

# Health and Safety E-News for Caregivers and Teachers

September 2010

Feeding the children in your child care setting occurs everyday. Early food and eating experiences form the basis of the way children think about food and their eating behaviors. Are the foods you are feeding the children nutritious? Are you teaching and modeling healthy eating habits that will last a lifetime?

Overweight or obese children are at risk for many health problems. Some of the negative health outcomes that may be more obvious to children and their parents are asthma, sleep apnea, skin infections, and complaints of joint pain. All of these are important health problems and need attention by a doctor. Less obvious serious health risks that are associated with obesity are high blood pressure (hypertension) and Type 2 Diabetes. The bottom line is obesity can cause health problems now as well as a number of very serious chronic health conditions in the future.

In the past 20 year, the amount of children who are obese has doubled,

## Promoting Healthy Eating

*Preventing Childhood Obesity in Early Care and Education Programs* is the new set of national standards describing evidence-based best practices in **nutrition, physical activity, and screen time** for early care and education programs. The standards are for **ALL types of early care and education settings - centers and family child care homes**. These updated standards will be a part of the new comprehensive *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, Third Edition (CFOC, 3rd Ed.)* to be released in 2011.

### Preventing Childhood Obesity in Early Care and Education Programs

Selected Standards from  
*Caring for Our Children: National Health and Safety Performance Standards*



American Academy of Pediatrics  
American Public Health Association  
National Resource Center  
for Health and Safety in Child Care and Early Education

APHA

NRCCCE

### Did you know that September is Childhood Obesity Awareness Month?

while the number of adolescents who are obese has tripled.<sup>1</sup>

In August 2010, the *Preventing Childhood Obesity in Early Care and Education Programs* standards were released. These are the national standards for best practice in early education and child care settings for nutrition, physical activity, and screen time. Caregivers can develop practices, policies, and staff training to make sure that children's programs include healthy, age-appropriate feeding, plenty of physical activity, and limited screen time.

The following highlights some of the new CFOC, 3<sup>rd</sup> edition, standards—

#### 1. Use of USDA – CACFP Guidelines: STANDARD:

- All meals and snacks and their preparation, service and storage should meet the requirements for the meals of the child care component of the US Department of

Agriculture (USDA) and Child and Adult Care Food Program (CACFP).

#### RATIONALE:

A child's diet should be based on a variety of nutritious foods which provide substantial amounts of essential nutrients - protein, carbohydrates, oils, and vitamins and minerals - with appropriate calories to meet the child's needs. Early education and child care providers should use information on the child's growth in developing individual feeding plans. For the current CACFP meal patterns, go to [http://www.fns.usda.gov/cnd/care/ProgramBasics/Meals/Meal\\_Patterns.htm](http://www.fns.usda.gov/cnd/care/ProgramBasics/Meals/Meal_Patterns.htm)



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The “*Health and Safety E-News for Caregivers and Teachers*” is funded through a grant (U46MC04436) from the US Department of Health and Human Services, Child Care Bureau and the Health Resources and Services Administration, the Maternal and Child Health Bureau to the AAP.



**Limiting Fruit Juice: STANDARD:**

- Serve full-strength (100%) fruit juice or full-strength diluted with water from a cup to children twelve months of age or older.
- Juice should have no added sweeteners.
- Offer juice at specific meals and snacks instead of continuously throughout the day.
- No more than a total of four to six ounces a day of juice for children aged one to six years.
- No more than a total of eight to twelve ounces of fruit juice per day for children ages seven through twelve years of age.
- Caregivers/teachers should ask parents/guardians if they provide juice at home and how much.
- Infants should not be given any fruit juice before twelve months of age. Whole fruit, mashed or pureed, is recommended for infants seven months up to one year of age.

**RATIONALE:**

Whole fruit is more nutritious than fruit juice and provides dietary fiber. Fruit juice which is 100% offers no nutritional advantage over whole fruits. Limiting the feeding of juice to specific meals and

snacks will reduce acids produced by bacteria in the mouth that cause tooth decay.

**3. Socialization During Meals: STANDARD:**

- Caregivers/teachers and children should sit at the table and eat the meal or snack together.
- Family style meal service, with the serving platters, bowls, and pitchers on the table so all children can serve themselves except for infants and very young children who require an adult to feed them.
- A separate utensil should be used for serving.
- Children should not handle foods that they will not be consuming.
- The adults should encourage, but not force, the children to help themselves to all food components offered at the meal.
- When eating meals with children, the adult(s) should eat items that meet nutrition standards.
- Adult(s) should encourage children to socialize, using vocabulary related to the

concepts of color, shape, size, quantity, number, temperature of food, and events of the day.

- Extra assistance and time should be provided for slow eaters. Eating should be an enjoyable experience at the facility and at home.
- Special accommodations should be made for children who cannot have the food that is being served.
- Children who need limited portion sizes should be taught and monitored.

**RATIONALE:**

“Family style” meal service promotes and supports social, emotional, and gross and fine motor skill development. Caregivers sitting and eating with children is an opportunity for children to practice their social skills and for positive role-modeling by the adult caregiver. Conversation at the table makes the meal more enjoyable and provides a chance for modeling positive eating behaviors, talking about eating, and teaching good nutrition.

For a complete look at the new nutrition related standards, please go to [Preventing Childhood Obesity in Early Care and Education Programs](#).

<sup>1</sup>American Academy of Pediatrics

## RESOURCES

**Websites:**

**Healthy Child Care America**  
[www.healthychildcare.org](http://www.healthychildcare.org)

**National Resource Center for Health and Safety in Child Care and Early Education**  
<http://nrckids.org>

**Publications:**

[Flip Flops, Dress Clothes, and No Coat: Clothing Barriers to Children's Physical Activity in Child-Care Centers Identified From a Qualitative Study](#) 

Daily physical activity offers numerous health benefits, but activity levels vary widely across child care centers. SOEECC member Kristen Copeland, MD, FAAP, was one of the authors of this study, which was undertaken to explore reasons why physical activity levels may vary. This paper describes 2 major themes from findings that were unexpected based on review of the relevant literature: 1) child care providers cited children's clothing as an important barrier to children's physical activity, and 2) children's clothing contributes to considerable conflict between parents and child care providers.

**[Challenges and Opportunities Related to Implementation of Child Care Nutrition and Physical Activity Policies in Delaware](#)**

A new study just published by the nonprofit health research organization, Altarum Institute, suggests that Delaware's first-in-the-nation guidelines for nutrition and physical activity in child care settings are broadly accepted by both child care providers and parents, but that challenges remain which should be addressed to implement the new policies fully and effectively. This research, based on focus groups with parents and providers from 62 child care centers and homes across the state, provides a set of recommendations for meeting some key challenges.