverages such as soda. Never put a child on a low-calorie diet; lower the amount of fat in food, but maintain calories by increasing the consumption of fruit, vegetables, cereals and bread.

**Behavior modification.** Avoid using food as a reward or punishment. Have family meals and set a good example by eating a wide variety of food. Discourage children from teasing each other about their size and weight. Teasing can emotionally harm children, leading to low self-esteem, depression and further weight gain.

by A. Rahman Zamani, MD, MPH

### References

AAP Policy Statement: Pediatrics Vol. 112 No. 2 August 2003, pp. 424-430.

Centers for Disease Control and Prevention Obesity and Overweight Information ([www.aap.org/obesity/family.htm](http://www.aap.org/obesity/family.htm)).

American Obesity Association ([www.obesity.org](http://www.obesity.org)).



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# **Nutrition and Feeding Care Plan**

The nutrition and feeding care plan defines all members of the care team, communication guidelines (how, when, and how often), and all information on a child's diet and feeding needs for this child while in child care.

**Name of Child:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_

.....

## **Team Member Names and Titles** (parents of the child are to be included)

Care Coordinator (responsible for developing and administering *Nutrition and Feeding Care Plan*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

① If training is necessary, then all team members will be trained.

Individualized Family Service Plan (**IFSP**) attached       Individualized Education Plan (**IEP**) attached

## **Communication**

What is the team's communication goal and how will it be achieved (notes, communication log, phone calls, meetings, etc.):

\_\_\_\_\_

\_\_\_\_\_

How often will team communication occur:    **Daily**    **Weekly**    **Monthly**    **Bi-monthly**    **Other** \_\_\_\_\_

Date and time specifics: \_\_\_\_\_

## **Specific Diet Information**

❖ Medical documentation provided and attached:    **Yes**    **No**    **Not Needed**

Specific nutrition/feeding-related needs and any safety issues: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

❖ **Foods to avoid (allergies and/or intolerances):** \_\_\_\_\_

Planned strategies to support the child's needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Plan for absences of personnel trained and responsible for nutrition/feeding-related procedure(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

❖ Food texture/consistency needs: \_\_\_\_\_

❖ Special dietary needs: \_\_\_\_\_

❖ Other: \_\_\_\_\_

## **Eating Equipment/Positioning**

❖ Physical Therapist (PT) and/or Occupational Therapist (OT) consult provided    **Yes**    **No**    **Not Needed**

Special equipment needed: \_\_\_\_\_

Specific body positioning for feeding (attach additional documentation as necessary): \_\_\_\_\_

\_\_\_\_\_

**Behavior Changes** (be specific when listing changes in behavior that arise before, during, or after feeding/eating)

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**Medical Information**

Information Exchange Form completed by Health Care Provider is in child's file onsite.

❖ Medication to be administered as part of feeding routine:  Yes  No

Medication Administration Form completed by health care provider and parents is in child's file on-site (including type of medication, who administers, when administered, potential side effects, etc.)

**Tube Feeding Information**

Primary person responsible for daily feeding: \_\_\_\_\_

Additional person to support feeding: \_\_\_\_\_

Breast Milk  Formula (list brand information): \_\_\_\_\_

Time(s) of day: \_\_\_\_\_

Volume (how much to feed): \_\_\_\_\_ Rate of flow: \_\_\_\_\_ Length of feeding: \_\_\_\_\_

Position of child: \_\_\_\_\_

Oral feeding and/or stimulation (attach detailed instructions as necessary): \_\_\_\_\_

**Special Training Needed by Staff**

Training monitored by: \_\_\_\_\_

1) Type (be specific): \_\_\_\_\_

Training done by: \_\_\_\_\_ Date of Training: \_\_\_\_\_

2) Type (be specific): \_\_\_\_\_

Training done by: \_\_\_\_\_ Date of Training: \_\_\_\_\_

**Additional Information** (include any unusual episodes that might arise while in care and how the situation should be handled)

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**Emergency Procedures**

Special emergency and/or medical procedure required (additional documentation attached)

Emergency instructions: \_\_\_\_\_

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Emergency contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Follow-up: Updates/Revisions**

This Nutrition and Feeding Care Plan is to be updated/revised whenever child's health status changes or at least every \_\_\_ months as a result of the collective input from team members.

Due date for revision and team meeting: \_\_\_\_\_



# Active Outdoor Play



Studies show that regular physical activity helps children be fit and healthy, improves self-esteem and decreases the risk of serious illnesses such as heart disease and stroke later in life. Active outdoor play enhances children's senses of smell, touch and taste, and the sense of motion through space, which are powerful ways of learning. Children's perceptual abilities may suffer when they experience the world mainly through television, computers and books. Their social abilities to cooperate, help, share and solve problems with other children are fostered when playing together outdoors. And when they have access to the outdoors, they gain the ability to navigate their immediate environment safely, and lay the foundation for the courage that will enable them eventually to lead their own lives.

## Ideas for active play

**Infants** count on you to set up a safe space away from more mobile children where they can explore with their senses, practice using their muscles and move freely. A large blanket on the floor with some colorful toys or objects of different sizes, shapes and textures will keep them active and interested. Try to take infants outdoors each day, even for a short walk in the yard.

**Toddlers** explore and learn about the world through unstructured play time. Running, climbing and playing in a sandbox are all fun and offer opportunities to develop and practice new skills. You can lead movement activities such as jumping with two feet, skipping and running. Explore the crunchy leaves, bare tree limbs and what can float in puddles.

**Preschool-age children** can enjoy simple games, such as Simon Says. They can roll large balls, play catch and ride wheel toys, dance, sing or move to music. Unstructured time allows them to learn important skills, use their imaginations, and offers time to wind down. Gardening or simple science activities can encourage their enjoyment of the outdoors while using all their senses.

**School-age children** are ready for new learning experiences and both team and individual sports. Children who prefer not to participate in organized teams need regular exercise, such as running, walking, skating, bicycling, dance and nonviolent martial arts.

**Children with chronic health conditions and disabilities** should be included in outdoor play activities; they receive the same positive benefits from exercise and exploration. Some activities may need to be modified or adapted.

## Outdoor play in winter

Winter brings many wonderful opportunities for children to delight in seasonal changes while playing outdoors. But all too often cold or rainy days mean that many young children spend their day indoors engaged in quiet activities. Keep the following in mind:

- Playing outdoors in cold weather doesn't cause colds—germs do. Playing outdoors will reduce the amount of time children and adults are exposed to germs while cooped up inside.
- Dress in layers and keep extra dry clothing for children who get wet or muddy.
- Open a window and let in the fresh air periodically. Overheated rooms with stale, dry air can be a health hazard. Change your furnace and air filters regularly and watch for mold.
- Use sunscreen to prevent sunburn and decrease the risk of developing skin cancer at a later age whenever your child is playing outdoors. Unless it's actually raining, sun damage can occur whether it's sunny or cloudy.
- The American Academy of Pediatrics recommends that all trampolines be avoided due to the high number of injuries at all ages.
- Prevent slips and falls by wiping down wet outdoor equipment. Check for adequate cushioning under climbing equipment, as sand and bark may compact when wet.
- Never let toddlers play around water without constant supervision. It takes very little time and only a few inches of water for a puddle to become a drowning hazard.

And remember—have fun outdoors with your children. Even when the weather is less than perfect, it's good for you too!

## Resources

*Is It Safe to Play Outdoors in Winter?* Health and Safety Notes, CCHP (2001).

*What Can I Teach My Young Child About the Environment?* Ruth Wilson. <http://npin.org/library/1998/n00025/n00025.html>.

*The Great Outdoors: Restoring Children's Right to Play Outside.* Mary S. Rivkin. Washington, DC: National Association for the Education of Young Children (1995).

*The Value of School Recess and Outdoor Play.* Early Years Are Learning Years, National Association for the Education of Young Children (1997). <http://npin.org/library/1998/n00057/n00057.html>.

by Cheryl Oku, *Infant-Toddler Specialist* (rev. 06/04)







# Diabetes in the Child Care Setting

## What is it?

Diabetes is a serious illness in which the body is unable to properly change sugar from food into energy. A simple sugar called glucose is the main source of energy for our body. Insulin, a hormone produced by the pancreas—a large gland behind the stomach—helps the body to use the glucose for energy.

Diabetes happens when the body does not produce enough insulin (Type 1 or insulin-dependent), or use it properly (Type 2 or non-insulin-dependent). As a result glucose begins to build up in the blood, creating high sugar levels in the body.

Children with diabetes usually have Type 1 diabetes, in which the body does not make insulin. They therefore need daily injections of insulin.

## Who gets it and how?

Approximately 127,000 American children, including 15,000 in California, have Type I diabetes. At some time, child care providers are likely to have a child with diabetes in their care.

Diabetes is not contagious. People cannot catch it from each other. At present, scientists do not know exactly what causes diabetes, but they believe that both genetic factors and viruses are involved. Diabetes can run in families.

## What are the symptoms?

Two kinds of problems occur when the body does not make insulin:

1. ***Hyperglycemia, or high blood sugar***, occurs with both types of diabetes when the body does not have enough insulin. Symptoms include frequent urination, excessive thirst, extreme hunger, unusual weight loss, irritability and poor sleep, nausea and vomiting, and weakness and blurred vision.

2. ***Hypoglycemia, or low blood sugar***, is more common in people with Type 1 diabetes. It is also sometimes called “insulin reaction” or “insulin shock.” Symptoms may include hunger, pale skin, weakness, dizziness, headache, shakiness, changes in mood or behavior (irritability, crying, poor coordination), sweating, and rapid pulse. Treatment commonly involves quickly restoring glucose levels to normal with a sugary food or drink such as cola, orange juice, candy, or glucose tablets.

If not treated properly, it can result in loss of consciousness and life-threatening coma.

## What factors affect blood glucose level?

The amount of blood sugar changes and can be affected by many factors such as diet, exercise, emotional stress, illness, and medicine.

Exercise helps to lower blood sugar. Regular exercise is important because of the need to balance the effect of exercise with food and insulin. If possible, the child should test blood glucose levels before taking part in a game or sport to determine when to eat a snack and how much food to eat.

Types, amount, and frequency of meals and snacks have different effects on blood sugar. Children with diabetes need special diets in reasonable amounts, and on regular schedules. Crackers with peanut butter or cheese, pretzels, apples, and juice make ideal snacks.

A child with diabetes may need to eat a snack before, during, or after energetic exercise.

Stress from a cold, sore throat, or other illness may increase the level of blood glucose.

## The law and diabetes

The Americans with Disabilities Act, a federal law, considers diabetes a disability, forbids discrimination against the disabled, and puts legal responsibility on child care providers to care for the special needs of children with diabetes.

Effective January 1, 1998, child care providers in California are allowed to perform a blood-glucose test (using a finger-stick test) on a child in their care. However, they are not required to give an insulin injection to any child in a child care facility.

## Blood glucose testing

Regular testing of blood glucose levels is a very important part of diabetes care. Testing is done by taking a drop of blood, usually from a finger, and placing it on a special test strip in a glucose meter. Glucose meters are easy to use, and most children quickly learn how to do their own blood glucose tests. A normal blood glucose level is between 70 and 120 mg/dl. Keeping blood glucose levels within this range is rarely possible in children with diabetes. A health care provider will often identify a target range for blood glucose levels – for example, 80 to 180 mg/dl.

## How is it managed?

Care for diabetes is more flexible than it used to be. It requires self care or assistance with care if the child is very young. Children with diabetes can participate in all child care activities. Except for paying attention to their special care plan, you do not need to treat them differently just because they have diabetes.

The goals for treatment of diabetes in children are to:

- Maintain normal growth and development
- Keep blood glucose levels within a target range (not too high, not too low)
- Promote healthy emotional well being.

Child care providers in coordination with parents and health care providers can prepare a special care plan to meet the special needs of children with diabetes, and help them lead healthy, active, and fulfilled lives without having to change their regular program. A written, special care plan should include:

- When to test blood glucose and take insulin
- Regular meal and snack times
- Preferred snacks and party foods
- Usual symptoms of hypoglycemia and preferred treatments
- When and how to notify the child’s parents of problems
- When and how to contact the child’s health care provider
- Who will give insulin injections when needed

Preschool-age children with diabetes often need frequent blood glucose tests because they have not yet learned to recognize the symptoms of low blood sugar, can’t tell what they feel, or may try to avoid or delay finger-prick and insulin injections. They may also drink and urinate a lot, so make sure they can go to the bathroom as often as they need.

Providers considering or already performing the finger-stick test must follow “universal precautions” at all times. For more information on diabetes, please call our toll-free

Healthline at 1-800-333-3212 or American Diabetes Association 1-800-DIABETES.

## References

American Diabetes Association

Assembly Bill (AB) 221 Chapter 550, Statutes of 1997, Section 1596.797 of the Health and Safety Code.

By A. Rahman Zamani, MPH (2/27/98)

### Summary of key points

Good diabetes care practices include:

- eating reasonably, consistently, and on schedule
- testing blood glucose levels regularly
- adjusting insulin as glucose levels and activities warrant
- exercising regularly

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# Healthy Snacks for Toddlers and Preschoolers

Growing children need more food energy than they can consume during a single meal. Therefore, nutritious, well-planned snacks are an important and necessary part of a child's diet. Snacks can account for up to 20 percent of children's nutrient needs, and help maintain their energy between meals. Offering snacks at regular intervals between meals encourages children to not eat on demand all day or refuse a meal because they know a snack is soon to follow. It is helpful to think of snack time as a planned mini-meal and not a spur of the moment indulgence. Remember that snacks should not replace a meal, but rather provide a valuable supplement.

With a little planning it is easy to choose and prepare snacks that have child appeal and are nutritious. Textures should be chewy, soft or crisp, not tough. Flavors should be mild, and neither too salty or too spicy. Temperatures should not be too cold or too hot. Colors should be bright and (when possible) shapes should be fun and interesting. Serving portions should fit the child's needs depending upon his or her age and size. When preparing snacks for young children, the emphasis should be on healthy food choices, and avoiding foods a child is allergic or intolerant of and those that might be choking hazards.

If you are participating in the Child Care Food Program (CCFP), be sure you choose foods that are reimbursable and that you serve the appropriate portion size based on the child's age. For additional resources or information on the Child Care Food Program call your local resource and referral agency or the Women, Infants and Children (WIC) program in your area.

## Important

**1. Choking Hazards:** Young children can easily choke on nuts, seeds, popcorn, raw vegetables, grapes, peanut butter, meat sticks and hot dogs. Do *not* give these foods to infants. Cut foods into

small, easily chewed finger food for toddlers and preschoolers who are still learning to bite and chew. Watch children of all ages closely whenever they are eating.

- 2. Food Allergy:** An offending food triggers an allergic reaction by the immune system. Foods that are common allergens include peanuts, tree nuts (walnuts, pecans, etc.), shellfish, fish, milk, soy, wheat and eggs. If a child in your care has a nut allergy, you must have an Epi-pen available at all times. A care plan from the child's health provider, plus training on how to use the Epi-pen from a public health nurse, the child's health provider, or the parent is also required. For more information regarding allergies, visit [www.foodallergy.org](http://www.foodallergy.org) or call the Healthline at (800) 333-3212 for a sample care plan.
- 3. Food Intolerance:** An adverse physical reaction to a food or food additive that does not involve one's immune system.

## Healthy Snack Ideas

### Fruit-type Snacks

Canned fruit packed in light syrup or water is also acceptable.

- choose small, whole fruits in season to reduce cost and waste
- cut in slices or halves for variety, and serve plain or with cottage cheese, ricotta cheese, or yogurt (dairy or soy)
- raisins and other dried fruits
- apple ring sandwiches (creamy peanut butter\* on apple rings)
- frozen fruit cups (freeze pureed or crushed fruit and allow to soften slightly in the fridge before serving)

- homemade popsicles (freeze any 100 percent fresh fruit juice, except pineapple juice which does not freeze well, and pour it into small paper cups or ice cube trays, insert popsicle sticks, and freeze until solid; then remove popsicle from cup by running under hot water for about 10 seconds. Blending yogurt with the fruit juice is another option)

### Fresh Vegetable-type Snacks

(frozen or canned vegetables without added sodium are also acceptable)

- soft-cooked vegetables—carrots, asparagus, green beans, pea pods, sweet potato strips, broccoli or cauliflower served with a cottage cheese, hummus, or yogurt (dairy or soy) dip
- green pepper slices, tomato wedges or zucchini strips served with creamy peanut butter, cream cheese or cottage cheese
- grilled cheese and tomato sandwiches, or cheese and veggie quesadillas.

\* Avoid “chunky” peanut butter, raw celery and carrots because they are a choking hazard.

### Dairy-type Snacks

- yogurt with applesauce or pureed fruit
- flavored or plain yogurt (dairy or soy) or cottage cheeses combined with fruit
- pudding
- slices of cheese or “string” cheese (dairy or soy)
- homemade frozen “juice pops” with calcium-fortified juices (combine yogurt—dairy or soy—with 100 percent fruit juice, and add pureed or very soft fruit)
- fruit shake (blend together cow’s milk or soy/ rice milk with fruit and add a dash of cinnamon and nutmeg)

Use low-fat products only for children over 5 years old.

### Bread-type Snacks

- mini flavored rice or corn cakes
- pumpkin, zucchini, banana, or cranberry bread
- bran, corn, apple, banana, or blueberry muffins
- homemade soft pretzels or bread sticks
- non-sugared cereals

- whole grain crackers, breads or bagels with various soft cream cheese spreads, creamy peanut butter, jelly, cottage cheese or hummous

### Meat-type Snacks

- hard cooked eggs (wedges or slices)
- kabobs made with any combination of cheese, fruit, vegetables and sliced or cubed cooked meat or tofu (*remove the toothpicks before serving!*)
- pita pocket filled with lean sliced meat, tuna, hummous, tofu, cheese (dairy or soy), lettuce and/ or tomato
- English muffins or pita bread topped with tomato sauce, grated cheese (soy or dairy) and lean cuts of meats or tofu, baked, and cut into quarters
- pita bread, flour or corn tortillas with beans or canned chili, sprinkled with grated cheese (soy or dairy), and topped with plain yogurt or sour cream if desired

### Notes to Remember

- If using dairy, soy products or citrus fruits, be sure children are not allergic or intolerant to them before serving.
- Limit liquids as snacks. Avoid juice drinks, sodas, or soft drinks, in particular those with caffeine. Use only juices that are 100 percent juice. And always encourage children to drink plenty of water.
- Avoid offering high-sugar cookies, doughnuts, brownies and similar other baked goods (such as Oreos, Hostess Cupcakes, etc.). Avoid snack foods that will stick to the children’s teeth and the roof of their mouths, which may cause gagging and can contribute to dental decay.
- Don’t be swayed by advertising, as many prepared foods (such as Lunchables) are marketed as kid-friendly, but are actually poor in nutrition.

### Resources

*The Child Care Nutrition Resource System. Provides recipes, resources and information on preparing nutritious meals and food safety. [www.nal.usda.gov/childcare](http://www.nal.usda.gov/childcare)*

*Dairy Council of California at [www.mealsmatter.org](http://www.mealsmatter.org).*

*by Vella Black-Roberts, RD, MPH (08/98)*

*Revised by Susan Jensen, RN, MSN, PNP and Mardi Lucich, MAEd (12/03)*

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# Is It Safe to Play Outdoors in Winter?

## Fresh air is healthy

Studies have shown that contrary to the common belief that “exposure to cold air causes a cold,” fresh air is good and healthy. When children and adults spend a long time together in indoor spaces that are small, overheated and poorly ventilated, germs and illnesses pass easily from one person to another. In fresh, outdoor air, children do not have to rebreathe the germs of the group, and the chance for spreading infection is reduced.

## Outdoor play is healthy even in winter

Children of all ages enjoy and benefit from playing outdoors in all except the most extreme weather. Daily outdoor play is healthy and burns energy. It gives children an opportunity for a change of environment, a balance in play and routine, large muscle activities (gross-motor development). Even children who are mildly ill but active should go outside if the weather is not severe. Staff and children alike will feel refreshed when fresh air is part of the daily routine. Taking children outdoors daily, even in winter, can be a healthy part of their schedule, and is safe when clothing is appropriate.

## Avoid cold-related injuries

The way we feel about cold, wet or snowy weather and indoor temperatures may be affected by where we live and what we are used to. Temperatures above 40 and below 80 degrees Fahrenheit are generally suitable for routine outdoor play.

## Improve indoor air quality

Germs causing disease multiply in warm, dark, damp environments, so it is important to keep the environment clean and dry. Adequate ventilation, humidity and temperature control help us resist illness and increase our ability to get well after sickness.

The following measures will improve the indoor air quality in your child care setting:

- Keep the air temperature between 65° and 75° Fahrenheit, if possible.
- Open the windows in every room for a few minutes every day to circulate fresh air, even in winter. Windows must be screened to prevent insects from entering, and should be opened no more than 6 inches (or be protected with guards) to prevent children from falling out.
- Do not allow smoking in any space that children will use.
- Properly vent heating and cooking equipment.
- Avoid strong odors. Some people (including children) are allergic to smoke, perfumes and room deodorants.
- Reduce the use of toxic pesticides and cleaners and other household chemicals.
- Control dampness and dust.
- Colds, sore throats and other infections of the respiratory system are common in cold weather and are usually caused by viruses. Child care providers have the potential to improve the health of children in their care by opening up windows to improve ventilation, and having children play for extended periods outdoors in the fresh air. They can provide instruction and programs that promote enjoyable, lifelong physical activity.

**Handwashing is the single most effective way to reduce the spread of infection in a child care setting.**

## Resources

*Keeping Kids Healthy: Preventing and Managing Communicable Disease in Child Care*, California Department of Education, 1994.

*Healthy Young Children: A Manual for Programs*, NAEYC, 1995.

*The Lancet*, Volume 349, Number 9062, May 10, 1997.

*Well Beings*, the Canadian Paediatric Society, Volume 1, 1992.

By Rahman Zamani, MPH (8/25/98)





# Supporting Breastfeeding Families



Human breastmilk is the best food for infants and contains ingredients that formula could never duplicate. Scientists and nutritionists describe it as a “living biological fluid” with over 80 identified ingredients that include antiviral, antiparasitic, antibacterial, and many other protective factors, most of which cannot be replicated by formula companies. The American Academy of Pediatrics (AAP) strongly recommends that breastfeeding be the preferred feeding for all infants, including premature newborns. The World Health Organization recommends human milk as the exclusive nutrient source for feeding full term infants during the first six months after birth. And, regardless of when complementary foods are introduced, breastfeeding should be continued at least through the first 12 months.

However, many new mothers return to work before their baby is 6 months old. Returning to work means making choices regarding child care for their infant. For mothers who breastfeed there is an additional concern that returning to work or school means weaning before mother and baby are ready. Many women continue to successfully breastfeed, and provide breastmilk for bottle-feeding in child care. The success of this choice depends on the mother and child care provider communicating well and supporting one another. Together, parents and child care providers can make breastfeeding a healthy priority.

## What are the benefits of breastmilk?

**For Infants.** Breastfeeding facilitates optimal infant growth and development and offers lifelong health advantages. Breastfed infants have less colic and fewer illnesses the first year of life. They have a reduced risk for allergies and lower incidence of gastrointestinal and respiratory diseases and ear infections. They have a lower incidence of obesity by

age 4 years. Breastfed infants have been shown to have higher IQ in later life, and lower rates of diabetes, obesity and other serious health problems.

**For mothers.** According to the La Leche League, breastfeeding is as healthy for mothers as it is for infants. There is a decreased incidence of breast cancer among women who nurse. Breastfeeding causes an increase in the maternal hormones prolactin and oxytocin, which act to enhance the let-down of milk and to inhibit post-partum bleeding. Mothers who breastfeed report less depression following childbirth. Breastfeeding burns calories, helping a mother get back to her pre-pregnancy weight more quickly. It also delays the return of a menstrual period (although breastfeeding alone is not a reliable method to prevent additional pregnancies). Breastfeeding appears to help build bone strength, protecting against fractures in older age. And importantly, breastfeeding helps mother and baby to bond.

**For child care providers.** Child care providers benefit, too. Breastfed infants are sick less often which means they are contagious less often. They have less colic, less spitting up, and their diapers don't smell as strong. Parents will feel good about their choice of child care when they feel supported in their choice to breastfeed.

## Support for breastfeeding mothers

The child care provider plays an essential role in supporting and facilitating the breastfeeding relationship by understanding the parent's plan for infant feeding. This may include allowing space for mothers to feed their babies, if necessary, at drop off and pick up, timing infant feedings, when possible, to a mother's schedule for pick up, and providing safe storage and handling of breastmilk.

The feeding care plan for an infant should respect

the parent's wishes. Some infants will have breastmilk only, while others may receive supplemental formula. When infants are fed according to parents' instructions, parents will feel supported and confident in the care their child receives.

## Support for child care providers

Parents can support their child care provider by making sure their breastfed baby is ready to feed from a bottle. Parents should introduce their baby to the bottle well before the first day of child care. Getting an infant used to a bottle may take several tries and some persistence on the part of the parents.

## Develop feeding policies

Develop your policies around breastfeeding in consultation with your Child Care Health Consultant. Support each family's choice in a non-judgmental manner.

- Allow flexibility in programs and schedules so that infants' needs are met.
- Provide opportunities for communication and education of parents and staff.
- Offer staff professional development opportunities on breastfeeding and nutrition.
- Promote your setting as breastfeeding friendly.

## Handling and storing human milk

Mothers should pump and store milk in unbreakable bottles in the freezer. The bottle should be labeled with a label that won't rub off and include the baby's name, date milk collected, and date of use for child care. The amount of milk in each bottle should equal the amount the baby usually takes at one feeding. Leftover milk should be disposed of if left out for more than one hour at room temperature. A few bottles can be frozen with one to two ounces for times when the baby may want extra nourishment.

Important points for handling and storing:

- Always wash your hands before preparing any bottle for feeding.
- Double check that each bottle is clearly labeled with child's name, date, time of collection, and that the milk is in an unbreakable, ready to feed bottle.
- Bottles of breastmilk should be refrigerated im-

mediately on arrival to program (at 40 degrees or below).

- Use breastmilk on the day it is brought into the program.
- Thaw a bottle of frozen breastmilk under cool water and swirl to mix. *Never microwave or shake breastmilk.*
- Do not refreeze breastmilk that was previously frozen.
- Use breastmilk only for the infant for whom it was intended. In cases where an infant is given another infant's breastmilk refer to *Caring for Our Children* or call the California Child Care Healthline at (800) 333-3212.

## References and Resources

American Academy of Pediatrics. [www.aap.org](http://www.aap.org).

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*Fact Sheet for Families: Childhood Obesity*. (2004). California Childcare Health Program. [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org).

*Fact Sheet for Families: Overweight and Obesity*. (2005). California Childcare Health Program. [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org).

by Kim Walker, RN, PNP (05/05)





# Types of Vegetarian Diets

The food preferences of the children and families you care for will vary. To assist you in providing nutritious meals for the children and to help educate families, we have prepared the chart below that highlights the different types of vegetarian diets. We have included helpful explanations and additional information that will assist you in promoting good nutrition and healthy options for those that choose vegetarian diets. A vegetarian diet can provide all the nutrients necessary for a child’s growth and development, but careful planning is key when food groups are excluded. Like all children, those on a vegetarian diet need enough food variety and energy—in the form of calories—to fuel their rapid growth and provide for their high nutrient needs.

Appropriately planned vegan diets can satisfy nutrient needs for young children and promote normal growth. If a child is on a vegan diet it is recommended that the family works closely with their health care provider and a pediatric nutrition specialist to ensure adequate nutrient intake.

Children who are vegetarian need foods high in concentrated sources of calories, iron, protein, vitamins and minerals, so you should therefore include foods such as cooked legumes (beans, peas, and lentils), whole grain breads and pastas, enriched cereals, nuts, seeds, soy and/or dairy products, dried fruit and eggs. Many common foods such as rice, greens, potatoes and corn also add to protein intake.

Children on vegetarian diets that exclude eggs and dairy products may be lacking in essential vitamins and minerals, such as calcium, protein, iron, zinc, vitamins D and B12, essential fatty acids (EFA) and riboflavin. The family needs to work closely with their health care provider and a pediatric nutrition specialist as vitamin and mineral supplementation may be recommended for young children whose diets may not provide adequate nutrients.

Low-fat diets are not suitable for young children, as a diet low in fat may not provide adequate energy intake. For children 5 years and older there should be a gradual reduction in fat, particularly saturated fat.

Macrobiotic diets are NOT recommended for young children.

*Note: Children who are vegetarian may require more frequent meals and planned snacks than the Child Care Food Program (CCFP) meal schedule recommends.*

## Meal planning tips for vegetarian children

- Satisfy children’s sweet tooth naturally with ripe bananas, sweet potatoes, winter squash and dried fruit. Try offering a fruit ambrosia salad made with sliced bananas, cubed steamed sweet potatoes and a sprinkling of chopped dates or dried apricots.

Types of Vegetarian Diets	Beef & Pork	Fish & Chicken	Milk & Milk Products	Eggs	Vegetables, Fruit, Breads, Cereals & Nuts
Semi-vegetarian		*	*	*	*
Lacto-ovo-vegetarian			*	*	*
Ovo-vegetarian				*	*
Lacto-vegetarian			*		*
Vegan (only food from plant sources)					*

- Calcium, Vitamin D, and Vitamin B12 are very important for growing bones and teeth. To help children obtain these nutrients, use dairy products (cheese, yogurt, milk), soy or rice milks (be sure non-dairy milk alternatives are fortified with calcium and vitamins D and B12), calcium-fortified fruit juices and tofu. Dark leafy greens such as kale, bok choy and collard/mustard greens are also good sources of calcium.
- To ensure satisfactory iron intake offer good sources of vitamin C, such as tomatoes, broccoli, melons and citrus fruits.
- Good meat substitutes are beans, tofu, nuts, smooth nut and seed butters and eggs.
- Combining legumes, seeds and/or nuts with grains provides “complete” proteins. For example:
  - Pinto, red or black beans and rice
  - Peanut butter on whole wheat bread
  - Chili beans and cornbread
  - Soybean and rice casserole
- Butter, cheese, avocados and olive oil in moderation will provide additional fat in the diet.

**Children may be allergic to nuts and nut butters, so watch them carefully for signs of an allergic reaction. Nut butters should only be given to children over 1 year of age, and only with supervision. Whole nuts are a choking hazard and should never be given to a child under 3 years of age.**

- Set a good example and participate in the mealtime with the children. Let them see you eating healthy foods and modeling appropriate mealtime behavior.
- Involve children in food preparation. Even young toddlers can tear lettuce and help put cut-up vegetables into a pot.
- Some children may prefer eating single foods in separate bowls rather than a mixture of foods such as a casserole.

It can be fun and interesting to work with parents on meeting their child’s nutritional needs. With proper planning, it isn’t difficult to provide a child with a nutritious, well-balanced vegetarian diet. The healthy habits developed at a young age about foods and eating can last a lifetime. For more information call the Healthline at (800) 333-3212 or visit our Web site at [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org).

**References**

*Accommodating the Vegetarian Child in CACFP*, Katie O’Neill, MPH, RD.

*Healthy Young Children*, National Association for the Education of Young Children, 1991.

*Meals without Squeals, Child Care Feeding Guide and Cookbook*, 1997, Christine Berman, MPH, RD and Jacki Fromer.

*Vegetarian and Vegan Nutrition*, Mark Messina, Ph.D and Virginia Messina, MPH, RD, June 7, 1999. [www.olympus.net/messina/answers.html](http://www.olympus.net/messina/answers.html).

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*Revised by Susan Jensen, RN, MSN, PNP and Mardi Lucich, MEd 10/02*

**Additional mealtime tips**

- Offer choices of foods. Letting children make their own decisions can increase acceptance of different foods.
- Offer a variety of foods repeatedly because children’s food preferences often change—the food they refuse today may become tomorrow’s favorite. Studies show that a new food can be offered up to 15 to 20 times before a child will try it.
- Keep mealtime a pleasant time. Do not force a child to eat or use food as a reward and try to remain low-key about food refusals.

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California Department of  
Social Services



Child Care Advocate Program

## CHILD CARE CENTER SELF ASSESSMENT GUIDE

### SAFE FOOD HANDLING AND PREPARATION LICENSING REQUIREMENTS AND BEST PRACTICES



COMMUNITY CARE LICENSING DIVISION  
"Promoting Healthy, Safe and

## Supportive Community Care”

### CHILD CARE CENTER SELF-ASSESSMENT GUIDE

#### SAFE FOOD HANDLING AND PREPARATION LICENSING REQUIREMENTS AND BEST PRACTICES

Safe practices in food handling, cooking, and storage are essential to prevent food borne illness and for providing healthy food for children. This guide identifies licensing requirements for food handling and provides some “best practices” to help prevent food from spreading illness to you, your staff and the children in care. We encourage you to use the guide to periodically assess the practices used in your center to ensure safe food handling and preparation.

Food safety practices that are required by the Child Care Center Home regulations are noted with the regulation section in parentheses. Child care facilities are exempt from the requirements of the California Uniform Retail Food Facilities Law (Health and Safety Code, Division 104, Part 7, Chapter 4).

At the back of the guide, we have attached charts on food cooking temperatures and food cold storage that can help you ensure safe cooking and storage of food in your child care center.

#### SAFE SHOPPING

- Do not buy or use meat, poultry and meat products unless they have been inspected. (Section 101227)
- Do not use or buy home canned food from outside sources, food from dented, rusted, bulging, or leaking cans, or food from cans without labels. (Section 101227)
- Do not buy or use raw or non-pasteurized milk or milk products, or non-pasteurized juices. (Section 101227)
- Place frozen food and perishables such as meat, poultry or fish in plastic bags and put them in the shopping cart last.
- Do not buy torn or leaking packages.
- Do not buy foods past “sell-by” or expiration dates.

#### SAFE STORAGE OF FOODS

- Keep your refrigerator and freezer clean and in safe condition. (Section 101227)

- Store soaps, detergents, cleaning compounds or similar substances away from food supplies to prevent accidental poisoning, potential leakage problems, and
- contamination. Always keep these substances away from children. (Section 101227)
- Do not store pesticides and other similar toxic substances where you store, cook or prepare food, or where you store kitchen equipment or utensils. Always keep these substances away from children. (Section 101227)
- Unpack perishable foods from the car first and put them in the refrigerator right away.
- Keep the refrigerator temperature at 40° F or less, and the freezer at 0° F, to slow the growth of most bacteria and keep them from multiplying.
- Check the temperature of your refrigerator and freezer daily with an appliance thermometer.
- Keep all food stored in the refrigerator and freezer covered, wrapped, stored in airtight containers, or otherwise protected from contamination.
- Wrap raw meat, poultry, and seafood securely to prevent raw juices from contaminating other foods. Store them in the meat drawer or coldest section of the refrigerator or freezer.
- Do not store perishable foods, such as eggs, in the refrigerator door. The temperature of storage bins in the door fluctuates more than the temperature in the cabinet.
- Cook or freeze fresh poultry, fish, ground meat, and mixed meats within 2 days after you buy them. Cook or freeze other beef, veal, lamb or pork within 3 to 5 days.
- Store food that does not need refrigeration in a way to keep insects and rodents from entering the food. For example, keep storage containers off the floor.
- Store dry, bulk foods that are not in their original, unopened containers off the floor in clean metal, glass, or food grade plastic containers with tight fitting covers. Label and date the containers.
- Keep storerooms clean, dry, well ventilated, and cool (about 60° F).

## **FOOD BROUGHT FROM HOME**

- Label breast milk with the infant's name and date, and refrigerate or freeze it right away. (Section 101427)
- Label food brought by parents with the child's name and date, and store it in the refrigerator when needed.

- Do not give food brought from one child's home to another child.
- Never give breast milk intended for one infant to another infant.
- Do not store breast milk, unless already frozen, overnight. Always send unused breast milk home with the infant.
- Do not store defrosted breast milk for more than 12 hours. Never refreeze breast milk.
- Throw away bottles of formula or breast milk that are not finished after a feeding. Do not refrigerate, reheat or serve them again.

## **SAFE FOOD PREPARATION**

- Keep all kitchen equipment, dishes, and utensils clean and in safe condition. (Section 101227)
- Wash dishes and eating and serving utensils in a dishwasher (reach a temperature of 165° F during the washing or drying cycle) or by hand with a sanitizing agent. (Section 101227)
- Keep the food preparation area separate from the eating, napping, play, toilet and bathroom areas, and from areas where animals are kept. Never use the food preparation area as a passageway while food is being prepared. (Section 101227)
- Make sure that all staff wash their hands before preparing food, serving and eating meals and snacks, and after toileting, diapering and outdoor activities. The best way to combat the spread of communicable disease or germs is by careful handwashing with liquid soap, rinsing under running water, and drying with paper towels.
- Do not wash hands in food preparation sinks to prevent contamination of food.
- Keep all surfaces that come in contact with food (including tables and countertops), floors, and shelving in good repair. Use smooth and nonporous materials that are easily cleaned and sanitized.
- Use cutting boards that can be disinfected (such as glass, Formica, or plastic). Always clean them with soap and hot water after each use.
- Do not use cutting boards with crevices and cuts because they can hide food material that can grow bacteria and contaminate the next food cut on the surface.
- Always clean and sanitize cutting boards, knives and other utensils after they come in contact with raw meat, poultry and seafood. Use one cutting board for raw meat products and another for salads and ready-to-eat foods to prevent cross contamination of bacteria from one food to another.



- Air-dry hand washed dishes to eliminate recontamination from hands or towels.
- Use dishes with smooth, hard-glazed surfaces that do not have cracks or chips.
- Clean and sanitize table surfaces before and after use.
- Sanitize kitchen dishcloths and sponges often because these materials can hide bacteria and promote their growth.
- Wash kitchen towels and cloths often in hot water in the washing machine.
- Clean the can opener blade after each use.
- Keep garbage in a covered container, away from children. Empty the garbage every day to reduce odors, control insects and rodents, and protect children and the child care center from contamination.
- Occasionally sanitize the kitchen sink, drain, disposal and connecting pipe by pouring a solution of one teaspoon of chlorine bleach in one quart of water or a commercial cleaning solution down the drain.
- Wash fresh fruits and vegetables with water, and soap and scrub brush when needed, to reduce or eliminate any pesticides or residues.
- Do not allow infants and toddlers in the food preparation area to protect them from kitchen hazards.

### **THAWING FOOD SAFELY**

- Do not thaw meat, poultry, and fish products on the counter or sink because harmful bacteria can grow at room temperature.
- Thaw food in the refrigerator or microwave oven.
- Immediately cook food thawed in the microwave.
- Use defrosted food (cooked or frozen) within 1 to 2 days.

### **SAFE COOKING**

- Cook ground meats to 160° F; ground poultry to 165° F; beef, veal and lamb steaks, roasts, and chops up to 145° F; all cuts of fresh pork to 160° F; whole poultry to 180° F in the thigh; and breasts up to 170° F. Use a meat thermometer to determine the temperature in the thickest part of the meat.
- Never serve raw or slightly cooked eggs. Cook eggs until the white is firm and the yolk begins to harden. Substitute pasteurized eggs for raw eggs if sampling homemade dough, cake batter, or eating other foods made with raw eggs such as ice cream, mayonnaise and eggnog.

## **SERVING FOOD SAFELY**

- Keep hot foods hot (over 140° F) and cold food cold (under 40° F) until they are eaten or cooked.
- Carry perishable picnic food in a cooler with a cold pack or ice. Store the cooler in the shade and open it as little as possible.
- Do not leave cooked, perishable foods, including hot foods such as soups or sauces, out for more than two hours after cooking (one hour in temperatures over 90° F). The bacteria that cause food borne illness grow rapidly at room temperature.
- Never offer foods that are round, hard, small, thick and sticky, smooth, or slippery to children under four years of age because they can cause choking. Hot dogs (sliced into rounds), whole grapes, hard candy, nuts, seeds, raw peas, dried fruit, pretzels, chips, peanuts, popcorn, marshmallows, spoonfuls of peanut butter, and chunks of meat, which are larger than can be swallowed whole are examples of foods that can cause choking.
- Cut food into small pieces for infants ( $\frac{1}{4}$  inch) and toddlers ( $\frac{1}{2}$  inch).
- Do not use microwave ovens for warming infant bottles and infant food because the microwave can heat liquids or food unevenly and to scalding temperatures. The milk or formula in a microwaved bottle may reach a higher temperature than the outside of the bottle.

## **HANDLING LEFTOVERS SAFELY**

- Divide large amounts of leftovers (for example, large cuts of meat or poultry) into smaller portions and place them in shallow containers before refrigerating for faster cooling.
- Use refrigerated leftovers within three to four days or discard them.
- Bring sauces, soups, and gravy to a boil when reheating. Heat other leftovers to 165° F.

# COOKING TEMPERATURE CHART

The following is a listing of the minimum temperatures that foods must reach to be considered safe and done, no matter how you prepare them.

<u>Food Product</u>	<u>Internal Temperature</u>
Fresh Ground beef, veal, lamb and pork:	160° F
Beef, veal, lamb (roasts, steaks, chops)	
▪ Medium rare	145° F
▪ Medium	160° F
▪ Well done	170° F
Fresh Pork (roasts, steaks, chops)	
▪ Medium	160° F
▪ Well done	170° F
Ham, cook before eating:	160° F
Ham, reheat fully cooked:	140° F
Poultry	
▪ Ground chicken, turkey	165° F
▪ Whole chicken, turkey	180° F
▪ Breasts, roasts	170° F
Stuffing, alone or in bird:	165° F
Egg dishes, casseroles	160° F
Leftovers, to reheat	165° F

Source: Food Safety and Inspection Service, United States Department of Agriculture

# COLD STORAGE CHART

Since product dates aren't a guide for safe use of a product, consult this chart and follow these tips. These short but safe time limits will help keep refrigerated food (40° F) from spoiling or becoming dangerous.

- Purchase the product before “sell-by” or expiration dates.
- Follow handling recommendations on product.
- Keep meat and poultry in its package until just before using.
- If freezing meat and poultry in its original package longer than 2 months, overwrap these packages with airtight heavy-duty foil, plastic wrap, or freezer paper, or place the package inside a plastic bag.

Because freezing (0° F) keeps food safe indefinitely, recommended storage times are for quality only.

Product	Refrigerator	Freezer	Product	Refrigerator	Freezer
<b>Eggs</b>			<b>Hot Dogs &amp; Lunch Meats</b>		(in freezer wrap)
Fresh, in shell	3 weeks	Don't freeze	Hot dogs, opened package	1 week	1 to 2 months
Raw yolks, whites	2 to 4 days	1 year	unopened package	2 weeks	1 to 2 months
Hard cooked	1 week	Don't freeze well	Lunch meats, opened package	3 to 5 days	1 to 2 months
Liquid pasteurized eggs			unopened package	2 weeks	1 to 2 months
or egg substitutes, opened	3 days	Don't freeze	<b>Soups &amp; Stews</b>		
Unopened	10 days	1 year	Vegetable or meat-added	3 to 4 days	2 to 3 months
<b>Mayonnaise, commercial</b>			<b>Bacon &amp; Sausage</b>		
Refrigerate after opening	2 months	Don't freeze	Bacon	7 days	1 month
<b>TV Dinners, Frozen Casseroles</b>			Sausage, raw from pork, beef, chicken or turkey	1 to 2 days	1 to 2 months
Keep frozen until ready to eat		3 to 4 months	Smoked breakfast links, patties	7 days	1 to 2 months
<b>Deli &amp; Vacuum-Packed Products</b>			Summer sausage labeled		
Store-prepared (or homemade) egg, chicken, tuna, ham, macaroni salads	3 to 5 days	Don't freeze well	“Keep Refrigerated,” unopened	3 months	1 to 2 months
Pre-stuffed pork & lamb chops, chicken breasts stuffed w/ dressing	1 day	Don't freeze well	opened	3 weeks	1 to 2 months
Store-cooked convenience meals	3 to 4 days	Don't freeze well	<b>Fresh Meat (Beef, Veal, Lamb &amp; Pork)</b>		
Commercial brand vacuum-packed dinners w/ USDA seal, unopened	2 weeks	Don't freeze well	Steaks	3 to 5 days	6 to 12 months
<b>Raw Hamburger, Ground &amp; Stew Meat</b>			Chops	3 to 5 days	4 to 6 months
Hamburger & stew meats	1 to 2 days	3 to 4 months	Roasts	3 to 5 days	4 to 12 months
Ground turkey, veal, pork, lamb & mixtures of them	1 to 2 days	3 to 4 months	Variety meats (tongue, kidneys, liver, heart, chitterlings)	1 to 2 days	3 to 4 months
<b>Ham, Corned Beef</b>			<b>Meat Leftovers</b>		
Corned beef in pouch with pickling juices	5 to 7 days	Drained, 1 month	Cooked meat and meat dishes	3 to 4 days	2 to 3 months
Ham, canned, labeled			Gravy and meat broth	1 to 2 days	2 to 3 months
“Keep Refrigerated,” unopened	6 to 9 months	Don't freeze	<b>Fresh Poultry</b>		
opened	3 to 5 days	1 to 2 months	Chicken or turkey, whole	1 to 2 days	1 year
Ham, fully cooked, whole	7 days	1 to 2 months	Chicken or turkey, parts	1 to 2 days	9 months
Ham, fully cooked, half	3 to 5 days	1 to 2 months	Giblets	1 to 2 days	3 to 4 months
Ham, fully cooked, slices	3 to 4 days	1 to 2 months	<b>Cooked Poultry, Leftover</b>		
			Fried chicken	3 to 4 days	4 months
			Cooked poultry dishes	3 to 4 days	4 to 6 months
			Pieces, plain	3 to 4 days	4 months
			Pieces covered with broth, gravy	1 to 2 days	6 months
			Chicken nuggets, patties	1 to 2 days	1 to 3 months

Source: Food Safety and Inspection Service, United States Department of Agriculture



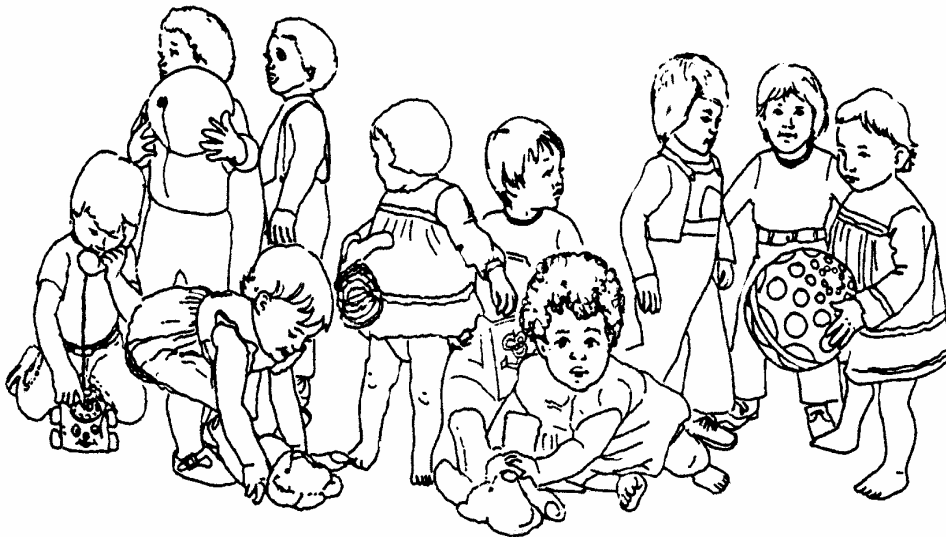
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## FAMILY CHILD CARE HOMES SELF ASSESSMENT GUIDE

### SAFE FOOD HANDLING AND PREPARATION LICENSING REQUIREMENTS AND BEST PRACTICES



COMMUNITY CARE LICENSING DIVISION  
“Promoting Healthy, Safe and  
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## **FAMILY CHILD CARE HOME SELF-ASSESSMENT GUIDE**

### **SAFE FOOD HANDLING AND PREPARATION LICENSING REQUIREMENTS AND BEST PRACTICES**

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- Unpack perishable foods from the car first and put them in the refrigerator right away.
- Keep the refrigerator temperature at 40° F or less, and the freezer at 0° F, to slow the growth of most bacteria and keep them from multiplying.

- Check the temperature of your refrigerator and freezer daily with an appliance thermometer.
- Keep your refrigerator and freezer clean and in safe condition.
- Keep all food stored in the refrigerator and freezer covered, wrapped, stored in airtight containers, or otherwise protected from contamination.
- Wrap raw meat, poultry, and seafood securely to prevent raw juices from contaminating other foods. Store them in the meat drawer or coldest section of the refrigerator or freezer.
- Do not store perishable foods, such as eggs, in the refrigerator door. The temperature of storage bins in the door fluctuates more than the temperature in the cabinet.
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- Keep storerooms clean, dry, well ventilated, and cool (about 60° F).
- Store soaps, detergents, cleaning compounds or similar substances away from food supplies to prevent accidental poisoning, potential leakage problems, and contamination. Always keep these substances away from children.
- Do not store pesticides and other similar toxic substances where you store, cook or prepare food, or where you store kitchen equipment or utensils. Always keep these substances away from children.

## **FOOD BROUGHT FROM HOME**

- Label food brought by parents with the child's name and date, and store it in the refrigerator when needed. (102417)
- Do not give food brought from one child's home to another child.
- Label breast milk with the infant's name and date, and refrigerate or freeze it right away.
- Never give breast milk intended for one infant to another infant.

- Do not store breast milk, unless already frozen, overnight. Always send unused breast milk home with the infant.
- Do not store defrosted breast milk for more than 12 hours. Never refreeze breast milk.
- Throw away bottles of formula or breast milk that are not finished after a feeding. Do not refrigerate, reheat or serve them again.

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- Wash your hands before preparing food, serving and eating meals and snacks, and after toileting, diapering and outdoor activities. The best way to combat the spread of communicable disease or germs is by careful handwashing with liquid soap, rinsing under running water, and drying with paper towels.
- Wash and sanitize sinks before preparing food to prevent contamination of food.
- Keep all kitchen equipment, dishes, and utensils clean and in safe condition.
- Keep all surfaces that come in contact with food (including tables and countertops), floors, and shelving in good repair. Use smooth and nonporous materials that are easily cleaned and sanitized.
- Use cutting boards that can be disinfected (such as glass, Formica, or plastic). Always clean them with soap and hot water after each use.
- Do not use cutting boards with crevices and cuts because they can hide food material that can grow bacteria and contaminate the next food cut on the surface.
- Always clean and sanitize cutting boards, knives and other utensils after they come in contact with raw meat, poultry and seafood. Use one cutting board for raw meat products and another for salads and ready-to-eat foods to prevent cross contamination of bacteria from one food to another.
- Wash dishes and eating and serving utensils in a dishwasher (reach a temperature of 165° F during the washing or drying cycle) or by hand with a sanitizing agent.
- Air-dry hand washed dishes to eliminate recontamination from hands or towels.
- Use dishes with smooth, hard-glazed surfaces that do not have cracks or chips.
- Clean and sanitize table surfaces before and after use.
- Sanitize kitchen dishcloths and sponges often because these materials can hide bacteria and promote their growth.
- Wash kitchen towels and cloths often in hot water in the washing machine.



- Clean the can opener blade after each use.
- Keep garbage in a covered container, away from children. Empty the garbage every day to reduce odors, control insects and rodents, and protect children and the home from contamination.
- Occasionally sanitize the kitchen sink, drain, disposal and connecting pipe by pouring a solution of one teaspoon of chlorine bleach in one quart of water or a commercial cleaning solution down the drain.
- Wash fresh fruits and vegetables with water, and soap and scrub brush when needed, to reduce or eliminate any pesticides or residues.
- Keep the food preparation area of the kitchen separate from the eating, napping, play, toilet and bathroom areas, and from areas where animals are kept. Never use the food preparation area as a passageway while food is being prepared.
- Do not allow infants and toddlers in the food preparation area to protect them from kitchen hazards.

### **THAWING FOOD SAFELY**

- Do not thaw meat, poultry, and fish products on the counter or sink because harmful bacteria can grow at room temperature.
- Thaw food in the refrigerator or microwave oven.
- Immediately cook food thawed in the microwave.
- Use defrosted food (cooked or frozen) within 1 to 2 days.

### **SAFE COOKING**

- Cook ground meats to 160° F; ground poultry to 165° F; beef, veal and lamb steaks, roasts, and chops up to 145° F; all cuts of fresh pork to 160° F; whole poultry to 180° F in the thigh; and breasts up to 170° F. Use a meat thermometer to determine the temperature in the thickest part of the meat.
- Never serve raw or slightly cooked eggs. Cook eggs until the white is firm and the yolk begins to harden. Substitute pasteurized eggs for raw eggs if sampling homemade dough, cake batter, or eating other foods made with raw eggs such as ice cream, mayonnaise and eggnog.

### **SERVING FOOD SAFELY**

- Keep hot foods hot (over 140° F) and cold food cold (under 40° F) until they are eaten or cooked.

- Always carry perishable picnic food in a cooler with a cold pack or ice. Store the cooler in the shade and open it as little as possible.
- Do not leave cooked, perishable foods, including hot foods such as soups or sauces, out for more than two hours (one hour in temperatures over 90° F). The bacteria that cause food borne illness grow rapidly at room temperature.
- Never offer foods that are round, hard, small, thick and sticky, smooth, or slippery to children under four years of age because they can cause choking. Hot dogs (sliced into rounds), whole grapes, hard candy, nuts, seeds, raw peas, dried fruit, pretzels, chips, peanuts, popcorn, marshmallows, spoonfuls of peanut butter, and chunks of meat, which are larger than can be swallowed whole are examples of foods that can cause choking.
- Cut food into small pieces for infants ( $\frac{1}{4}$  inch) and toddlers ( $\frac{1}{2}$  inch).
- Do not use the microwave oven for warming infant bottles and infant food because the microwave can heat liquids or food unevenly and to scalding temperatures. The milk or formula in a microwaved bottle may reach a higher temperature than the outside of the bottle.

## **HANDLING LEFTOVERS SAFELY**

- Divide large amounts of leftovers (for example, large cuts of meat or poultry) into smaller portions and place them in shallow containers before refrigerating for faster cooling.
- Use refrigerated leftovers within three to four days or discard them.
- Bring sauces, soups, and gravy to a boil when reheating. Heat other leftovers to 165° F.

# COOKING TEMPERATURE CHART

The following is a listing of the minimum temperatures that foods must reach to be considered safe and done, no matter how you prepare them.

<u>Food Product</u>	<u>Internal Temperature</u>
Fresh Ground beef, veal, lamb and pork:	160° F
Beef, veal, lamb (roasts, steaks, chops)	
▪ Medium rare	145° F
▪ Medium	160° F
▪ Well done	170° F
Fresh Pork (roasts, steaks, chops)	
▪ Medium	160° F
▪ Well done	170° F
Ham, cook before eating:	160° F
Ham, reheat fully cooked:	140° F
Poultry	
▪ Ground chicken, turkey	165° F
▪ Whole chicken, turkey	180° F
▪ Breasts, roasts	170° F
Stuffing, alone or in bird:	165° F
Egg dishes, casseroles	160° F
Leftovers, to reheat	165° F

Source: Food Safety and Inspection Service, United States Department of Agriculture

# COLD STORAGE CHART

Since product dates aren't a guide for safe use of a product, consult this chart and follow these tips. These short but safe time limits will help keep refrigerated food (40° F) from spoiling or becoming dangerous.

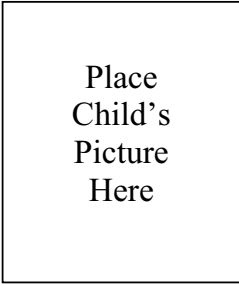
- Purchase the product before “sell-by” or expiration dates.
- Follow handling recommendations on product.
- Keep meat and poultry in its package until just before using.
- If freezing meat and poultry in its original package longer than 2 months, overwrap these packages with airtight heavy-duty foil, plastic wrap, or freezer paper, or place the package inside a plastic bag.

Because freezing (0° F) keeps food safe indefinitely, recommended storage times are for quality only.

Product	Refrigerator	Freezer	Product	Refrigerator	Freezer
<b>Eggs</b>			<b>Hot Dogs &amp; Lunch Meats</b>		(in freezer wrap)
Fresh, in shell	3 weeks	Don't freeze	Hot dogs, opened package	1 week	1 to 2 months
Raw yolks, whites	2 to 4 days	1 year	unopened package	2 weeks	1 to 2 months
Hard cooked	1 week	Don't freeze well	Lunch meats, opened package	3 to 5 days	1 to 2 months
Liquid pasteurized eggs			unopened package	2 weeks	1 to 2 months
or egg substitutes, opened	3 days	Don't freeze	<b>Soups &amp; Stews</b>		
Unopened	10 days	1 year	Vegetable or meat-added	3 to 4 days	2 to 3 months
<b>Mayonnaise, commercial</b>			<b>Bacon &amp; Sausage</b>		
Refrigerate after opening	2 months	Don't freeze	Bacon	7 days	1 month
<b>TV Dinners, Frozen Casseroles</b>			Sausage, raw from pork, beef, chicken or turkey	1 to 2 days	1 to 2 months
Keep frozen until ready to eat		3 to 4 months	Smoked breakfast links, patties	7 days	1 to 2 months
<b>Deli &amp; Vacuum-Packed Products</b>			Summer sausage labeled		
Store-prepared (or homemade) egg, chicken, tuna, ham, macaroni salads	3 to 5 days	Don't freeze well	“Keep Refrigerated,” unopened	3 months	1 to 2 months
Pre-stuffed pork & lamb chops, chicken breasts stuffed w/ dressing	1 day	Don't freeze well	opened	3 weeks	1 to 2 months
Store-cooked convenience meals	3 to 4 days	Don't freeze well	<b>Fresh Meat (Beef, Veal, Lamb &amp; Pork)</b>		
Commercial brand vacuum-packed dinners w/ USDA seal, unopened	2 weeks	Don't freeze well	Steaks	3 to 5 days	6 to 12 months
<b>Raw Hamburger, Ground &amp; Stew Meat</b>			Chops	3 to 5 days	4 to 6 months
Hamburger & stew meats	1 to 2 days	3 to 4 months	Roasts	3 to 5 days	4 to 12 months
Ground turkey, veal, pork, lamb & mixtures of them	1 to 2 days	3 to 4 months	Variety meats (tongue, kidneys, liver, heart, chitterlings)	1 to 2 days	3 to 4 months
<b>Ham, Corned Beef</b>			<b>Meat Leftovers</b>		
Corned beef in pouch with pickling juices	5 to 7 days	Drained, 1 month	Cooked meat and meat dishes	3 to 4 days	2 to 3 months
Ham, canned, labeled			Gravy and meat broth	1 to 2 days	2 to 3 months
“Keep Refrigerated,” unopened	6 to 9 months	Don't freeze	<b>Fresh Poultry</b>		
opened	3 to 5 days	1 to 2 months	Chicken or turkey, whole	1 to 2 days	1 year
Ham, fully cooked, whole	7 days	1 to 2 months	Chicken or turkey, parts	1 to 2 days	9 months
Ham, fully cooked, half	3 to 5 days	1 to 2 months	Giblets	1 to 2 days	3 to 4 months
Ham, fully cooked, slices	3 to 4 days	1 to 2 months	<b>Cooked Poultry, Leftover</b>		
			Fried chicken	3 to 4 days	4 months
			Cooked poultry dishes	3 to 4 days	4 to 6 months
			Pieces, plain	3 to 4 days	4 months
			Pieces covered with broth, gravy	1 to 2 days	6 months
			Chicken nuggets, patties	1 to 2 days	1 to 3 months

Source: Food Safety and Inspection Service, United States Department of Agriculture

# Food Allergy Action Plan



Student's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Teacher: \_\_\_\_\_

ALLERGY TO: \_\_\_\_\_

Asthmatic Yes\*  No  \*Higher risk for severe reaction

## ◆ STEP 1: TREATMENT ◆

### Symptoms:

- If a food allergen has been ingested, but *no symptoms*:
- Mouth Itching, tingling, or swelling of lips, tongue, mouth
- Skin Hives, itchy rash, swelling of the face or extremities
- Gut Nausea, abdominal cramps, vomiting, diarrhea
- Throat† Tightening of throat, hoarseness, hacking cough
- Lung† Shortness of breath, repetitive coughing, wheezing
- Heart† Thready pulse, low blood pressure, fainting, pale, blueness
- Other† \_\_\_\_\_
- If reaction is progressing (several of the above areas affected), give

### Give Checked Medication\*\*:

\*\* (To be determined by physician authorizing treatment)

- Epinephrine     Antihistamine
- Epinephrine     Antihistamine
- Epinephrine     Antihistamine
- Epinephrine     Antihistamine
- Epinephrine     Antihistamine
- Epinephrine     Antihistamine
- Epinephrine     Antihistamine
- Epinephrine     Antihistamine

The severity of symptoms can quickly change. †Potentially life-threatening.

### DOSAGE

**Epinephrine:** inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject™ 0.3 mg Twinject™ 0.15 mg (see reverse side for instructions)

**Antihistamine:** give \_\_\_\_\_ medication/dose/route

**Other:** give \_\_\_\_\_ medication/dose/route

**IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.**

## ◆ STEP 2: EMERGENCY CALLS ◆

1. Call 911 (or Rescue Squad: \_\_\_\_\_). State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. \_\_\_\_\_ at \_\_\_\_\_

3. Emergency contacts:

Name/Relationship	Phone Number(s)	
a. _____	1.) _____	2.) _____
b. _____	1.) _____	2.) _____
c. _____	1.) _____	2.) _____

**EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Required)

**TRAINED STAFF MEMBERS**

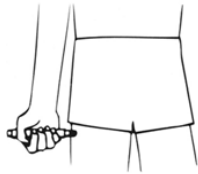
- |          |            |
|----------|------------|
| 1. _____ | Room _____ |
| 2. _____ | Room _____ |
| 3. _____ | Room _____ |

**EpiPen® and EpiPen® Jr. Directions**

- Pull off gray activation cap.



- Hold black tip near outer thigh (always apply to thigh).



- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

**Twinject™ 0.3 mg and Twinject™ 0.15 mg Directions**



- Pull off green end cap, then red end cap.
- Put gray cap against outer thigh, press down firmly until needle penetrates. Hold for 10 seconds, then remove.



**SECOND DOSE ADMINISTRATION:**  
If symptoms don't improve after 10 minutes, administer second dose:

- Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base.
- Slide yellow or orange collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.



Once EpiPen® or Twinject™ is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.



*\*\*Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.*



## First Year Feeding Tips:

**Breastfeed your baby.** Breast milk is the healthiest food you can give your baby.

**Don't rush to start feeding your baby solid foods.** Wait until he or she is about 6 months old. Babies younger than 6 months only need breast milk or formula.

**Watch for your baby's signals.** Your baby will let you know when he or she is hungry or full. Stop feeding when your baby closes his or her lips, turns away or loses interest in eating. Don't force your baby to finish a bottle or food. If you are worried that your baby is eating too much or too little, talk to the baby's doctor or a nutritionist.

**Use a cup.** Start teaching your baby to drink from a cup around 6 months old. By age 1, your baby should be drinking just from a cup, not a baby bottle.

**Limit juice.** Babies don't need to drink juice. If you do give your baby juice, wait until your baby is 6 to 8 months old, and give no more than 2 ounces a day, mixed with water, in a cup.

## How to Help Your Child Have Healthy Weight

Childhood obesity is at an all-time high. The number of children who are overweight has tripled in the past 25 years, raising their risk for many health problems. Type 2 diabetes, once a disease seen only in adults, is now found in children as young as age 4. High blood pressure and cholesterol levels are also showing up earlier.

The earlier you take action to help your child have a healthy weight, the better. Good nutrition and physical activity make a huge difference. Taking action early means a healthier and happier child now and in the years to come.





## Feeding Tips for Toddlers and Preschoolers:

### Stick to a regular meal schedule.

Offer three meals and two or three snacks daily. Don't let your child snack all day long.

**Keep portion sizes small.** Serve age-appropriate amounts for young children.

A good rule is to start with 1 tablespoon of each food for each year of age. For example, if your child is 3 years old, start with offering 3 tablespoons of carrots and 3 tablespoons of rice. Let him or her ask for more.

### Make fruits and vegetables a priority.

It is recommended that young children eat five or more servings of fruits and vegetables every day. Include at least one fruit or vegetable with every meal and snack.

### Offer your child a variety of healthy food choices.

Children may need to try a new food about 10 times or more before they learn to like it. If your child doesn't want to eat something, try again another time. Don't force your child to eat anything.

### Limit high sugar and high fat foods.

Limit "junk foods," fast foods, flavored drinks and soft drinks. Use food for nourishment and not as a treat or a reward.

## Active Children, Healthy Children

Making smart food choices is only one part of helping your child have a healthy weight. Being active as a family is also important.

**Help your child be active.** Give your baby a lot of time for active play and plenty of room to move around and practice rolling and crawling skills. Let your toddler walk instead of riding in the stroller whenever you can. Give your child push-and-pull toys. Dance to music, play follow-the-leader and take pretend walks through the snow, the jungle or other fun places.

**Limit TV time.** Studies show that children who watch less than two hours of television per day are much less likely to be overweight. Children under 2 years of age should not watch TV at all.

**Enjoy the outdoors.** Play tag, ride a tricycle or throw a ball. Take a trip to a park or playground. Play with the dog, work in the garden, wash the car or take a walk. These activities help your child learn to enjoy movement.

**Be active as a family.** Be a role model for your child. He or she will watch you and want to be like you.

**Your healthy choices shape their chances!**



For additional information on childhood nutrition and physical activity, visit:

- California WIC Supplemental Nutrition Program [www.wicworks.ca.gov](http://www.wicworks.ca.gov)
- The 5 a Day Campaign [www.ca5aday.com/powerplay](http://www.ca5aday.com/powerplay) and [www.5aday.com](http://www.5aday.com)

First 5 California thanks the California Department of Health Services for their expert assistance in developing this tip sheet.

For more information about First 5 California, please contact:  
Phone: (916) 323-0056 or (800) KIDS-025 [www.ccfc.ca.gov](http://www.ccfc.ca.gov)