Healthy Bites

A Wisconsin guide for improving childhood nutrition

Endorsements from the Early Care & Education Field

The following organizations, associations and departments are invested in promoting physical activity and nutrition in early childhood as a means to prevent obesity. Each has reviewed and endorsed *Active Early* and *Healthy Bites* as an effective, evidence-based method of improving physical activity and nutrition.

Wisconsin Department of Health Services
Wisconsin Department of Children and Families
Supporting Families Together Association
Wisconsin Early Childhood Association
Wisconsin Council on Children and Families
Wisconsin Department of Public Instruction
University of Wisconsin-Extension
Wisconsin Child Care Resource & Referral Agencies
Department of Family Medicine, University of Wisconsin-Madison

This publication may be viewed and downloaded from the Internet at http://fns.dpi.wi.gov/fns_cacfpwellnessaehb and www.dhs.wisconsin.gov/physical-activity/childcare/index.htm.

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A Wisconsin guide for improving childhood nutrition

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foreword

In Wisconsin, 31% of children ages 2-4 years are reported as being overweight or obese. A poor diet and lack of physical activity are the most important factors contributing to an epidemic of overweight and obese children.

We want young children to develop healthy habits and we know that these habits begin at home and in the early childhood setting. Wisconsin has the capacity to serve more than 170,000 children in regulated child care facilities. These children are relying on early care and education (ECE) professionals to provide a significant portion of their daily physical activity, nutrition intake and nutrition education. Child care providers need resources to help them provide nutritious meals and incorporate age appropriate physical activity that will help children develop lifelong healthy habits.

Recognizing the importance of child care settings in helping our youngest children get a healthy start, our Wisconsin partners have created the following guides *Active Early: A Wisconsin Guide for Improving Childhood Physical Activity* and *Healthy Bites: A Wisconsin Guide for Improving Childhood Nutrition*. These guides are designed to help ECE professionals address childhood obesity by improving physical activity and nutrition.

We believe that ECE professionals can improve child health and wellness by establishing child care program policies within their business practices.

By developing and implementing program policies that will improve the nutritional quality of food, encourage physical activity and educate child care providers, parents and caregivers, children can develop a sound foundation for optimal growth and development.

The guides are based on current scientific evidence and provide a self-assessment to allow child care programs to freely assess their own environment, program policies and practices as they relate to nutrition and physical activity. The guides also will suggest key areas for improvement and information on how to implement strategies for developing program policies in child care settings.

By working together with providers, caregivers and parents, the children of Wisconsin will have the opportunity to adopt healthy habits that will last a lifetime.

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State Superintendent
Wisconsin Department of Public Instruction

Henry A. Anderson, MD
State Health Officer
Wisconsin Division of Public Health

Eloise Anderson
Secretary
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of Children & Families

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introduction

"Children learn healthy habits from the adults and caregivers in their lives. We have the opportunity to supply a generation with nutritious foods and healthy habits in an environment that is fun and safe and they trust us."

– Jan Pelot

Wood County Head Start

Wisconsin Rapids

what are Active Early & Healthy Bites?

Active Early and *Healthy Bites* are companion guides designed to help early care and education (ECE) professionals address childhood obesity by improving physical activity and nutrition in the program. *Active Early* focuses on physical activity while *Healthy Bites* focuses on healthy eating, nutrition environments and on strengthening the USDA Child and Adult Care Food Program (CACFP) meal pattern. The guides are based on current science, public health research and national recommendations.

who should use Active Early & Healthy Bites?

The guides can be used by ECE professionals in a variety of settings, including:

- Group and family child care centers, after-school programs, Head Start centers and other CACFP facilities
- Sponsoring agencies, community coalitions, local early childhood organizations, government agencies and other groups interested in improving local nutrition and physical activity practices in ECE settings

Child care programs will find resources to help them learn what program policies to create, what strategies to try, how to help staff improve physical activity and nutrition, and how *Active Early* and *Healthy Bites* fit with other Wisconsin early childhood initiatives and licensing.

Child care teachers will find specific recommendations for improving physical activity and nutrition in their classrooms.

ECE training and technical assistance providers and **community organizations** interested in improving local nutrition and physical activity in ECE settings also will find useful information for working with child care providers.

common definitions

Early care and education (ECE) programs refers to all group and family child care centers, after-school programs, preschool programs, 3K and 4K programs, Head Start centers and emergency shelters serving young children.

Infants refers to children from birth through 11 months.

Children refers to children ages 1 year and older, including toddlers, preschoolers and school-age children.

Parent(s), family(ies) and caregiver(s) are used in the broadest sense to mean those adults with primary responsibility for children.

how do Active Early & Healthy Bites fit into Wisconsin's existing early childhood initiatives?

Physical activity and nutrition have a place in nearly every aspect in the current context of the ECE field in Wisconsin.

Licensing & Certification

Physical activity and nutrition clearly fit within licensing and certification rules. For example, children must have outdoor play daily, weather permitting, and all regulated group child care centers must follow the current CACFP meal pattern guidelines. The CACFP provides a template for menu planning and offers nutrition education to agencies participating in the program. The current CACFP meal patterns for Children ages 1-12 and Infants can be found in Appendices B and C.

YoungStar

Sixty minutes of daily physical activity can earn your child care program an additional point in YoungStar. This could be the one point needed to push your program into the next star-level. YoungStar also includes a point for nutritious meals served daily. Providers can verify nutritious meals:

- By participating in the CACFP, including training associated with the meal program
- By providing three months of menus to demonstrate well-balanced meals and snacks

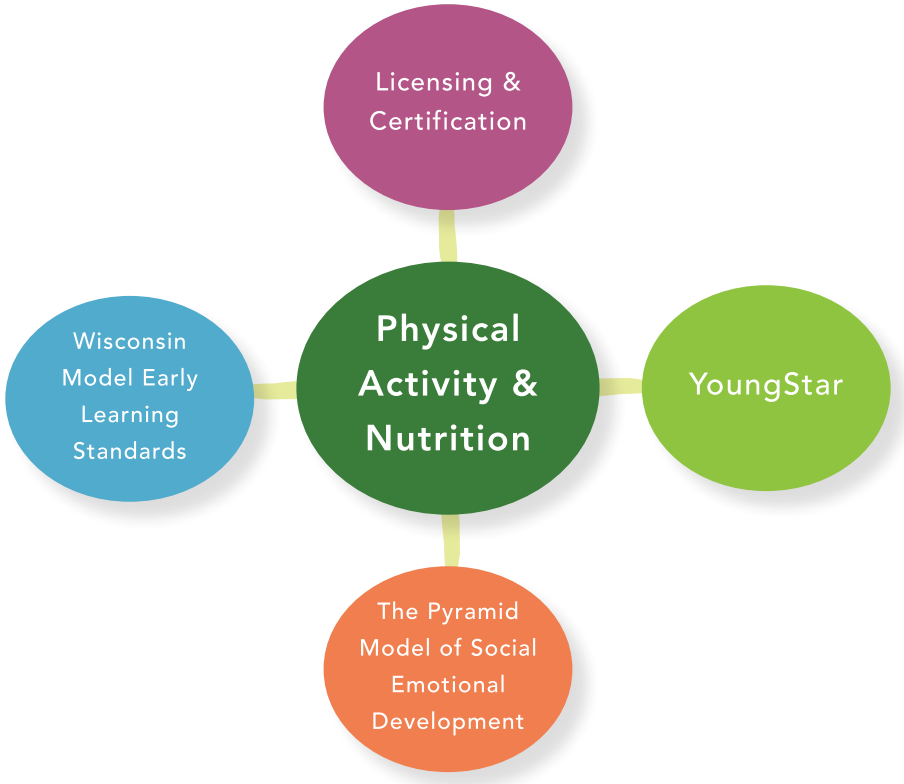
For more details about YoungStar, go to: http://dcf.wi.gov/youngstar

Wisconsin Model Early Learning Standards

Physical activity clearly fits within the Health and Physical Development Domain through skill and motor development, but also supports the other four developmental domains. Nutrition also is covered in the Health and Physical Development Domain and covers standards related to role modeling healthy eating habits, self feeding and table manners during mealtimes.

The Pyramid Model of Social Emotional Development

Establishing high-quality supportive environments and engaging in new experiences, such as learning about and trying new foods or physical activities, contribute to social and emotional development. For example, children establish self-awareness as they learn about their bodies and how to move them, whereas experiences like family style dining can develop a child's awareness of appropriate social behavior.



why Active Early & Healthy Bites?

Across the nation, early childhood obesity and overweight rates are on the rise. In Wisconsin, 31 percent of low-income 2-4 year-olds, 25.1 percent of high school students, and 64.9 percent of adults are considered overweight or obese.[1-3] Poor nutrition and lack of physical activity are central causes of obesity. Action is needed now to decrease rates of obesity and improve the health of Wisconsin residents.

Researchers have warned that if childhood obesity rates continue to rise, children today are likely to live shorter lives than their parents.[4] Early childhood obesity dramatically increases a child's chances of becoming an obese adult and increases risk for many chronic diseases, including cardiovascular disease and diabetes.[5]

Physical activity and eating habits develop early, making early care and education settings important in preventing obesity. Wisconsin has the capacity to serve more than 170,000 children in regulated child care facilities. On average, children under age 5 spend more than 30 hours per week in early childhood settings.[6]

Studies show that early care and education settings have the ability to combat childhood obesity by promoting the following habits:

- Be more physically active
- Watch less television and spend less time using computers and electronic games
- Breastfeed infants longer
- Eat more fruits and vegetables
- Eat fewer high-energy dense foods, such as candy, chips and cookies
- Drink fewer sugar-sweetened beverages such as regular soda, fruit juice cocktails and energy drinks

Note: The contents of the guides are subject to change, based on new science, public health research and national health recommendations. The online version of the guides will be updated as needed. The most current version is available on the following websites: http://fns.dpi.wi.gov/fns_cacfpwellnessaehb and www.dhs.wisconsin.gov/physical-activity/childcare/index.htm

Obesity is a condition in which there is a very large amount of extra body fat stored in the body.

Overweight is a condition in which there is more body fat stored in the body than what is normal for a person's age, height and build, but not to the extent of obesity.

Prevention is the act of stopping something before it happens.

What causes obesity?

- Behavioral Factors, such as diet and physical activity levels
- Environmental Factors, such as social setting and physical environment
- Biological Factors, such as genetics
- Other contributors:
  - Eating patterns
  - Low-birth weight
  - Excessive weight gain during pregnancy
  - Formula feeding
  - Overweight/obese parents
  - Parenting styles and habits

why is cultural competency important?

Cultural competence refers to a program's ability to honor and respect the beliefs, interpersonal styles, attitudes and behaviors both of families and staff.[7] Ideally, ECE providers should obtain cultural information about families and staff and apply that knowledge in their program. Becoming culturally competent is an ongoing process.[8]

Honoring the individual is one of the most important concepts in cultural competency. There is much more diversity within cultural groups than between cultural groups. The best way to ensure that each child's culture is honored is to take the time to know every family in your care through constant communication about each child's progress and needs. It is very important to understand the values of each family and the hopes and dreams they have for their child.

Talk to parents to learn what each child's life is like at home. Be open and respectful, and honor each family's values and priorities, as these are reflections of their culture. Eating, sleeping and physical activity patterns at home influence how active a child will be in your program and how active a child is in your program will affect eating and sleeping overall. Communicate frequently with parents about the food their child is eating and the amount of physical activity they are getting in your care. Discuss the benefits of nutrition and physical activity for each child. Ask parents "how" and "what" questions to encourage them to talk about their children's nutrition and physical activity both at home and in care.

Citations (for pages 3 and 4)

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how do I use Active Early & Healthy Bites?

First, assess your program using the **Healthy Bites Self-Assessment** **(Step 1)** found in Appendix D. Use these results to prioritize areas where you want to make changes and identify nutrition goals. Keep in mind not all areas need to be addressed immediately.

Second, use the **Quality Improvement Plan (QIP)** **(Step 2)** found on page 7 and in Appendix E to outline how you will make your improvements. Use the **Take Action** section (pages 11-45), which includes recommendations for best practices, and environment and program policy changes, to develop the QIP. These will become your desired outcomes. It is especially important to include written program policies to support and sustain the improvements you want to make.

Next, **implement changes** **(Step 3)** using ideas and tools from the **Take Action** section. How you implement change will be determined by the tasks outlined in your QIP, potential barriers, responsible parties and available resources.

Lastly, **repeat the assessment** **(Step 4)** process on a regular basis. Ongoing assessments can direct your program toward additional opportunities for improvement. You can continue to measure your progress toward your goals and gauge your success using the QIP. Please note that you should also evaluate your program for physical activity improvements by completing the self-assessment in *Active Early*.

The diagram below was adapted from the *Wisconsin Model Early Learning Standards* Teaching Cycle.

Steps 1 & 4:
Program Assessment

Use the **Healthy Bites Self-Assessment** to get a picture of your current program and to prioritize areas that need improvement. **Repeat assessment** to understand whether your policy and program changes were effective.

Step 2:
Quality Improvement Plan & Policy Development

Based on your assessment results, use the **Take Action** section to create a **Quality Improvement Plan** and **write program policies**.

Steps 3:
Implement Changes

Implement changes using ideas and tools from the **Take Action** section to help make positive changes to your program.

Healthy Bites Take Action includes:

- Nutrition for Children Ages 1-12
- Nutrition for Infants
- Nutrition Environment
- Appendix

In each section you will find:

- Serve These, Instead of These Recommendations
- Rationale (Why?)
- Action Steps (How?)
- Sample Program Policies

understanding where you are & where to start

Assessment is often an overlooked step. However, taking the time to assess your program increases the chances that you will make the right changes with the most impact for children, staff and parents. The strategies outlined below can be used for *Active Early* and *Healthy Bites* and will help determine what currently is being done and what more can be done in the future to improve nutrition and physical activity in your program.

Start with the *Healthy Bites Self-Assessment*

This self-assessment tool allows you to freely assess your environment, policies and practices and will suggest key areas for improvement. See Appendix D for a copy of the *Healthy Bites Self Assessment*. *Active Early* includes a physical activity self-assessment.

This tool can supplement the self-assessment required for YoungStar and will help you look specifically at your program's nutrition environment.

> "The self-assessment helped us to understand the changes we had to make to be better. The QIP helped us understand what obstacles were keeping us from being successful and what we needed in order to improve physically."
>
> – Toni Nader, Library Square School, Kenosha

Ongoing Assessment for Evaluation and Quality Improvement

Document changes you are making to show if progress has been made in the quality improvement areas. Repeat the self-assessment process on a regular basis to ensure your QIP is still aligned with the type of improvements you want to make. This will help you see the results of the changes made and celebrate your successes.

Other Ideas for Assessment

It is important to engage families and center staff in the assessment process as well. Use a simple questionnaire or interview.

Parent Survey: Use a questionnaire to ask parents for their opinions on nutrition and physical activity in the program. The questionnaire could be distributed at pick-up time or sent home with a child. Questions could be used to find out what, if any, concerns parents might have. Here are some sample questions:

- Do you feel our program supports your child's nutrition and physical activity habits?
- Do you think our program regularly communicates information on nutrition and/or physical activity?

Staff Interviews or Survey: Use a questionnaire to ask staff for their opinions on what could be done to support nutrition and physical activity. This can be used to learn more about staff interactions with children and parents and to better understand the program's environment. Asking staff their opinions also may help build buy-in for making changes later. Some sample questions:

- What are you currently doing to support nutrition and physical activity?
- How can nutrition and physical activity be improved?

SAMPLE QUALITY IMPROVEMENT PLAN

directions

Using the results of the self-assessment, prioritize the areas that need improvement. Not all areas need to be addressed immediately. It is recommended that your program chooses two to three aim/desired outcomes. Once your aims have been selected, complete the QIP. Include written program policies to support and sustain improvements you want to make (see next section for information on writing program policies). Below is a sample QIP. You will find a blank chart in Appendix E where you can create your own plan. Refer to the QIP Definitions on page 8 for information to help complete each column.

example

Original QIP Date: January 1, 20XX

Date of QIP Review: March 15, 20XX

Quality Improvement Area	Aim/ Desired Outcome	Potential Barriers	Tasks	Responsible Party(ies)	Resources On-hand/ Resources Needed	Measurement	Timeline/ Benchmarks	Test of Plan
Grains/Breads	Provide at least one serving of a whole grain product each day at breakfast	• Availability of whole grain products • Older children do not like whole grain bread	• Learn how to identify whole grain foods • Revise break-fast menu to include only whole grain items	• Center administrator • Family provider • Kitchen staff	• Healthy Bites • Team Nutrition • Whole Grains presenta-tion on WI Department of Public Instruction website	A whole grain product is served each day at breakfast	• Obtain whole grain resources within 2 weeks • Menu revised by end of month	Worth doing? (Y) or N Measurable? (Y) or N Improve Outcomes? (Y) or N Inclusive? (Y) or N Culturally Competent? (Y) or N
Sample program policy: Our center will increase whole grains served to children by providing at least 1 serving of a whole grain product each day at breakfast.								

quality improvement plan definitions

Quality Improvement Area:
What area(s) does your program want to address?
Examples: Fruits/Vegetables, Grain/Bread, Celebrations, Gardening, etc.

Aim/Desired Outcome:
What are you intending to change?
What do you hope to achieve with your plan?

Potential Barriers:
Who or what may prevent you from achieving your aim/desired outcome?

Tasks:
What steps will you take to achieve your aim/desired outcome?

Responsible Party(ies):
Person(s) assigned to the tasks?

Resources On-hand/Resources Needed:
What resources (people, time, materials, and know-how) do you currently have and need to help you achieve your aim/desired outcome?

Measurement – How will the team know if the aim is achieved?
How will you measure your progress toward your goal?

Timeline:
When will the task(s) be completed? (Day/Month)

Benchmarks:
Steps along the way that will let a program know it is on track toward achieving its desired outcome.

Test of Plan:

- **Is this plan worth doing?** Yes means you believe achieving your aim/desired outcome will have positive results for children, families, staff or your business.
- **Is this plan concrete, specific and measurable?** Yes means that when you look back at the aim, you will be able to show clear results through your measurement.
- **Will the result of this plan improve outcomes for children, families, staff or your program?** Yes means there is a high likelihood that changes will be positive.
- **Are the outcomes inclusive of all children, culturally competent and developmentally appropriate?** Yes means these positive changes are good for ALL children and families, including those with disabilities and other special needs. Individualizing learning experiences and environments accommodate optimal development for all children in care; for families with a variety of points of view, life experiences, and cultural and language differences; and make sense for each age and stage of child development.

Dates:
Record the original date the QIP was completed and the date(s) it was reviewed for ongoing assessment.

PROGRAM POLICIES

why?

Program policies can support and sustain the changes you want to make in your child care center.

Program Policies can help:

- Create consistent messages for children, staff, parents, and licensing or CACFP officials that explain and reinforce nutrition and physical activity habits
- Provide clear guidelines for staff members and families
- Provide a basis for evaluation of your program, and identify areas that may need improvement
- Educate new staff and parents on current nutrition and physical activity practices
- Guide decisions and choices your program makes every day
- Communicate the program's benefits to potential families
- Prevent problems and provide solutions

Program Policies may be included in:

1. Parent handbook
2. Personnel handbook or Standard Operating Procedures
3. Fliers or newsletters
4. Center displays (e.g., on the parent board)

program policy development

1. Use the **Healthy Bites Self-Assessment** and **Quality Improvement Plan** provided in Appendices D and E to identify areas needing improvement
2. Refer to the **Take Action** section (pages 11-45) for recommendations and sample program policies
3. Consult with those who will be affected by the program policy (staff members, parents) by conducting surveys, questionnaires, or having meetings or discussions
4. Write program polices that support the desired changes
5. Have another staff member or parent review the program policies
6. Make staff members and parents aware of the new program policies. Post program policies at the center, distribute a letter to staff/parents, revise handbook pages, write a newsletter article, include in meetings (see Appendix J for a Sample Program Policy Handout)
7. Assess effectiveness of the program policy
   a. decide how you will know if the program policy is effective
   b. review and reassess periodically
8. Set implementation dates for program policies

To be effective, the program policies must be current, clearly written and easily accessible to all people involved.

The policies in this guide are intended to be examples of what may be used in your program. They may be used as they are written or you may change to meet the needs of your program.

SUCCESS STORY

Obesity prevention: a family approach

The La Crosse Area Family YMCA's early childhood center is dedicated to improving not only the health of the children they work with but also their families. The YMCA promotes health through community gardens, incorporating fresh fruits and vegetables twice daily in meals and snacks, limiting canned fruits and vegetables and trans fats in foods, and banning sugary snacks during celebrations.

The YMCA publishes a monthly newsletter for families, featuring a different health theme every month. Each newsletter includes fact sheets, tips for making healthy changes at home, and activities for families to do together to reinforce the lesson. One month the newsletter encouraged families to have a scavenger hunt in their home to identify healthy and unhealthy foods.

Early childcare educators also document the health-themed activities they do every week and post pictures of the activities for parents to see. Recently, while children painted with broccoli, they discussed the benefits of eating fruits and vegetables. Their paintings were posted outside the classroom, encouraging parents to talk with their children about both the activity and the lesson.

Of course, one of the best ways to get parents involved is to have children carry the messages home. After the children discussed fast versus slow foods, a parent shared, "We were at [a fast food restaurant] and my child yelled at me because I chose unhealthy fries instead of apples!" By including families in their health curricula, the YMCA aims to take obesity prevention to another level.

– Jennie Melde,
LaCrosse Area Family YMCA,
Lacrosse

TAKE ACTION!

Nutrition for Children
Ages 1-12 >

FRUIT & VEGETABLE GUIDELINES

serve these...

- A variety of fresh, frozen, canned or dried fruits (e.g. mangos, apricots, grapefruit, melons, papayas, cherries, kiwifruit, etc.)
  - Canned fruits in water or 100% juice
- A variety of fresh, frozen or canned vegetables, especially dark-green, red and orange vegetables and beans and peas (see table)
  - Canned vegetables labeled as reduced sodium or no-salt added

instead of these...

- Canned fruits in light or heavy syrup
- Fried or pre-fried vegetables (French fries, tater tots, hash browns, onion rings)
  - Pre-fried foods are items that have been fried and then frozen prior to packaging, even if prepared in a microwave or oven. These include:
    - × refrigerated or frozen items, breaded or battered
    - × most frozen potato products, even if the label does not say "fried"
    - × frozen products described as "crispy" or "crunchy"

why?

- Fruits and vegetables provide essential vitamins and minerals that may protect against many chronic diseases such as heart disease, stroke and some cancers
- Fruits and vegetables are high in fiber which helps children and adults feel fuller longer
- When prepared without added fats or sugars, fruits and vegetables are relatively low in calories and can help adults and children achieve and maintain a healthy weight
- Canned fruits in light or heavy syrup adds sugar and calories

Examples of a variety of vegetables to choose from:

dark green
- bok choy
- broccoli
- collard greens
- leafy lettuce (dark green)
- kale
- mustard greens
- romaine lettuce
- spinach
- turnip greens

red & orange
- red peppers
- tomatoes
- tomato products
- carrots
- pumpkin
- acorn squash
- butternut squash
- hubbard squash
- sweet potatoes

beans & peas
- black beans
- black-eyed peas
- garbanzo beans (chick peas)
- kidney beans
- lentils
- navy beans
- pinto beans
- soy beans
- split peas
- white beans

starchy
- cassava
- corn
- green bananas
- green peas
- green lima beans
- plantains
- potatoes
- taro
- water chestnuts

other
- artichokes
- asparagus
- avocado
- beets
- brussels sprouts
- eggplant
- green peppers
- okra
- turnips
- wax beans
- zucchini

how?

1) If you cannot find canned fruit in natural juice or canned vegetables with no or low sodium, drain and rinse the fruits or vegetables before serving

2) Instead of fried or pre-fried vegetables, serve oven baked homemade potato or sweet potato wedges with skin intact (refer to USDA Child Care recipes: www.fns.usda.gov/tn/usda-recipes-child-care

3) Add flavor to cooked vegetables by using a mixture of herbs and spices such as garlic powder, onion powder, oregano, basil, and/or lemon pepper instead of butter or cream sauces

4) Increase the number of times per week you serve whole fruits or vegetables (not juice) at snack/breakfast (i.e., if you serve a fruit or vegetable at snack one time per week, increase to two times per week, then increase to three times per week, etc.)

> *"At our center we like to give the veggies fun names...green beans are Packer beans, broccoli is trees, etc. They seem to eat them better when we "rename" them. Most of the children are super about trying foods. If they try it and don't like it, we praise them for trying it"*
>
> – Karen Verhagen, Kaukauna Kinder Haus, Kaukauna

5) Make fruits and vegetables fun:
   - have children make their own fruit or vegetable person and eat it
   - give fruits and vegetables silly names

6) If serving with a dip, choose lower calorie options such as yogurt-based dips or hummus (pureed garbanzo beans)

fresh fruit salad

Mix apples, bananas or pears with acidic fruits such as oranges, pineapple or lemon juice to keep them from turning brown.

sample policies

- Fruit is served at snack two to three times per week.
- Vegetables are served at snack two to three times per week.
- Fried or pre-fried vegetables (e.g., French fries, hash browns, tater tots) are not served. These items will be homemade and baked.
- A variety of vegetables is served by offering one of the following at a meal each day: a dark green vegetable, an orange vegetable, a red vegetable or a legume (e.g., cooked dry beans and peas).

Offer a **TASTY TUESDAYS** once or twice a month. On this day offer new fruits or vegetables to the children, discuss the benefits of that food, and provide a hands-on activity. Then begin to include this food into your menu. For instructions on how to buy and prepare different fruits and vegetables, refer to Appendix F.

- The children will taste test a new fruit or vegetable once or twice a month. Fruits and vegetables they like will be added to the menu.
- Fresh, frozen or canned fruit is served at breakfast instead of juice every day.

serve these...

- **Whole-grain foods**

  The Dietary Guidelines for Americans recommend that individuals consume at least half of all grains as whole grains.

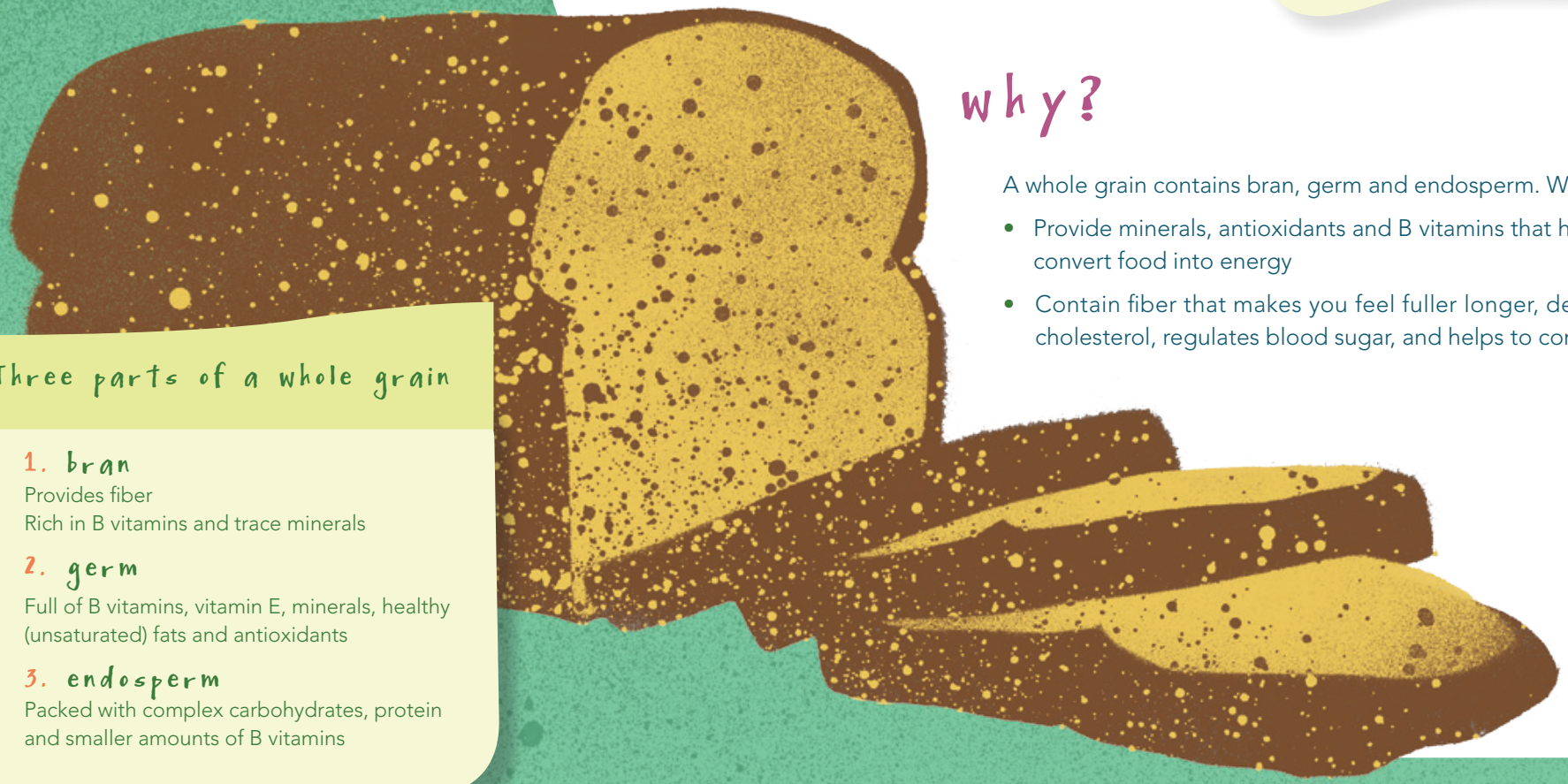
instead of these...

- Refined grain foods (e.g., white flour, white bread, enriched pasta, white rice)
- Sweetened grains/baked goods that are high in sugar and fat (e.g., cinnamon rolls, toaster pastries, muffins, donuts, cookies, cakes, rice treats)

NAMES FOR SUGAR:

- sucrose
- glucose
- fructose
- molasses
- high fructose corn syrup
- corn syrup
- maple syrup

CEREAL The Institute of Medicine recommends choosing cereals with 6g or less sugar per dry ounce. (1 ounce = 28g)



why?

A whole grain contains bran, germ and endosperm. Whole grains:

- Provide minerals, antioxidants and B vitamins that help bodies convert food into energy
- Contain fiber that makes you feel fuller longer, decreases cholesterol, regulates blood sugar, and helps to control weight

Three parts of a whole grain

1. **bran**
   Provides fiber
   Rich in B vitamins and trace minerals
2. **germ**
   Full of B vitamins, vitamin E, minerals, healthy (unsaturated) fats and antioxidants
3. **endosperm**
   Packed with complex carbohydrates, protein and smaller amounts of B vitamins

how?

1) Substitute over half of white flour in a recipe with whole grain flour (e.g. whole wheat, whole rye, millet, buckwheat or oat bran)

2) When serving items such as rice or pasta, mix half whole grain and half refined

3) Try these:
Breakfast: oatmeal, whole wheat pancakes or waffles, whole grain English muffins, whole wheat toast, whole grain breakfast cereal

Lunch: whole wheat macaroni and cheese or whole wheat spaghetti, whole wheat rolls or bread, brown rice

Snack: whole grain pita breads, whole wheat crackers, whole grain bars

> *"We switched to whole grain bread and pasta. Our menus include mostly home-made meals instead of processed and breaded items. The children responded very positively. The only food we seemed to find some resistance to was whole grain pasta, so we mixed it with regular pasta until the new taste was acceptable."*
>
> – Maggie Smith, R.E.A.L.
> K.I.D.S., Menomonee Falls

identifying whole grain foods

- Check the Ingredients List on product labels for the words "whole" or "whole grain" before the grain ingredient's name.
- The whole grain should be the first ingredient, or the second ingredient after water.
- For foods with multiple whole grain ingredients, they should appear near the beginning of the ingredients list.

Examples of whole grains

Brown rice	Buckwheat	Whole-grain sorghum
Whole wheat	Bulgur (cracked wheat)	Whole wheat flour
Millet	Whole cornmeal	Whole-grain barley
Oatmeal	Whole rye	Whole oats/oatmeal
Quinoa	Rolled oats	Whole-grain corn
Wild rice		

Examples that are NOT whole grain
Usually found on front of packaging

Multi-grain	Seven-grain
Stone-ground	Bran
100% Wheat	

sample policies

> At least one whole grain food item will be served each day at breakfast, lunch or snack.

> Sweetened grains/baked goods (e.g., cookies, cakes, donuts, Danishes, etc.) will be served one time every two weeks for snack only (not for breakfast, lunch or supper).
> *Goal: These items will not be served at all.*

MEAT & MEAT ALTERNATE

serve these...

Lean Protein Foods

- Choose lean ground beef (at least 90% lean)
- Sirloin and round steaks, roasts and cuts from the chuck and shoulder
- Pork loin, tenderloin, center loin and ham
- Poultry (boneless skinless chicken breasts and turkey cutlets)
- Low-fat luncheon meats

Seafood

Salmon, tuna, trout, cod, haddock, perch, tilapia and shellfish such as shrimp and crab

Meat Alternates

- Legumes (e.g., kidney beans, black beans, garbanzo beans or chickpeas, lima beans, black-eyed peas, pinto beans, split peas, and lentils)
- Eggs
- Nuts and seeds and their butters
- Low-fat or reduced-fat yogurt
- Low-fat or reduced-fat natural cheeses (e.g., cheddar, provolone, Parmesan, mozzarella, Swiss, cottage cheese, ricotta cheese)

instead of these...

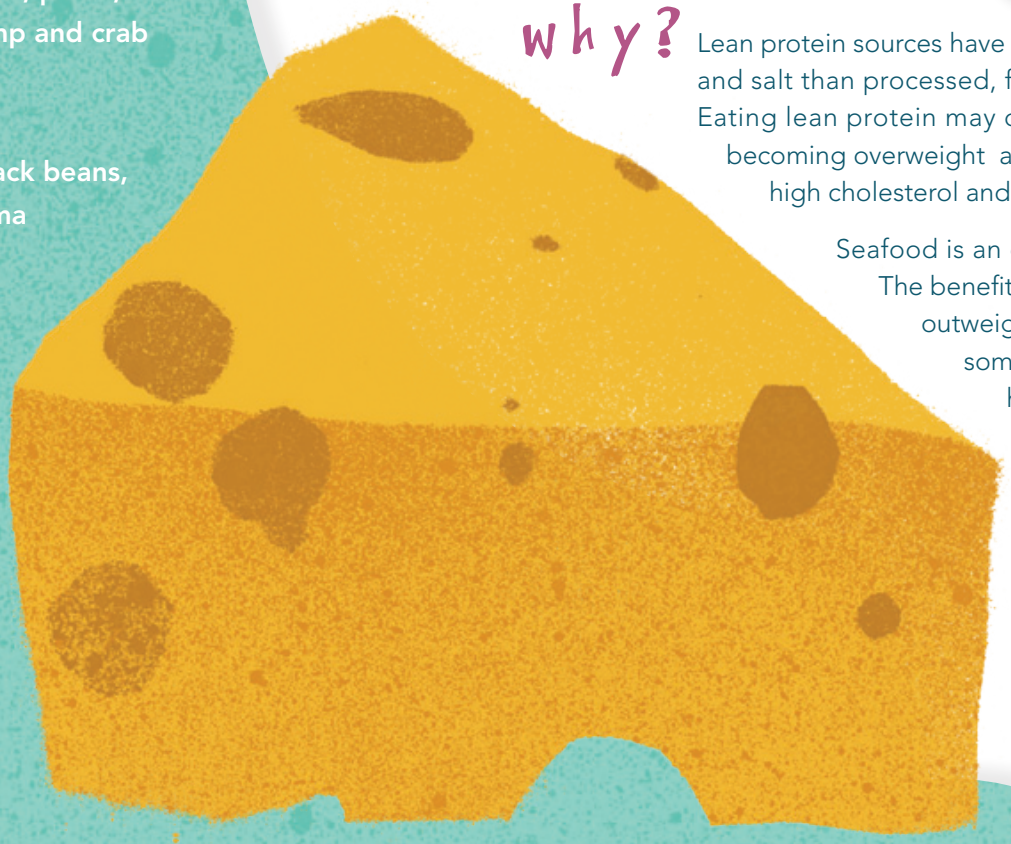
High-fat Protein Foods

- Ground beef with high fat content (75%-85% lean)
- Processed meats such as bacon, bologna, hot dogs, liverwurst, pepperoni, sausage, Polish sausage
- Fried or pre-fried breaded meats including chicken nuggets, chicken patties, corn dogs, fish sticks

Meat Alternates

- Full-fat yogurt or cheese
- Processed cheese foods, cheese spreads and pasteurized processed cheese products

Trans fats are manmade, chemically altered unsaturated fatty acids present in most margarines, commercial baked foods and many fried foods. Another name for *trans* fat is "partially hydrogenated oils." **Saturated fats** are solid at room temperature. They are most often of animal origin.



why?

Lean protein sources have less trans fat, saturated fat, calories and salt than processed, fried or pre-fried breaded meats. Eating lean protein may decrease the risk of obesity or becoming overweight and can help prevent heart disease, high cholesterol and high blood pressure.

Seafood is an excellent source of lean protein. The benefits from eating a variety of seafood outweigh the mercury risks associated with some seafood. Seafood also contains healthy fats and is recommended for growth and development.

Moderate evidence indicates that eating peanuts and certain tree nuts (e.g., walnuts, almonds and pistachios) reduces risk factors for heart disease when consumed as part of a nutritionally adequate diet. Because nuts and seeds are high in calories they should be eaten in small portions or used to replace other protein foods.

how?

1) Select lean cuts of meat and trim fat before cooking. Remove skin from poultry and excess fat from fish before serving

2) When using high-fat ground beef, cook it, drain off the fat and rinse it in a strainer. This decreases fat content by 50%[1]

3) When cooking lean meats, bake, grill, broil, poach, boil or roast to reduce extra fat. Do not fry meats

4) Serve more entrees that include beans, which are a low cost substitute for meat and a good source of protein and fiber

5) Choose the easiest form of legumes: use canned, pre-cooked beans to simplify recipes (no soaking needed) and reduce cooking times

6) Bake your own chicken nuggets or fish sticks using bread crumbs or other coatings

1 National Cattlemen's Beef Association. Reducing Fat in Cooked Ground Beef. 2000.

sample policies

- Processed meats will be served only once in a two-week cycle.
- Fried or pre-fried meats will not be served. Any breaded meat products will be homemade and baked.
- Seafood (not processed fish sticks) will be served one time per week.
- Only low-fat meats and skinless poultry will be served; ground beef will be at least 90% lean.
- A vegetarian lunch/supper will be served one time per week.

vegetarian meals

Recommendations

- Incorporate vegetarian meals into menus as a way to add variety
- Work with families that have adopted a vegetarian lifestyle. Substitute meat alternates for meats in recipes and menus

Why?

Vegetarian diets can provide adequate nutrition and health-related benefits. Well-planned vegetarian diets tend to be lower in cholesterol and saturated fat and higher in fiber and other vitamins and minerals. Some families have chosen to live a vegetarian lifestyle so you will need to work with parents of vegetarian children to assure those children are being served all required components of the meal pattern.

To help incorporate vegetarian meals into your menus, here are three scenarios with strategies:

1) **If offering a vegetarian meal one time per week:**
   - substitute beans for meat in main dishes such as casseroles, quesadillas or stir-fry
   - make meatless lasagna using ricotta and/or cottage cheese as the meat alternate
   - serve egg salad or grilled cheese sandwiches as alternatives to meat sandwiches

2) **If serving vegetarian meals every day:**
   - choose a different meat alternate food item for each day of the week; e.g., Monday - beans, Tuesday - yogurt, Wednesday - low-fat cheese, Thursday - fish, Friday - eggs

3) **If accommodating vegetarian child(ren):**
   - work with parents to determine what the child(ren) can and cannot eat on their specific vegetarian meal plan
   - substitute meat alternates for menu items that contain meat, i.e., if the center is preparing a meat spaghetti sauce, set aside some plain tomato sauce and also serve a cheese stick to meet the meat/meat alternate requirement
   - make vegetarian meals/snacks one to two days each week for everyone so something different is not required every day for the vegetarian child(ren)

BEVERAGES

serve these...

- Whole milk for children ages 12-23 months
- 1% or fat-free milk for children ages 2 years and older
- Water
- 100% fruit and vegetable juices
  Limit 100% juice to 4-6 ounces per day. This includes juice consumed in child care and at home

The U.S. Food and Drug Administration defines "100% Juice" as either squeezed directly from the fruit or made from concentrated juice that is reconstituted with water. "Juice Cocktails" and "Juice Drinks" are formulated with less than 100% juice and, in most cases, contain added sweeteners as well.

instead of these...

- Sugar sweetened beverages including fruit-based drinks that contain less than 100% real fruit juice, flavored drinks, cocktail drinks, punch, soft drinks, sports or other energy drinks, etc.
- Unpasteurized juice such as apple cider, which can harbor e. coli and other bacteria that can cause illness

Beverages offered to toddlers over age 1 should be in a cup, not in a bottle, to prevent delays in developing appropriate feeding skills

why?

MILK:

Milk provides calcium, protein and vitamin D for bone growth and development.

- **Whole milk** for children ages 12-23 months
  Why? Provides fats that are needed for early brain and spinal cord development
- **1% & fat-free milk** for children ages 2 years & older
  Why? Provides as much calcium and vitamins A & D as 2% and whole milk without the extra calories and saturated fat

SUGAR SWEETENED BEVERAGES:

Sugar sweetened beverages are not recommended because they are high in calories and low in nutrients.

JUICE:

Too much juice:

- May be linked to weight problems and is associated with tooth decay and diarrhea in children
- Can take the place of more nutritious beverages such as 1% or fat-free milk

how?

MILK:

1) Mix 1% or fat-free milk with whole or 2% milk, or just make the switch — children probably will not notice

2) Use 1% or fat-free milk when cooking or preparing foods

3) Inform parents that 1% or fat-free milk are healthy choices for children over the age of 2. Encourage parents to make the switch too

JUICE:

1) Review how much juice is served on your menus. It does not have to be removed completely, just limited

When choosing juice look for "100% juice"

NOT:

- Juice cocktail
- Juice drink
- Juice beverage
- 100% Daily Value for vitamin C
- Juice blend

> "The children had no complaints. Actually I don't even think they noticed the switch [from 2% to 1%] milk."
>
> – Traci Frion, Rainbow Kidz, Inc., Bloomer

WATER:

1) Encourage children to drink water often throughout the day, but limit the amount just before and during meals. Too much water may reduce a child's food and milk consumption

2) Provide a step stool for easy access to a sink or drinking fountain

3) Provide pitchers of water and disposable cups if drinking fountains are not available

4) Serve water with snacks when no other beverage is served

Create your own milk mustache event!

Take pictures of children drinking milk and post at your center.

sample policies

- We will only serve:
  - Whole milk for children ages 12-23 months.
  - 1% or fat-free milk for children ages 2 years and up.
- Water will be clearly visible and available to children at all times.
- Juice will be served one time per week.
- We are committed to our children's health. We recognize the importance of the staff as positive role models to children as they learn to live healthy lives. Therefore, staff will not drink soda and sugary beverages in front of the children in their care.

SUCCESS STORY

Serve nutritious meals & snacks - They will eat it up

Cradles 2 Crayons Child Care Center believes in the importance of providing nutritious meals every day because many of its children spend more time at daycare than at home; and when children do go home most parents are too exhausted to prepare a nutritious home-cooked meal. One parent comments: "I love the menu here! I know my son is receiving wonderful meals and I rely on that because when I get him home, I would rather spend time playing with him than be in the kitchen whipping up a homemade meal. I [do not feel] guilty because I know he had an awesome, nutritious meal at daycare!"

Initially, however, the center did not always serve nutritious meals and snacks. When the center first opened the menu included a large amount of processed food items and not much variety. At the time, staff thought only of convenience and not the health and wellness of the children. After receiving parent complaints it was evident that making meals more nutritious needed to become a priority.

The menu was completely revised by adding at least one serving of fresh fruit each day in place of canned or frozen, decreasing the amount of juice served each day and serving chilled water more often, and preparing homemade dishes. Among the children's favorites are chicken noodle casserole, chicken and broccoli fettuccini Alfredo, beef tips and rice or noodles, and Italian dunkers (garlic bread sticks with homemade meat sauice). The children absolutely LOVE the homemade meals. They enjoy them far more than the processed meals that used to be prepared and look forward to hearing the meal cart coming down the hallway!

When changing the menu to include more homemade items, one tip to pass along is "Be patient! Be patient! Be patient!" It takes children several times of being introduced to a new food before they truly determine whether or not they like it. Make a game of trying new foods or talk about the color, taste, shape and size of the food. The first time kiwi was offered there were a lot of turned up noses and "I don't like these" comments; however, after talking about the fruit most children were willing to try it. It was absolutely rewarding to see children who previously had never eaten kiwi start gobbling it up and asking for seconds!

– Heather Brantner & Marti Danielson,
Cradles 2 Crayons Child Care Center,
Durand

Nutrition for Infants >

INFANT FEEDING PRACTICES

Infants must be guided through many feeding transitions and foods should be introduced when developmentally appropriate. While there are many different approaches to feeding infants, this guide details recommendations from the American Academy of Pediatrics (AAP), the Institute of Medicine (IOM) and the USDA.

recommendations

- Always hold infants in your arms or sitting up on your lap while feeding; do not prop a bottle
- No food or drink other than breast milk or formula should be served in a bottle
- Allow infants to self-regulate their intake
- Have infants eat with other children when possible
- Support self-feeding skills such as:
  - finger-feeding food served in the appropriate size and texture
  - being introduced to cups and utensils (fork and spoon)

why?

- Allowing an infant to lie down alone with a bottle is dangerous. It may lead to choking, ear infections or dental problems
- Food added to a bottle (e.g., infant cereal) does not help infants sleep, and the practice deprives them of the opportunity to learn to regulate food intake and may contribute to tooth decay
- Children will eat when they are hungry and stop when they are full. They are in tune with their bodies and hunger cues. Look for signs of hunger and fullness to determine when to offer food and when to stop feeding
- Mealtime is a social experience and infants learn from other children
- Self-feeding helps a child explore different sensory experiences. The child can play with and feel crumbly, rough, wet, squishy, spongy and slippery textures. Foods also provide different sounds, smells and tastes
- Using forks, spoons and cups are opportunities for a child to learn how to use tools, which is important as the child grows and starts to draw with crayons, write with pencils and cut with scissors
- A child practicing and learning self-feeding skills is also improving:
  - back, arm and hand strength
  - arm and hand coordination
  - hand-eye coordination

signs of hunger

- Rooting – a reflex in newborns that makes them turn their head toward a breast or bottle to feed
- Sucking on fingers or a fist
- Moving, licking or smacking of lips
- Fussing or crying
- Excited arm and leg movements

signs of fullness

- Sealing lips together, decreasing sucking, spitting out or refusing the nipple, pushing or turning away from the breast or bottle
- Milk begins to run out of the infant's mouth
- Leaning back
- Turning away
- Pushing food out of mouth
- Playing with food
- Pushing the bottle or spoon away

introducing infant foods

The American Academy of Pediatrics states there is no solid evidence that waiting to introduce allergenic foods protects children from developing an allergy. If you believe an infant is likely to have food allergies — for example, if allergies run in the family or the infant has moderate to severe eczema — have parents check with his/her doctor to determine the best strategy for introducing allergenic foods like eggs, milk, peanuts, tree nuts, wheat, soy, fish and shellfish.

do this...

- Communicate with parents when and how to introduce age-appropriate solid foods. Offer foods only after parents have introduced first with no problems. The decision to feed specific foods should be made by the parent and primary care physician.
- Introduce solid foods at 4-6 months; however, the American Academy of Pediatrics strongly recommends waiting until 6 months

not this...

- Do not introduce solid food or fruit juice before 4 months because it may lead to:
  - a decrease in the intake of breast milk or formula
  - choking and digestive problems
- Do not wait longer than 6 months to introduce solid foods because it may lead to:
  - inability to accept different food textures
  - reduced motor development (e.g., chewing)
  - decreased nutrient intake

See Appendix C for the CACFP Infant Meal Pattern

introducing solid foods

Developmental readiness is often linked with an infant's age and size; however, these should not be the only considerations for feeding. Signs to look for:

- Good neck and head control
- Not using the tongue to push solid objects out of the mouth (tongue thrust reflex)
- Drawing in the lower lip when a spoon is removed
- Signs of hunger after breast milk or formula

Introduce foods one at a time: Single-ingredient solid foods should be introduced one at a time, with each food provided for a few days before a new food is introduced. This gives the infant time to get used to each flavor and texture, and to identify if there are any adverse reactions such as food allergies or intolerances.

Texture appropriate: To prevent choking, whole foods should be pureed, ground, mashed or finely chopped. Do not server large chunks.

sample policy

> Our child care center will work with families to gradually introduce solid foods to infants between 4-6 months based on their developmental readiness. We want to ensure that foods are introduced when appropriate so there are no negative consequences.

INFANT BEVERAGES

serve these...

- Breast milk
- Iron-fortified infant formula, including soy-based formula

instead of these...

- Fruit juice
- Cow's milk, lactose-free milk or nutritionally equivalent nondairy beverages such as soy or rice milk for infants less than 12 months (unless medically necessary)

why?

Breast milk

- Meets all nutritional needs of an infant and promotes health and development
- Protects infants from many illnesses and diseases including diarrhea, respiratory disease, SIDS, allergies and ear infections
- Reduces the risk of childhood obesity
- Is associated with improved mental development

Iron-fortified infant formula

- Is an acceptable alternative to breast milk and is specially formulated to have the right balance of nutrients
- Includes iron, a very important nutrient during the first year
- Does not protect infants against illness and disease as well as breast milk

Fruit juice and other beverages

- Provides fewer nutrients and less fiber than whole baby food fruits and vegetables because much is lost during processing
- Too much can be linked to becoming overweight or obese; also associated with tooth decay and diarrhea
- Cow, lactose-free, soy and rice milk do not contain the right amounts of nutrients infants need and can harm their health

The American Academy of Pediatrics (AAP) recommends exclusive consumption of breast milk for at least the first six months of life. In addition, breast milk is the best source of milk for infants for at least the first 12 months.

breastfeeding support & promotion

recommendation

A clear message should be provided to families, staff and visitors that breastfeeding is accepted at your facility and efforts are made to provide a comfortable environment for breastfeeding.

why?

Breastfeeding mothers often cite embarrassment or a perceived lack of support. It is important to recognize that mothers may have strong feelings about breastfeeding when separated from their babies. Breastfeeding support should be provided as a means to increase confidence in you as their child care provider.

how?

- Post "Breastfeeding and breast fed babies are welcome here" messages or posters
- Create a private, quiet and comfortable place for mothers to breastfeed their child (see box, Furnishing a Lactation Room)
- Train all staff in breastfeeding support and promotion, and in the proper storing, handling and feeding of breast milk (see Appendix A)
- Ask a nursing mother what you should do if her baby is hungry and she is late or her supply of expressed breast milk is gone. Can you use center-provided formula or should you wait until mom arrives?

Ten Steps to Breastfeeding-Friendly Child Care Centers Resource Kit

View and download at www.dhs.wisconsin.gov/publications/P0/P00022.pdf

furnishing a lactation room

- Private room with a lock on door
- Electrical outlet
- Chair
- Small table
- Waste basket
- Nearby sink with running water
- Nearby refrigerator or storage space for small cooler

sample policies

- Breast milk or iron-fortified infant formula will be served to infants less than 12 months.
- A refrigerator is available for storage of expressed breast milk and staff is trained on how to properly store, handle, prepare and feed breast milk to infants.
- Juice will not be served to infants less than 12 months.
- **To support breastfeeding:**
  - A comfortable, private area is provided to encourage and support breastfeeding mothers
  - Bottles will not be given when a mother is expected for breastfeeding
  - Staff is trained on how to work with breastfeeding mothers and how to properly handle breast milk

infant cereal

serve these...

- Iron-fortified infant cereal

instead of these...

- Commercially prepared cereal mixtures (cereal with fruit)
- Low-iron infant cereals
- Cereals designed for older children and adults
- Sweetened grains/baked goods for breakfast (e.g., donuts, cinnamon rolls, toaster pastries, muffins)

why?

- Iron-fortified infant cereal is a good first solid food because it is easy to digest and contains the iron that infants need for proper growth and development
- Commercially prepared cereal mixtures and cereals for older children and adults are not recommended because they may contain:
  - a food item the infant has not tried
  - vitamins and minerals in forms or amounts not ideal for infants
  - small, hard pieces of food that could cause choking (e.g., raisins, dates, nuts, or uncooked whole grain flakes)
- Sweetened grains/baked goods are high in fat and sugar and may displace the iron-fortified infant cereal needed

Why Iron-Fortified?

Iron helps blood cells carry oxygen from the lungs to the rest of the body. If infants do not get enough iron, it can delay their growth and development.

type of infant cereal to feed

Rice cereal is usually the best choice for the first cereal. Oat, barley and wheat cereals can be added at 1-week intervals.

See the following pages for information on:

- **Infant Feeding Practices .....page 22**
- **Introducing Foods to Infants .....page 23**
- **Foods Not Recommended for Infants.....page 29**

infant breads & grains

serve these...

- Age-appropriate whole grain bread and crackers at snack:
  - strips or small pieces of dry bread, toast or crackers
  - plain crackers without seeds, nuts or whole kernels, graham crackers made without honey
  - teething biscuits

instead of these...

- Sweetened grains/baked goods (e.g., cookies, cakes, muffins)
- Foods that present choking hazards (see page 29)

why?

- Sweetened grains/baked goods are high in fat and sugar

infant fruits & vegetables

serve these...

- Offer a variety of the following:
  - commercially prepared baby fruits and vegetables
  - fresh or frozen fruits and vegetables
  - canned fruits in their natural juices or water
  - canned vegetables with no added salt

instead of these...

- 100% fruit and vegetable juices, until at least 12 months
- Fruits and vegetables with added fat, salt, honey, sugars or other sweeteners (including baby desserts)
- Commercially prepared baby food dinners listing a fruit or vegetable as the first ingredient (e.g., sweet potatoes and turkey)
- Fried or pre-fried vegetables (French fries, tater tots, hash browns, onion rings)
  - pre-fried foods are items that have been fried and then frozen prior to packaging, even if they are prepared in a microwave or oven. These include:
    - × refrigerated or frozen items, breaded or battered
    - × most frozen potato products, even if the label does not say "fried"
    - × frozen products described as "crispy" or "crunchy"
- Fruits and vegetables that present choking hazards (see page 29)

why?

- Baby food fruits and vegetables:
  - do not usually contain sweeteners or salt
  - contain fewer ingredients that could cause an allergic reaction
  - provide nutrients and fiber that may be lost when juice is processed
- Foods with added fat, salt, sugars and other sweeteners are not needed in infant diets and can prevent infants from developing a liking for the natural flavor of foods
- Commercially prepared baby food dinners do not specify the amount of fruit/vegetable in the product and may contain a new food that could cause an allergic reaction
- Fried or pre-fried vegetables are high in fat and salt

infant meats & meat alternates

serve these...

- Lean protein sources such as ground, well-cooked lean beef, pork, skinless chicken and turkey, fish, natural cheese, egg yolk, yogurt, legumes (e.g., kidney beans, black beans, garbanzo beans/chickpeas, lima beans, black-eyed peas, pinto beans, split peas, and lentils)

instead of these...

- Commercially prepared baby food combination dinners that include a meat component (e.g., turkey and rice)
- Processed meats such as bacon, beef jerky, bologna, hot dogs, liverwurst, pepperoni, sausage, Polish sausage
- Fried or pre-fried breaded meats including chicken nuggets, chicken patties, corn dogs, fish sticks
- Meat and meat alternates that present choking hazards (see page 29)

SEAFOOD

Serve **fin fish** (salmon, tuna, trout, cod, haddock, perch, tilapia) and **shellfish** (shrimp, lobster, crab, crawfish, scallops, oysters, clams) only after parents have introduced first with no problems.

why?

- Lean protein sources have less trans fat, saturated fat, calories and salt than processed, fried or pre-fried breaded meats. Eating lean protein may decrease the risk of becoming overweight or obese and help to prevent heart disease, high cholesterol and high blood pressure
- Fish is an excellent source of lean protein. The benefits from eating a variety of fish outweigh the risks associated with mercury found in some fish. Also, because it contains healthy fats, fish is recommended for growth and development in early infancy and childhood
- Commercially prepared baby food dinners listing a meat or meat alternate as the first ingredient do not specify the amount of meat or meat alternate in the product and may contain a new food that could cause an allergic reaction

sample policies

To promote the health and wellness of infants:

- Iron-fortified infant cereal will be served to ensure proper growth and development
- Sweetened grains/baked goods will not be served at meals or snacks
- Fried or pre-fried vegetables and processed, fried or pre-fried breaded meats will not be served
- Fruit juice will not be served to infants less than 12 months
- Foods will be prepared in the appropriate textures

foods not recommended for infants

CHOKING HAZARD:	Some foods are hard to control in the mouth and they can slip into the airway before being chewed properly. Do not feed infants foods or pieces of food that are the size or shape of a marble. Foods this size can be swallowed whole and could become lodged in a child's throat and cause choking.
Meat & Meat Alternate	• Tough meat or large chunks of meat • Fish sticks or other fish with bones • Hot dogs, sausages or toddler hot dogs • Chunks of cheese • Peanuts or other nuts and seeds • Peanut butter or other nut or seed butters
Fruits & Vegetables	• Dried fruits and vegetables, including raisins • Hard pieces of raw fruit such as apple, pear or melon • Whole grapes, berries, cherries and cherry or grape tomatoes • Whole pieces of canned fruit • Raw vegetable pieces (e.g., carrots, green peas, string beans, celery, etc.) or hard pieces of partially cooked vegetables including cooked or raw whole corn kernels • Whole beans
Breads & Grains	• Potato or corn chips, pretzels or cheese twists • Cookies, granola bars or adult cereals • Crackers or breads with seeds, nut pieces or whole grain kernels • Whole kernels of cooked rice or barley

OTHER FOODS:	• Honey and foods prepared with honey (e.g., honey graham crackers) should never be fed to infants less than 1 year because honey may contain botulism spores that can cause a serious food borne illness • Infants should not be served shark, swordfish, king mackerel or tilefish because they contain high levels of mercury which is harmful to infants

SUCCESS STORY:

Farmers markets in early childhood education

At the REAL KIDS Early Childhood Education Center in Menomonee Falls, staff understands the challenge of getting children to try new foods, so they thought to spark some interest and enthusiasm they would get the children involved. In order to successfully introduce local food from the farmers market into their meals, the staff decided they would bring the children to the farmers market.

The children and teachers walk to the local farmers market to purchase fresh produce. Children choose foods to use in the center's meals. Most meals are cooked from scratch, giving the children an opportunity to learn about different foods as they watch and assist in the cooking process. This participation in food selection and preparation serves as a great learning experience and gets children excited about trying new foods. Staff also models healthy eating habits and eagerly samples new foods, which influences the children to try new foods as well.

The center gradually began incorporating fresh produce from the farmers market, healthier foods and homemade meals into menus. To start, sandwiches were made with one slice of white bread and one slice of wheat, and whole-wheat and regular pasta were mixed. Introducing one new food each week gives children a chance to familiarize themselves with new foods.

Creating healthy homemade meals that incorporate fresh foods from the local farmers market promotes nutrition education and physical activity, in addition to introducing new nutritious foods into the children's lives.

— Maggie Smith, R.E.A.L. K.I.D.S., Menominee Falls

TAKE ACTION!

Nutrition Environment

MENU PLANNING-CYCLE MENUS

recommendation

Use cycle menus to make menu planning and food preparation easy and ensure that your program is serving well-balanced meals and snacks.

why?

Cycle menus save time in several ways, including less menu planning and less recipe preparation since menus are repeated. Cycle menus also save time when shopping since amounts are known.

USDA Recipes for Child Care can be found at: www.fns.usda.gov/tn/usda-recipes-child-care.

what is a cycle menu?

A cycle menu is a set of menus designed with different items served each day during a cycle. Cycles can run from one week to one month, or longer, and once the cycle is completed it is repeated. Cycle menus can be modified to take advantage of available supplies, incorporate seasonal fruits and vegetables and to cook for special events. They should be changed periodically throughout the year.

how?

- Lower food costs by buying frozen meats and vegetables in bulk
- Change cycle menus with the seasons
- Reduce costs by using seasonal items, such as apples and squash in the fall and fresh fruits and vegetables in the summer
- Ask parents to suggest ideas for dishes to include in menus, (e.g., family favorite dishes or foods from various cultures)
- When planning lunch or supper meals rotate six meat/meat alternate items over five days (cheese, poultry, beans, meat, eggs, yogurt and fish). This will offer variety and children who attend only certain days of the week will not always get the same foods. See table below for an example:

Monday	Tuesday	Wednesday	Thursday	Friday
Cheese	Chicken	Beans	Pork	Eggs
Cod	Cheese	Turkey	Beans	Ground Beef
Yogurt	Haddock	Cheese	Chicken	Beans
Ham	Eggs	Tilapia	Cheese	Turkey
Beans	Pork	Yogurt	Tuna	Cheese

sample policy

> Our agency has established a seasonal 4-week cycle menu. This cycle menu will ensure that your child receives balanced and varied menu items. A copy of the menu will be posted and available for home use.

recommendation

Ensure that mealtime routines are the same for all children, even if some eat different foods or have other needs due to special diets or disabilities. Work with parents to plan for food substitutions or adaptive equipment.

why?

Child care programs are responsible for serving meals and snacks to all children, including those with one or more disabilities or special dietary needs (physical, developmental, behavioral, emotional illness or condition) that restrict eating.

how?

Develop an individualized action plan for each child with a disability or special dietary need. These plans will include information on:

- proper positioning while eating
- foods that can be chewed and swallowed to help the child learn to eat (most foods can be altered in texture to support a child's abilities)
- instructions for preparation, storage, serving temperature, time and amount to be served
- foods a child can or cannot eat

Disabled Child: Children with disabilities may have a physical, developmental, behavioral or emotional illness or condition that limits major life activities such as eating, dressing, walking, seeing, hearing, speaking, breathing and learning. A licensed physician must provide a signed statement attesting that the child's disability restricts his or her diet, and food substitutions must be provided.* This will ensure the child's nutritional needs are being met.

Other Special Dietary Needs: Programs may make food substitutions for children who are not disabled but are unable to consume a food item due to special dietary needs. A signed statement by a recognized medical authority must be provided. In most cases, the special dietary needs of non-disabled children may be managed within the normal meal service.*

* In order to claim meals for reimbursement a program participating in the Child and Adult Care Food Program must either supply the substitution or have a medical statement on file when the parent supplies the substitution.

Food Allergies or Intolerances

When a physician determines that a food allergy may result in severe, life-threatening (anaphylactic) reactions, the child is considered to have a disability and the program must make prescribed substitution(s). Children with mild food allergies or intolerances are not considered disabled so programs are not required to provide food substitutions. However, parents may provide alternative foods for their child.*

Take precautions to prepare and serve safe meals and snacks:

- Check ingredient labels for all foods
- Designate an area in the kitchen for allergy-free meals and use separate equipment and utensils during preparation, cooking and serving
- Develop cleaning procedures that avoid cross-contamination

sample policies

> If a child has a disabling condition or illness (physical, developmental, behavioral or emotional) that restricts their diet, a food substitution will be provided when a statement signed by a licensed physician is on file. The statement must identify:
- the child's disability and why it restricts the child's diet
- the food(s) to be omitted
- the food(s) that <u>must</u> be substituted

> Food substitutions may be provided at our discretion for children with special dietary needs. A signed statement from a registered medical authority should identify:
- the special dietary need
- the food(s) to be omitted from the child's diet
- the food(s) that <u>*may*</u> be substituted

> Accommodations are provided to allow children with disabilities and other dietary needs to eat with their peers. Adaptive equipment, utensils and cups will be provided.

recommendation

Make meal and snack time positive, cheerful and relaxing.

why?

Mealtime is a great way to help children develop positive attitudes about healthy foods, learn appropriate mealtime behavior and improve communication skills. Young children's appetites often vary day to day and their tastes may change overnight. Adults help children stay in touch with their internal hunger and fullness cues.

sample policies

- Meals and snacks are served in a safe, clean and pleasant setting that provides children with a relaxed and enjoyable environment. *This is a place where children have:*
  - enough space to eat
  - child-sized dishes and utensils
  - pleasant conversation
  - access to hand washing stations before meals and snacks
- Television viewing is not allowed during meal and snack times.
- Mealtimes are scheduled after physical activity to encourage eating and improve children's behavior.

> *"To involve parents with menus, encourage them to share ideas and have times when [they can] attend lunch to help teach children good eating habits."* – Tammy Conner, Family Child Care Center, Ladysmith

how?

- Include predictable routines at mealtimes for children, such as washing hands before coming to the table, assisting with setting plates and utensils, and cleaning up after meals
- To teach your child how to recognize when hungry or full:
  - ask if the child's tummy is hungry when he or she wants to eat
  - ask the child to touch its tummy to show where hunger or fullness is felt
  - ask if the child's tummy is full at the end of a meal
- Children should be reminded to chew food completely. Their bodies need time to realize they have had enough to eat
- Let children learn to listen to their internal hunger cues. Do not require a clean plate, and allow seconds if desired
- Talk about foods being served and their tastes, smells, textures, colors and nutritional benefits. For example, when eating strawberries talk about the bright red color, the bumpy, seedy texture, the sweet smell and taste, or the shape like a heart or triangle. Add that strawberries can help them grow strong and stay healthy
- Ask children to talk about their favorite foods
- Create a positive environment. Do not discipline or scold children at mealtime
- Food should not be used as a punishment or reward at any time. Children often place a higher value on attention, praise or thanks than on food
- Invite parents to join their children at mealtime so they can observe the positive atmosphere and skills their child has learned
- Turn off the televison or any other distracting device during mealtime to promote a focus on eating
- Encourage parents to have their child take part in mealtime tasks at home

FAMILY STYLE MEAL SERVICE

recommendation

Serve meals and snacks family style, which allows children to serve themselves at the table, when developmentally ready, from common platters of food.

why?

- Serving family style meals creates an opportunity for children to practice pouring, serving and passing skills, and table manners. These also can be practiced at home.
- Allowing children to choose their own portion sizes may help prevent overeating or feeling pressured to eat unwanted food.

Division of Responsibility

When feeding young children, it is the caregiver's job to decide what to buy and prepare, and when and where to serve meals. It is the child's job to decide whether to eat and how much. Children will learn to try new foods, respect their fullness cues and develop lifelong healthy eating habits.

how?

- Make the change gradually by starting with snack or 1-2 menu items at meals
- Talk about new foods being offered and discuss how foods grow, their color, shape, texture, etc.
- Use child-sized serving bowls, utensils and pitchers. Have extra serving utensils handy in case one is dropped on the floor or put in a child's mouth
- Provide child-size tables and chairs
- Expect spills as a normal part of the learning process
  - if there is a spill, have the children help clean up. Make cleanup fun. Children should not feel bad about spilling
  - use paper towel as placemats to help absorb spills
- Provide each menu item in several small bowls so that if a child touches the food, it can be thrown away with limited waste
- Encourage parents to eat together as a family as often as possible and have children take part in mealtime tasks at home

"I have had great success with putting all the foods on the table and letting the children take their own servings, instead of me filling the plates and handing them out. The children are open to trying new foods when they can control the situation."

– Rachael Jonet,
Maple Street Family Day Care,
Luxemburg

sample policy

> Family style meals are served whenever possible because it is important for children to learn to serve themselves. Our role as caregivers is to provide nourishing food. The child's role is to decide whether and how much to eat. We will never force a child to eat.

recommendation

Staff members should model healthy eating practices for children.

why?

From early infancy, children learn through their interactions with others. Young children follow examples so it is important for caregivers to be good role models. Children pick up on attitudes and behaviors, including eating habits.

"It is up to the staff to model and teach appropriate behaviors when eating and being open to tasting new foods. We see the difference we make when parents tell us their child [used to] never eat vegetables or tuna and it is a good feeling."

– Nora Rosch, Roots & Wings Child Care Center, Salem

how?

- Children should see staff enjoying healthy foods and beverages throughout the day. Staff should not consume less healthy foods (especially sweets, soda and fast foods) in front of children
- Try new foods with the children. They will be more willing to taste an unfamiliar food if a trusted adult also is eating it. Compare experiences and talk about how the food looks, smells and tastes
- Praise children when they try or eat new foods. Praise serves as positive reinforcement and makes it more likely the behavior will be repeated
  - Be consistent in your message – eat only what the children are eating. Children are quick to pick up when something is not "fair," so do not create a double standard
    - Engage children in conversation during mealtime about healthy eating habits. Discuss where foods come from and their health benefits
      - Make schedules allowing staff to have their break during naptime, not mealtime

Children tend to eat better when mealtime is shared with an adult.

- Serve family style meals so staff can eat with children instead of serving the meal
- If meals are not normally prepared for staff, ask them to try at least a small amount of everything served to children
- Make mealtime expectations clear to staff during the hiring process. Teach staff the importance of role modeling and healthy eating
- Have staff taste test new menu items. Their support is important before serving them to children
- Remove soda machines from the facility. If this is not an option, relocate them to an area only accessible/visible by staff
- Invite parents to eat with their child at mealtimes
- Encourage parents to be healthy eating role models for their children
- Children learn from adults what foods to eat or not eat. Food comments should always be positive

sample policies

> The child care program recognizes the importance of adults as positive role models for children as they learn to live healthy lives. Staff members model behaviors for healthy eating and positive body image in the presence of children. They do not consume unhealthy foods and beverages (e.g., candy, soda) in front of children.

> While in the presence of children, adults do not eat or drink any foods or beverages other than those offered to the children.

PICKY EATERS

recommendation

Make mealtimes both enjoyable and pleasant to promote healthy eating habits for picky eaters.

why?

It is normal for children to say no to new foods. It can take 10 to 15 times of being exposed to a food before a child decides if they like it or not. Some children are especially cautious about trying new foods, while others use food as a means of control. Use the strategies below to minimize struggles with trying new foods.

how?

- Encourage, but do not force, children to try and taste new foods
- Do not just offer "typical" child foods (e.g. hot dogs, macaroni and cheese or chicken nuggets)
- Have a taste-test when introducing a new food. Then have children vote yes or no
- Try to avoid mealtime power struggles. If a child refuses to eat what is served, make a gentle reminder of the next meal and/or snack
- Cut sandwiches, pancakes and waffles into fun shapes
- Dip it, spread it or top it. Serve dip with crackers, toast, rice cakes or cut-up fruit or vegetables. Some ideas are:
  - cottage cheese or plain yogurt dip
  - peanut butter or cheese spread
  - tomato sauce or applesauce topping
- Make foods fun and call finger foods playful names:
  - apple moons (thinly sliced)
  - avocado boats (a quarter of an avocado)
  - banana wheels
  - broccoli trees (steamed broccoli florets)
  - carrot swords (cooked and thinly sliced)
  - cheese building blocks
  - egg canoes (hard-boiled egg wedges)
- Invite children to be "Chefs in Training" and help with food preparation. Allow them to tear and wash lettuce, squeeze juice from oranges, stir batter or make fruit parfaits
- Maintain open communication with parents. Understand their views about foods their children eat and make them aware of your expectations with foods served. Discuss obstacles faced during mealtime

"We had one child that was not very excited about the brussels sprouts we were having at lunch, but after trying them, he ate two helpings of them. His mom is one of our teachers and I remember him yelling over to his mom 'I love brussels sprouts!'"

– Bridget Magadanz, ThedaCare Child Learning Center, Appleton

sample policy

> We will serve a variety of foods in creative ways that are appealing to children. We understand that picky eating is a common childhood behavior. We will encourage, but never force, children to try and taste new foods. We will do our best to make mealtimes an enjoyable experience.

LOCALLY GROWN FOODS

Sources of locally grown fresh produce include farms, farmers' markets, Community Supported Agriculture (CSA), produce auctions, and community, school and home gardens.

> "Kids are always willing to try food if they pick it"
>
> – Maggie Smith, R.E.A.L. K.I.D.S., Menominee Falls

recommendation

Introduce locally grown produce into your menus to increase access for children.

Rinse fresh fruits and vegetables under clean running water before eating. For more information on food safety for fruits and vegetables, visit www.cdc.gov/nutrition/everyone/fruitsvegetables/index.html

why?

Incorporating locally grown food into your menus:

- Strengthens the community and local economy. It supports family farms as well as establishes purchasing relationships between farmers and child care programs.
- Is encouraged by USDA

how?

- Locate a farmer near you at www.farmfreshatlas.org
- Work with local farmers already selling to other centers, schools or restaurants
- Work with staff, parents, farmers and grocery stores to purchase local produce for meals and snacks
- Add one local produce item to the menu each week
- Visit a local farm or farmers' market. Have children identify different fruits and vegetables and let them choose one for the menu
- When menu planning, refer to the Wisconsin Produce Availability Chart to determine what is in season and available www.ifmwi.org/pdf/Seasonality_Chart.pdf
- Substitute locally grown foods for meal ingredients typically purchased at a store. For example, make and serve homemade salsa with tomatoes from a farmers' market, or serve homemade sweet potato sticks for snack
- Invite a farmer to a parent night event for a question and answer session on purchasing local produce

sample policy

> The menus will include locally grown fresh produce from farms, farmers' markets, Community Supported Agriculture, produce auctions, and community, school and home gardens when possible.

> "[The children] will eat and ENJOY things from the garden that they otherwise wouldn't. It also has the added benefit of getting them active outside. They have been more willing to try things and to eat them in new or different ways, like eating fresh green beans or cherry tomatoes right out of the garden. They also enjoy the science behind it and following through from seed to the table."
>
> – Anne Henry, Rainbow Dreams Licensed Family Day Care, Fond du Lac

recommendation

Start a garden at your center, participate in a community garden or share in a gardening experience at a nearby child care site.

why?

Gardening helps children learn where food comes from. When taking part in the entire process, from planting to harvesting to preparing meals, children learn to incorporate more fruit and vegetables into their diets.

how?

- Contact your local UW Extension office for information about gardening training. For a listing of UW Extension offices around the state visit: www.uwex.edu/ces/cty
- Involve children and staff in all stages of the gardening process. This helps create ownership
- Incorporate a garden curriculum (see Appendix G)
- Keep the garden child-led:
  - let children help decide what to plant and allow them to help with planting and maintenance
  - make sure each child knows how to care for and work with necessary gardening tools
  - provide sunscreen, a hat, child-sized garden tools and plenty of water
  - ask children: "What will we see today?" or "How much do you think things have grown since last week?"
  - avoid using chemicals when caring for the garden
    - The first garden does not have to be large. Start small by planting a few seeds in a pot or medium-size container
      - Spend time preparing the soil. Healthy, well-drained soil rich in organic matter produces strong plants that are more resistant to pest and disease problems. Maintain soil by adding a layer of mulch to help control weeds and keep the soil moist

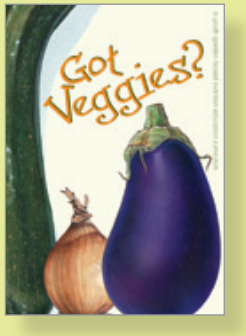
Got Dirt? Garden Toolkit

Find gardening tips:

- Seeds & tools needed
- Garden timeline
- Wisconsin gardening examples

View and download at:
www.dhs.wisconsin.gov/publications/P4/p40112.pdf

Got Veggies?



Garden-based nutrition education:

- Learn about nutrition in the garden
- Seven full lesson plans
- Garden recipes

View and download at:
www.dhs.wisconsin.gov/publications/P0/P00228.pdf

sample policy

> We will have a garden that provides hands-on learning for children. It will provide opportunities for children to learn where our food comes from and allow access to fresh fruits and vegetables.

Early care and education programs offer an ideal opportunity for nutrition education for staff, children and parents. The more information provided, the more likely individuals are to make healthy choices and support program policies.

staff education

recommendation

Train staff at least twice a year on nutrition topics, ideas for creating a positive mealtime environment and healthful eating habits.

why?

Staff can support program policies and practices and provide better care to children when they know about:

- Basic principles of child nutrition
- How to promote good eating habits
- How to role model healthy habits for children

how?

- Provide training sessions on a variety of nutrition topics in addition to food safety and food program guidelines (e.g., family style dining, picky eaters, role modeling, staff wellness)
- Discuss basic child nutrition information and program policies during new staff orientation

"[During] "Food Week" at our center, the children are learning how different kinds of foods affect them physically and mentally."

– Jessica Schoettle, Altoona Family Child Care Center, Altoona

child education

recommendation

Provide nutrition education to children at least once a week. Nutrition education should:

- Promote skills needed for healthy eating behaviors
- Offer times to practice these behaviors
- Be relevant and fun

why?

By providing nutrition education, child care programs help children develop an awareness of good nutrition and lifetime healthy eating habits.

how?

- Formal nutrition education (e.g., circle time activity):
  - incorporate healthy eating and nutrition messages into the daily schedule such as during alphabet activities, art activities and games
  - teach children how to identify foods and their benefits through planned activities
  - read a book with positive food and nutrition messages before or after meals and snacks
- Informal nutrition education (e.g., mealtimes or free play):
  - investigate textures, colors, sizes, tastes, smells and shapes of foods during mealtimes
  - teach children about appropriate portion sizes through family style dining
  - include healthy food models in the dramatic play area

Child Care Nutrition Education Resources:

- For a list of books with positive food, nutrition and physical activity messages for young children, refer to: http://healthymeals.nal.usda.gov/hsmrs/MI_Preschool_Booklist.pdf
- USDA Team Nutrition Website: http://teamnutrition.usda.gov/childcare.html
- For additional nutrition education ideas, activities and curriculum refer to the Appendix G.

Limit Screen Time,
Exposure to Food & Beverage Marketing

Too much screen time and exposure to food and beverage marketing may contribute to early childhood obesity:

- Child care settings should limit screen time, including television, cell phone or digital media
- Educate parents not to permit televisions, computers, or other digital media devices in children's bedrooms or other sleeping areas

parent education

recommendations

- Offer nutrition education to parents at least twice a year (e.g., workshops or cooking demonstrations)
- Maintain communication

why?

- Educating parents about nutrition, food preparation and mealtime can help improve mealtimes at home.
- Parents become positive role models when talking to their children about healthy eating and providing healthy food for meals and snacks.
- Nutrition awareness helps parents support the child care program policy.

how?

- Incorporate nutrition messages into parent meetings, newsletters, on the program website or in handouts. Examples include:
  - drinking 1% or fat-free milk instead of 2% or whole (over age 2)
  - quick, easy, healthy and inexpensive recipes for parents and children to prepare. (Go to http://fns.dpi.wi.gov/fns_cacfpwellness for the Menu Planning Guide)
  - division of responsibility at mealtime (refer to Family Style Meal Service section on page 35)
  - infant nutrition and feeding practices (refer to the Infant sections on pages 22-29)
- Talk with families about the foods children are eating as well as the nutrition education they are receiving. Provide each family with the monthly menu and include nutrition tips and recipes that can be used at home
- Set up a lending library for nutrition and other parenting resources
- Use Nibbles for Health, a resource with 40 reproducible newsletters: www.fns.usda.gov/tn/nibbles-health-nutrition-newsletters-parents-young-children
- Host a parent night – invite community experts from UW Extension or CACFP, as well as chefs, and dietitians from local health departments or hospitals
- Encourage parents to eat a meal with their child at the center to better understand the meal process and reinforce a healthy nutrition environment
- Refer to the Team Nutrition website for Parents: www.nutrition.gov/life-stages/adolescents/parents-caregivers-and-teachers

sample policies

> Staff members receive training on nutrition at least twice a year.

> Children receive nutrition education once a week or more. Included are reading books related to food, eating activities, games that promote healthy eating and cooking projects.

> Parents receive nutrition education at least twice a year.

FOODS BROUGHT FROM HOME

recommendation

Do not allow foods from home when a child does not like what is on the menu.

> *"I refused to serve chocolate milk and orange soda to one little girl when her mother said that is all she will drink and brought it to me to serve to her child. When [the child] left my care she was drinking regular milk, water, and apple juice, all of which she refused at first."*
>
> – Kelly Rognholt, Tiny Treasures Childcare, LLC, Eau Claire

why?

When children are allowed to bring food from home it interferes with the program's attempt to offer new and diverse foods. It also gives the child control over what is being served and may promote picky eating behavior. The child should decide whether to eat and how much, not what is being served.

Allowing foods from home can lead to problems in the child care setting. For example:

- Other children may want the foods a child brings in and may refuse to eat the meal being provided by the center
- Non-nutritious foods from home may not meet the USDA CACFP meal pattern and may contradict lessons being taught about health and nutrition
- Food-borne illness may occur from unknown procedures used in home preparation and transport
- Food allergies may occur, e.g., from peanuts

how?

For strategies when working with children who do not like what is on the menu, see the Picky Eaters section (page 37).

Wisconsin licensing regulations require that meals and snacks provided by the parent must meet the USDA CACFP meal pattern requirements (DCF251.07(5)(a)8).

If foods from home are allowed for religious or other dietary preferences*:

- Develop nutrition guidelines for parent-provided foods that encourage nutrient-rich choices and are based on the USDA CACFP Meal Pattern (Appendix B)
- Require a clear label showing the child's full name, date and type of food
- Develop staff procedures on handling inappropriate foods from home (e.g., return foods that do not meet nutrition guidelines, supplement the child's meal with appropriate foods and discuss the program's standards with parents)

* In order to claim meals for reimbursement a program participating in the Child and Adult Care Food Program must either supply all meal components or have a medical statement on file when the parent supplies one of the components.

sample policies

> We respectfully request that no foods be brought from home unless there is a medical reason. Your child's meals, while in our care, are specifically planned to meet the USDA guidelines.

> Foods from home are not allowed when your child does not like what is on the menu. We offer a variety of foods and all children will be encouraged, but not forced, to try all foods. It may take children 10-15 times of being exposed to a new food before they decide if they like it or not.

> When foods are provided from home, families must provide meals that meet the USDA CACFP Meal Pattern. Foods provided by parents are healthy choices of grains and breads, meat and meat alternates and fruits and vegetables. They are low in fat, added sugars and sodium.

CELEBRATIONS

A healthy nutrition environment is created by serving nutritious foods during regular meals and snacks as well as at special occasions. Typical celebrations usually include calorie dense foods of limited nutritional value, such as cookies, cake and candy. On occasion, this may be acceptable, but it sends a message to children that eating such foods is the only way to celebrate.

recommendation

Celebrate holidays or special occasions with mostly healthy foods and non-food items.

why?

- Child care programs can be a role model for families. They can move families toward a healthier way of celebrating by reducing unhealthy foods and increasing fun activities.
- Providing healthy celebrations supports the classroom lessons children are learning about health and gives children an opportunity to practice healthy behaviors.

how?

- Ask staff and children to help develop a list of healthy foods and activities for celebrations
- Review celebration program policy with parents
- Involve children in healthy snack preparation
- Serve nutritious foods in a special way such as heart-shaped sandwiches for Valentine's Day
- Use color to celebrate (e.g., orange fruit and vegetable snacks for Halloween instead of candy, or green foods including green vegetables on St. Patrick's Day)

sample policies

> Our program supports a healthy environment for children during celebrations by offering nutritious snacks and doing creative activities. It also honors children on their birthdays with special privileges instead of with food.

> Our program realizes it is important to parents that their child be allowed to celebrate special occasions such as birthdays or holidays. Please refer to the parent handout "Healthy Celebration Ideas" for examples of appropriate ways to celebrate. Check with your child's teacher before bringing anything.

See Healthy Celebration Ideas in Appendix H for a list of healthy food and non-food activity ideas and Appendix I for a sample letter to parents describing your celebration policies.

Due to possible food allergies, consider that food brought from home be store bought only. Foods must have a label containing ingredients so any allergens can be identified.

"I tell [parents] to really think about celebrations — are we celebrating food or the time with family and friends — which is more important?"

– Dorothy Young, Young Child Development Center, Appleton

recommendation

Fundraising activities consist of selling non-food items or healthy foods and beverages only.

why?

Items typically sold at fundraisers generally contain little nutritional value (candy, cookies, pies, cheesecake and pizzas) and contradict the child care program's health messages for children and families.

how?

- Develop a list of ideas for fundraising items and activities appropriate for your program
- Take advantage of the holiday season by selling necessary items (e.g., wrapping paper or holiday cards)
- Encourage fundraising activities that promote physical activity (e.g., jump-rope-a-thons, walk-a-thons, bike-a-thons)
- Ask parents or community members to volunteer their time or talents to help with fundraising

sample policy

> Our program chooses fundraising activities that promote the positive health messages we communicate to the children and their families. Therefore, fundraising will focus on non-food items, physical activity or healthy foods and beverages. In addition, parents with special talents or expertise are encouraged to help in fundraising efforts.

non-food fundraising ideas

To DO:

- Book fair or read-a-thon
- Bike-a-thon, walk-a-thon, jump-rope-a-thon
- Festival or carnival
- Family portraits
- Ask local businesses to donate a portion of sales on a given day to the center
- Hold a silent auction and invite community members and businesses to donate items (e.g., baby-sitting services, lawn care, gift certificates)
- Hold a yard sale with items donated from center families and the community

To SELL:

- Magazines, books, calendars
- Holiday ornaments, wreaths, flowers
- Gift wrap, greeting cards, stationery
- Stuffed animals, toys
- Plants, flowers or bulbs
- Cookbooks with recipes from teachers and families
- Pedometers, sports equipment
- Artwork, candles, jewelry, crafts, picture frames
- Newsletter ad space
- Raffles
- Day care t-shirts, sweatshirts, hats
- Gift cards to non-food related stores
- Coupon books
- Reusable grocery bags

recommendations

- Develop a staff program policy that emphasizes the importance of healthy eating and physical activity.
- Provide opportunities and support staff efforts to make positive changes.

why?

- When staff members improve their own personal health and wellness they increase morale and become positive role models.
- Work absence due to sickness can be a major issue. Healthy staff may have fewer absences and more energy.

At our staff meeting one night, one staff member commented "look around at the food we are eating, most [are] salads, subs, fruit and soup. If this was a year ago you would have seen a lot of fast food." The improvement [of] staff health...was noticed.

– Bridget Magadanz, ThedaCare Child Learning Center, Appleton

how?

- Assemble a Wellness Committee to develop and implement a staff wellness program. Include staff members to help promote staff buy-in
- Ask staff for help in setting goals for the wellness program
- Foster a healthy work environment by encouraging staff to:
  - walk together during breaks or after work
  - participate in health seminars
  - form a staff sports team or create an exercise challenge
  - fill vending machines with bottled water and healthy snacks or remove vending machines altogether
- Make wellness convenient (e.g., supplement fitness center memberships or negotiate a group-based discount with a local fitness club to make memberships affordable, have a speaker talk about stress management, offer weight loss programs onsite)
- Have ongoing communication with staff to maximize wellness program participation. Include information in employee newsletters, meetings, posters, etc.
- Provide only healthy foods and beverages for staff functions, meetings and other events
- If a family provider, create a network among other providers and start a wellness program
- Have a Goal of the Week or Month (e.g., I will exercise four days a week). Keep a chart of weekly or monthly exercise goals
- Celebrate group success with an "achievement party" to recognize participation and results in a health program. Track miles for a walking group or weight lost through a weight management program. Sharing stories can be a powerful motivator

sample policy

> The health and well-being of every staff member is important, therefore, we promote and provide activities and resources that support a healthy lifestyle and encourage staff members to serve as positive role models for children.

APPENDICES >

Proper handling and storage of breast milk in the child care center

Storage

- When breast milk is brought in, make sure the container is clearly labeled with the child's name and date
- Thawed breast milk should be used within 24 hours. Do not refreeze unused milk
- Human milk may separate into a milk layer and a cream layer when stored. This is normal. Swirl it gently to redistribute the cream before giving it to baby

Preparation and Feeding

- **Frozen milk:** Thaw in the refrigerator overnight or under cool running water. Gradually increase the temperature of the water to heat the milk to feeding temperature
- **Refrigerated milk:** Warm under warm running water for several minutes, or immerse the container in a pan of water that has been heated on the stove. Do not heat the milk directly on the stove. Some babies accept milk right from the refrigerator
- Do not thaw or heat bottles of breast milk in a microwave oven. Microwaves do not heat liquids evenly. The baby can be scalded or the milk damaged. Do not bring temperature of milk to boiling point
- If the infant does not finish the bottle of breast milk within one hour, throw out the rest. Bacteria from saliva can contaminate the milk and cause sickness

LOCATION OF STORAGE	TEMPERATURE	MAXIMUM RECOMMENDED STORAGE DURATION	COMMENTS
Room (not refrigerated)	60-85°F	3-4 hours	Containers should be covered and kept as cool as possible; covering the container with a cool towel may keep milk cooler
Insulated cooler bag	5-39°F	24 hours	Keep ice packs in contact with milk containers at all times, limit opening cooler bag
Refrigerator	≤ 41°F	72 hours (3 days)	Store milk in the back of main body of the refrigerator
Freezer	≤ 0°F	6 months	Store milk in the back of freezer where temperature is most constant. Milk stored for longer than recommended is safe, but some of the milk-fat breaks down and results in lower milk quality

CACFP meal pattern requirements: children ages 1-12

The meal must contain, at a minimum, each of the components listed in at least the amounts indicated for the specific age group in order to qualify for reimbursement.

BREAKFAST	AGE 1 & 2	AGE 3, 4 & 5	AGE 6 through 12[i]
1. Milk, fluid[j]	1/2 cup	3/4 cup	1 cup
2. Juice[a]**, fruit or vegetable - *or* -**	1/4 cup	1/2 cup	1/2 cup
Fruit(s) or vegetable(s)	1/4 cup	1/2 cup	1/2 cup
3. Grains/Breads:[b]			
Bread	1/2 slice	1/2 slice	1 slice
Cornbread, biscuits, rolls, muffins, etc.[b]	1/2 serving	1/2 serving	1 serving
Cereal: Cold dry	1/4 cup or 1/3 oz[c]	1/3 cup or 1/2 oz[c]	3/4 cup or 1 oz[c]
Cereal: Hot cooked	1/4 cup	1/4 cup	1/2 cup
Cooked pasta or noodle products	1/4 cup	1/4 cup	1/2 cup

LUNCH OR SUPPER	AGE 1 & 2	AGE 3, 4 & 5	AGE 6 through 12[i]
1. Milk, fluid[j]	1/2 cup	3/4 cup	1 cup
2. Meat or meat alternate:			
Meat, poultry, fish, cheese	1 oz	1+1/2 oz	2 oz
Alternate protein products[g]	1 oz	1+1/2 oz	2 oz
Yogurt, plain or flavored, unsweetened or sweetened	4 oz or 1/2 cup	6 oz or 3/4 cup	8 oz or 1 cup
Egg	1/2 egg	3/4 egg	1 egg
Cooked dry beans or peas	1/4 cup	3/8 cup	1/2 cup
Peanut butter or other nut or seed butter	2 Tbsp	3 Tbsp	4 Tbsp
Peanuts or soynuts or tree nuts or seeds	1/2 oz = 50%[d]	3/4 oz = 50%[d]	1 oz = 50%[d]
3. Vegetable and/or fruit[e] **(at least two)**	1/4 cup total	1/2 cup total	3/4 cup total
4. Grains/Breads:[b]			
Bread	1/2 slice	1/2 slice	1 slice
Cornbread, biscuits, rolls, muffins, etc.[b]	1/2 serving	1/2 serving	1 serving
Cereal: Cold dry	1/4 cup or 1/3 oz[c]	1/3 cup or 1/2 oz[c]	3/4 cup or 1 oz[c]
Cereal: Hot cooked	1/4 cup	1/4 cup	1/2 cup
Cooked pasta or noodle products	1/4 cup	1/4 cup	1/2 cup

SNACK *Select two of the following four components:*	AGE 1 & 2	AGE 3, 4 & 5	AGE 6 through 12[i]
1. Milk, fluid [j]	1/2 cup	1/2 cup	1 cup
2. Juice, [a, f] **fruit or vegetable - *or* -** **Fruit(s) or vegetable(s)**	1/2 cup 1/2 cup	1/2 cup 1/2 cup	3/4 cup 3/4 cup
3. Grains/Breads: [b] Bread Cornbread, biscuits, rolls, muffins, etc. [b] Cereal: Cold dry Cereal: Hot cooked	 1/2 slice 1/2 serving 1/4 cup or 1/3 oz [c] 1/4 cup	 1/2 slice 1/2 serving 1/3 cup or 1/2 oz [c] 1/4 cup	 1 slice 1 serving 3/4 cup or 1 oz [c] 1/2 cup
4. Meat or meat alternate: Meat, poultry, fish, cheese Alternate protein products [g] Egg, Large [h] Cooked dry beans or peas Peanut butter or other nut or seed butter Peanuts or soynuts or tree nuts or seeds Yogurt, plain or flavored, unsweetened or sweetened	 1/2 oz 1/2 oz 1/2 egg 1/8 cup 1 Tbsp 1/2 oz 2 oz or 1/4 cup	 1/2 oz 1/2 oz 1/2 egg 1/8 cup 1 Tbsp 1/2 oz 2 oz or 1/4 cup	 1 oz 1 oz 1/2 egg 1/4 cup 2 Tbsp 1 oz 4 oz or 1/2 cup

a Must be full strength fruit or vegetable juice

b Bread, pasta or noodle products, and cereal grains shall be whole grain or enriched, cornbread, biscuits, rolls, muffins, etc., shall be made with whole grain or enriched meal or flour

c Either volume (cup) or weight (oz), whichever is less

d No more than 50% of the requirement shall be met with tree nuts or seeds. Tree nuts and seeds shall be combined with another meat/meat alternate to fulfill the requirement. For purpose of determining combinations, 1 oz. of nuts or seeds is equal to 1 oz. of cooked lean meat, poultry or fish

e Serve 2 or more kinds of vegetable(s) and/or fruit(s). Full strength vegetable or fruit juice may be counted to meet not more than one-half of this requirement

f Juice may not be served when milk is the only other component

g Alternate protein products may be used as acceptable meat alternates if they meet CACFP requirements

h One-half egg meets the required minimum amount (one-ounce or less) of meat alternate

i Youth ages 13-18 must be served minimum or larger portion sizes than those specified for ages 6-12

j Fluid milk must be fat-free (skim) or low-fat (1%) milk

CACFP infant meal pattern: birth through 11 months

To comply with the Child and Adult Care Food Program regulations, it is the responsibility of child care centers caring for infants to purchase all required meal components on the Infant Meal Pattern according to the different age groups in care. The Infant Meal Pattern lists the minimum amount of food to be offered to infants from birth through 11 months. The infant meal must contain each of the following components in at least the amounts indicated for the appropriate age group in order to qualify for reimbursement. Food within the meal pattern should be the texture and consistency appropriate for the development of the infant and may be served during a span of time consistent with the infant's eating habits; for example, the food items for lunch might be served at two feedings between noon and 2 p.m. Solid food should be introduced gradually to infants when developmentally ready and instructed by the parent.

Items on the following meal chart with a "•" indicate the items are required and must be provided to the infant in order to claim reimbursement for that meal. Items listed under "*When developmentally ready*" are required only when the infant is developmentally ready to accept them.

	Birth through 3 months	4 through 7 months	8 through 11 months
Breakfast	• 4 – 6 fl oz formula[1] or breast milk[2, 3]	• 4 – 8 fl oz formula[1] or breast milk[2, 3] **When developmentally ready:** 0-3 T infant cereal[1]	• 6 – 8 fl oz formula[1] or breast milk[2, 3] **and** • 1 – 4 T fruit or vegetable or both **and** • 2 – 4 T infant cereal[1]
Lunch / Supper	• 4 – 6 fl oz formula[1] or breast milk[2, 3]	• 4 – 8 fl oz formula[1] or breast milk[2, 3] **When developmentally ready:** 0–3 T infant cereal[1] **and** 0–3 T fruit or vegetable or both	• 6 – 8 fl oz formula[1] or breast milk[2, 3] **and** • 1 – 4 T fruit or vegetable or both **and** • 2 – 4 T infant cereal[1] **or in place of infant cereal you may serve a meat/meat alternate** o 1 – 4 T meat, fish, poultry, egg yolk, cooked dry beans or peas; **- or** 1/2 – 2 oz cheese; **or** 1 – 4 oz (volume) cottage cheese; **- or** 1 – 4 oz (weight) cheese food, cheese spread **or you may also serve** o both the infant cereal and meat/meat alternate
Snack	• 4 – 6 fl oz formula[1] or breast milk[2, 3]	• 4 – 6 fl oz formula[1] or breast milk[2, 3]	• 2-4 fl oz formula[1] or breast milk[2, 3] or fruit juice[4] **When developmentally ready:** 0 – 1/2 slice crusty bread[5] **or** 0 – 2 crackers[5]

1 Infant formula and dry infant cereal must be iron-fortified
2 Breast milk or formula, or portions of both, may be served; however, it is recommended breast milk be served in place of formula from birth through 11 months
3 For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered with additional breast milk offered if the infant is still hungry
4 Fruit juice must be full-strength
5 A serving of this component must be made from whole-grain or enriched meal or flour

Healthy Bites self-assessment

Please answer the following questions based on your child care program's practices in the last month. Remember that it is important to honestly assess your child care program to best identify its strengths and areas that need improvement. This will allow you to set goals to improve your nutrition environment, policies, and practices. When answering the questions, please keep in mind what your center does the majority of the time, as your practices may fall into more than one category. If applicable, be sure to involve any key staff members that may help in answering questions accurately. If you do not have staff, please reflect on your own behavior as the owner of a family child care home when responding to the questions in the "Staff" section of this assessment.

Section I: Nutrition for Children Ages 1-12

Fruits and Vegetables				
Fruit (not juice) and vegetables (not including French fries, hash browns or tater tots) are offered at *snack*:	1 time per week or less	2 times per week	3-4 times per week	5 or more times per week
Fruit (not juice) is offered at *breakfast*:	1 time per week or less	2 times per week	3-4 times per week	5 or more times per week
Different varieties of fruits and vegetables (e.g., dark green, orange, red, and legumes) are offered:	Rarely or never	Some of the time	Most of the time	All of the time
Fried or pre-fried potatoes (including French Fries, hash browns, and tater tots) are offered:	3 or more times per week	2 times per week	1 time per week	Less than once a week or never
Grains and Breads				
Whole grain foods are offered:	1 time per week or less	2-4 times per week	1 time per day	2 or more times per day
Low sugar cereals (sugar not listed as the first, second or third ingredient) are offered:	Rarely or never	Some of the time	Most of the time	All of the time
Sweetened grains/baked goods (e.g., cookies, cakes, muffins, donuts, Danishes) are offered:	1 or more times per day	3-4 times per week	1-2 times per week	Less than once a week or never

Meat & Meat Alternate				
Processed and high-fat meats (bacon, bologna, hot dogs, sausage, pepperoni, ground beef - 75%-85% lean) are offered:	3 or more times per week	2 times per week	1 time per week	Less than once a week or never
Fried or pre-fried meats (chicken nuggets, chicken patties, corn dogs, fish sticks) are offered:	3 or more times per week	2 times per week	1 time per week	Less than once a week or never
Seafood (not processed fish sticks) is offered:	Less than once a month or never	1-2 times per month	3 times per month	1-2 times per week
Vegetarian meals are offered:	Less than once a month or never	1-2 times per month	3 times per month	1 time per week
Beverages				
Drinking water is:	Not visible	Visible, but only available during designated water breaks	Easily visible and available on request	Easily visible and available for self-serve
100% juice is offered at *breakfast*:	3 or more times per week	2 times per week	1 time per week	Less than once a week or never
100% juice is offered at *snack*:	3 or more times per week	2 times per week	1 time per week	Less than once a week or never
Milk served to children over age 2 is:	No milk	Whole milk	2% reduced fat	1% (low-fat) or skim (non-fat)

Infant Feeding and Feeding Practices				
Sweets (cookies, muffins, puddings) or sugar foods (including baby food desserts) are given:	3 or more times per week	2 times per week	1 time per week	Less than once a week or never
Fried or pre-fried (frozen and breaded) vegetables and meats and high fat meats (sausage, bacon, hot dogs, bologna, salami) are offered:	3 or more times per week	2 times per week	1 time per week	Less than once a week or never
100% fruit juice is served to infants less than 12 months:	All of the time	Most of the time	Some of the time	Rarely or never
The texture of foods progresses (pureed to ground to finely mashed to finely chopped) as an infant develops:	Rarely or never	Some of the time	Most of the time	All of the time
Child care providers determine the best time to introduce solid foods by working with parents and:	Based on age alone	Based on age with some developmental readiness	Based on age, but mostly developmental readiness	Based on age and developmental readiness
Breastfeeding Support				
Training opportunities are available for staff on supporting breastfeeding:	Rarely or never	Some of the time	Most of the time	All of the time
A designated area is provided for mothers to breastfeed their infants:	Not available	Sometimes available	Available, but not always private and quiet	A private and quiet area is always available

Menu Planning (cycle menus, special dietary needs and locally grown foods)				
Cycle menus are used:	Rarely or never	1-3- week cycles	4-week cycles without seasonal change	4-week cycles with seasonal change
Menus include a combination of both new & familiar foods:	Rarely or never	Some of the time	Most of the time	All of the time
Copies of menus are provided to parents:	Rarely or never	Some of the time	Most of the time	All of the time
Children are provided with opportunities to taste test new foods:	Rarely or never	Some of the time	Most of the time	All of the time
Menus are flexible to include foods for special dietary needs:	Rarely or never	Some of the time	Most of the time	All of the time
Menus include locally grown fruits and vegetables (farmers' markets, garden, Community Supported Agriculture (CSA), etc):	Rarely or never	Some of the time, but only in the summer	Some of the time, both during summer and winter	Most of the time
Mealtime Environment, Role Modeling and Staff and Work Place Wellness				
Mealtime routines, such as washing hands, assisting with setting and cleaning up plates and utensils happen:	Rarely or never	Some of the time	Most of the time	All of the time
Meals are served family style (children serve themselves from shared plates/bowls):	Rarely or never	Some of the time	Most of the time	All of the time
The following ages of children participate in family style meals:	4 years and older	3 years and older	2 years and older	1 year and older
Mealtime routines are the same for all children, even if some eat different foods or have other needs due to special diets or disabilities:	Rarely or never	Some of the time	Most of the time	All of the time or not applicable for this program
Staff join children at the table for meals:	Rarely or never	Some of the time	Most of the time	All of the time
Staff drink or eat less healthy foods (especially soda and fast food) in front of the children:	All of the time	Most of the time	Some of the time	Rarely or never
Resources and support for staff wellness are offered and promoted:	Rarely or never	Some of the time	Most of the time	All of the time

Nutrition Education for Staff, Children and Parents				
Nutrition education in addition to food safety and food program guidelines are provided for staff:	Rarely or never	Less than 1 time per year	1 time per year	2 times per year or more
***Formal* nutrition education is provided for children (e.g., using a nutrition curriculum):**	Rarely or never	1 time per month	2-3 times per month	1 time per week or more
***Informal* nutrition education is provided for children (e.g., staff talking informally about nutrition):**	Rarely or never	1 time per month	2-3 times per month	1 time per week or more
Nutrition education is offered to parents (workshops, activities and take home materials):	Rarely or never	Less than 1 time per year	1 time per year	2 times per year or more
An on-site or off-site garden is available and children participate in gardening activities:	No, a garden is not available	No, a garden is available but children do not participate	Yes, a garden is available and children sometimes participate	Yes, a garden is available and children are actively involved
Foods Brought From Home (offered outside of regular meals/snacks, celebrations and fundraising)				
Foods brought in from home:	Are allowed with no guidelines	Are allowed with loose guidelines with healthier options encouraged	Are allowed with written guidelines for healthier options that are not always enforced	Are not allowed or are allowed with written guidelines for healthier options that are always enforced
Holidays and special events are celebrated with healthy foods or non-food items:	Rarely or never	Some of the time	Most of the time	All of the time
Fundraising consists of selling only non-food items or healthy foods and beverages:	Rarely or never	Some of the time	Most of the time	All of the time
Nutrition Program Policy				
A written program policy on nutrition and food that covers at least one of the above topics:	Does not exist	Exists informally, but is not written or followed	Is written, but not always followed	Is written, available and followed

Each question has four possible answers representing a continuum of practice from minimal practice on the far left through best practice on the far right. After the self-assessment is complete, identify questions that scored low (the ones you answered in one of the two left columns), choose those you want to improve and prioritize for your Quality Improvement Plan.

Healthy Bites quality improvement plan

Directions: Using the results of the self-assessment, prioritize the areas that need improvement. Not all areas need to be addressed immediately. It is recommended that your program chooses two to three aim/desired outcomes. Once your aims have been selected, complete the Quality Improvement Plan (QIP) on the next page. Include written program policies to support and sustain improvements you want to make. Refer to page 7 for a sample QIP and page 9 for information on writing program policies.

Quality Improvement Plan Definitions:

Quality Improvement Area: What area(s) does your program want to address? Examples: Fruits/Vegetables, Grain/Bread, Celebrations, Gardening, etc.

Aim/Desired Outcome: What are you intending to change? What do you hope to achieve with your plan?

Potential Barriers: Who or what may prevent you from achieving your aim/desired outcome?

Tasks: What steps will you take to achieve your aim/desired outcome?

Responsible Party(ies): Person(s) assigned to the tasks?

Resources On-hand/Resources Needed: What resources (people, time, materials, and know-how) do you currently have and need to help you achieve your aim/desired outcome?

Measurement – How will the team know if the aim is achieved?
How will you measure your progress toward your goal?

Timeline: When will the task(s) be completed? (Day/Month)

Benchmarks: Steps along the way that will let a program know it is on track toward achieving its desired outcome.

Test of Plan:

- **Is this plan worth doing?**
  Yes means you believe achieving your aim/desired outcome will have positive results for children, families, staff or your business.
- **Is this plan concrete, specific and measurable?**
  Yes means that when you look back at the aim, you will be able to show clear results through your measurement.
- **Will the result of this plan improve outcomes for children, families, staff or your program?**
  Yes means there is a high likelihood that changes will be positive.
- **Are the outcomes inclusive of all children, culturally competent and developmentally appropriate?**
  Yes means these positive changes are good for ALL children and families, including those with disabilities and other special needs. Individualizing learning experiences and environments accommodate optimal development for all children in care; for families with a variety of points of view, life experiences, and cultural and language differences; and make sense for each age and stage of child development.

Dates:
Record the original date the QIP was completed and the date(s) it was reviewed for ongoing assessment.

Original QIP Date: Date of QIP Review:

Quality Improvement Area	Aim/ Desired Outcome	Potential Barriers	Tasks	Responsible Party(ies)	Resources On-hand Resources Needed	Measurement	Timeline/ Benchmarks	Test of Plan
								Worth doing? Y or N Measurable? Y or N Improve Outcomes? Y or N Inclusive? Y or N Culturally Competent? Y or N
Sample program policy:								
								Worth doing? Y or N Measurable? Y or N Improve Outcomes? Y or N Inclusive? Y or N Culturally Competent? Y or N
Sample program policy:								
								Worth doing? Y or N Measurable? Y or N Improve Outcomes? Y or N Inclusive? Y or N Culturally Competent? Y or N
Sample program policy:								

How to buy and prepare fruits & vegetables for taste-testing

Avocados: A ripe avocado will yield slightly to the touch. Avocados will ripen in a few days in a paper bag or on the counter. Do not refrigerate avocados. To prepare, wash and cut in half lengthwise going around the pit. Twist the two halves gently to separate. Wedge a knife in the pit and gently pull to remove it. Pull off the skin with your fingers and slice.

Sweet potatoes / Yams: Choose sweet potatoes that are firm with no cracks or bruises. To keep them fresh, store them in a dry, cool place. Do not store in the refrigerator. If stored properly, sweet potatoes will keep for a month or longer. At room temperature, they should be used within a week of purchase. Sweet potatoes can be eaten raw, e.g., sweet potato sticks, but are usually cooked or baked. They can be prepared like regular potatoes.

Kiwi: Kiwi is ripe when slightly soft to the touch and has a fragrant smell. Ripe kiwi can be stored in the refrigerator for up to seven days. If they need to be stored longer, put kiwis in a plastic bag in the refrigerator for up to two weeks. To peel, cut off the top and bottom ends, and then peel down the sides with a vegetable peeler or knife.

Brussels Sprouts: Look for firm, fresh, bright green sprouts with tight-fitting outer leaves free from black spots. Buy young, small sprouts (about 1 inch in diameter). Do not wash or trim sprouts before storing them. To prepare, trim stem ends without cutting the base of leaves or the sprouts will come apart during cooking. The easiest way to cook is in the microwave but they can also be steamed, sautéed or boiled.

Spinach: Look for fresh, green leaves that are not limp, damaged or spotted. Leaves should be dull green on top and bright green on the underside. Wash under clean, running water. Serve raw or cooked, e.g., steamed, boiled, microwaved, sautéed or stir-fried.

Mangoes: Should smell sweet and be soft when pressed. Color is not a reliable indicator of ripeness. To prepare, hold them upright and cut down along one of the fat sides, curving your knife to avoid the large oval pit. Repeat on the other side. Score-cut chunks of fruit from the peel. Trim the rest of the fruit off the pit and peel.

Pomegranates: Choose fruit that is brightly colored, plump and heavy. A pomegranate should not be firm but not too soft either. The skin should not have any blemishes or cracks. To prepare, cut off the crown (top) of the pomegranate. Score the rind in several places, but do not cut all the way through. Soak in cold water, upside down for 5-10 minutes. Break apart the rind under water and remove seeds. Strain the seeds from the water. Store seeds in an airtight container in the refrigerator for up to two days.

Beets: Fresh beets should be firm, round and smooth with no soft spots. To prepare, cut off the stem and root, wash and scrub thoroughly. The red stain from beets is permanent, so cover work surfaces with wax paper. Beets can be boiled, roasted or steamed. If you roast them unpeeled they can be eaten like a baked potato.

Jicama: Buy jicama with the root attached and when it is firm and skin is unblemished. Large jicama are usually not as flavorful as smaller ones. To prepare, peel the light brown skin with a vegetable peeler. Do not eat any of the skin or the flesh right under the skin; both are tough and inedible. Cut the jicama in half. With cut side down, cut thin sheets or sticks. Jicama can be eaten raw, or cooked, e.g., steam, roast, bake, broil, or mash.

Kohlrabi: Look for small bulbs of kohlrabi — about 3 inches in diameter or less — for a sweeter, more tender flavor. Larger kohlrabi bulbs tend to be woody. To prepare, cut off the leafy stalks and scrub kohlrabi bulbs clean. Wash and peel before slicing. Kohlrabi can be cut into wedges and served raw, or cooked by steaming or boiling.

Asparagus: Look for smooth skin, bright green color, compact heads and freshly cut ends. Thickness in no way indicates a lack of tenderness. Poorly or long-stored thin asparagus can be tough and flavorless; fresh, fat spears can be remarkably sweet and tender. To prepare, trim off stem ends. Asparagus can be roasted, grilled, steamed, boiled or pan-roasted.

Eggplant: Select eggplants that are relatively heavy for their size, with skins that are smooth, taut, and shiny. Tan patches, scars, or bruises on the skin are signs of decay underneath. When you press an eggplant with your thumb, it should feel firm and bounce back. The fuzzy caps and stems should be green and free of decay and mold. Eggplant is usually not eaten raw; instead it is best when fully cooked; e.g., grill or roast.

Squash: Choose squash that are firm and fairly heavy for their size, otherwise they may be dry and cottony inside. Look for squash that have bright, glossy exteriors and do not buy when they have nicks or bruises on their skins or soft spots.

Summer squash varieties are immature squashes, usually small in size, with a soft skin, white flesh and crunchy texture. They are 100% edible, seeds and all. Zucchini is the most popular variety. Summer squashes have high water content so when you prepare them do not overcook or they will turn to mush. Overcooking is probably why so many kids hate squash!

Winter squash varieties are fully mature squashes, usually larger in size, with a hard outer shell and a long shelf life. They are always eaten cooked and are best prepared baked or roasted. Acorn, spaghetti and butternut squash are the most popular variety.

Nutrition education ideas for children

Here are some examples of nutrition curriculum for child care programs:

1. *More Than Mud Pies*
   by National Food Service Management Institute
   Fifty-four nutrition education lessons built around the seasons of the year.
   http://nfsmi.org/ResourceOverview.aspx?ID=247

2. *Grow It, Try It, Like It! Preschool Fun with Fruits and Vegetables*
   by USDA Team Nutrition
   A garden-themed nutrition education kit for child care center staff that introduces children to: three fruits - peaches, strawberries, and cantaloupe, and three vegetables - spinach, sweet potatoes, and crookneck squash.
   www.fns.usda.gov/tn/grow-it-try-it-it

3. *Healthy Habits for Life Child Care Resource Kit*
   by Sesame Workshop
   Nutrition and physical activity hands-on resource kit to help you and your children find ways to get moving and make healthy food choices along with Sesame Street friends. Find tons of activities, games, poems and songs, dances, and ways to include learning about healthy choices into your everyday routines.
   www.sesamestreet.org/cms_services/services?action=download&uid=28a388c6-ca0e-45a1-9aaf-9b6688c5a557

4. *Model Health! Promoting Nutrition and Physical Activity in Children*
   by Maryland State Department of Education
   A collection of supplementary lessons on nutrition and physical activity with an emphasis on role modeling. Intended as a teacher resource in the early childhood classroom, the Kit is most appropriate for use with children ages 3 to 5.
   http://healthymeals.nal.usda.gov/hsmrs/Maryland/MODELHealth.pdf

5. *Color Me Healthy*
   by North Carolina State University Cooperative Extension
   A program developed to reach children ages 4 and 5 with fun, interactive learning opportunities on physical activity and healthy eating. It is designed to stimulate all of the senses of young children: touch, smell, sight, sound, and, of course, taste. Through the use of color, music, and exploration of the senses, Color Me Healthy teaches children that healthy food and physical activity are fun.
   www.colormehealthy.com

6. *The Power of Choice: Helping Youth Make Healthy Eating and Fitness Decisions*
   by USDA Team Nutrition
   Intended for after-school program leaders working with young adolescents.
   www.fns.usda.gov/tn/resources/power_of_choice.html

Integrating Nutrition into Your Curriculum

Nutrition can be tied into all aspects of the curriculum. Active, hands-on lessons not only promote healthy habits, but they can also improve attention spans, engage children in learning and increase understanding of key concepts. Listed below are suggestions for fun and engaging activities promoting healthy behaviors and can be incorporated into any curriculum. This section was adapted from *First Years in the First State: Improving Nutrition & Physical Activity Quality in Delaware Child Care*.

"A Salad for One, Please": Assign each child to be a salad ingredient and have children stand in a circle to create the "salad bowl." Tell children to jump into the middle of the bowl and follow directions when their vegetable is called (e.g., jumping carrots). When a few of the children are in the middle, ask the "bowl" to stir the salad before starting over.

Show and Tell Salad: Ask children to bring in a favorite fruit to share at group time. Have children tell the class about the fruit they brought and why they like it. Then, cut up the various fruits and make a delicious fruit salad.

"Old MacDonald Had a Farm": Sing the song *Old MacDonald* but replace each animal with a fruit or vegetable and each animal sound with "yum." Each child can take a turn using his/her favorite fruit or vegetable.

Five Senses: Have children close their eyes and guess mystery fruits or vegetables. Ask the children to describe the mystery fruit or vegetable using their other four senses: "It smells like…it tastes like…it sounds like (when biting)…it feels like…"

Chef of the Day: Have children help with meal/snack prep. Each day, allow a different child to help a staff member (if applicable) prepare a meal or snack. She/he can be a "special helper" and wear an apron and chef's hat. The "helper" should also explain to the other children what was prepared, why it is tasty and what makes it good for them.

Stone Soup: Read the story *Stone Soup* as a class. The next day, have each child bring in a bag of his/her favorite vegetable that can be used to make a big pot of soup for the class.

Serving Sizes: Demonstrate serving sizes to children using measuring cups, and teach them how to serve themselves. Then talk about how to identify hunger and fullness cues. At lunch and snack time, children can use their understanding of serving sizes and hunger and fullness cues to decide if they would like more or less food.

Sorting Foods: Use either plastic models or real fruits and vegetables for children to sort by size, length and color. As a group, have children count the number of objects in different categories and compare the weights of foods.

Apples: Start the lesson by asking children to help you wash red, green and yellow apples. Slice the apples and have each child taste one slice of every color. Then, ask the class which they preferred and graph everyone's preferences on a large poster (e.g., as a pie chart). Talk with the children about the graph. Ask the class for their favorite. How do they know?

Water Station: Provide a water station where children can practice pouring water into containers of various sizes. As a class, talk about the importance of drinking water to quench thirst during the day instead of sugary drinks, such as soda and sports drinks. Help them sense if their bodies are thirsty.

Funny Fruit Faces: Use an assortment of fruits of different shapes and colors to design paper plate fruit faces. As a group, identify the shape and color of all fruits used.

Creative Learning: Encourage children to express their idea about healthy eating and physical activity through paint, clay, sculpture, collages, plays, songs or stories.

Pick Fruits and Vegetables: Visit an orchard or farm and allow children to pick fruits and vegetables. Take the fruits/veggies back to the center or home and show children how nutritious meals/snacks can be made from the foods picked.

Take a Tour: Tour a dairy farm, supermarket, farmers' market or factory that produces healthy foods. Provide hands-on activities at these locations, such as a scavenger hunt or milking a cow.

Let children help with menu planning by giving them choices. For example, "You can have two of the following: peas, carrots, applesauce or pears." Allow children to choose individually or vote. Encourage discussion about why certain options were chosen and why it is important to eat a variety of fruits and vegetables.

Get Creative: Provide coloring books, stickers, activity books and activity pages that promote healthy eating and physical activity.

Healthy celebration ideas

Unhealthy foods such as cake, cookies or candy do not have to be served to make an event a celebration. Below are ideas for activities to make a day special.

Celebration Activities

- For general celebrations, create a sign-up sheet that includes only approved and healthy foods. Parents can sign up for specific items
- Ask families to purchase a book in the birthday child's name. It can be read it to the children, or invite the parents to read it on their child's birthday
- Create a special birthday package (e.g., the birthday child wears a sash, pin or crown, sits in a special chair and gets a special birthday surprise, such as a pencil, sticker or card)
- Let the birthday child be an assistant for the day to help with special tasks, e.g., leading the line, starting an activity or choosing a game or story
- Plan one party each month to celebrate all the birthdays in that month instead of hosting a separate celebration for each child
- Encourage parents to visit the program to help celebrate their child's birthday

Non-Food Celebration Items

Stickers
Little toys
Stamps
Army men
Plastic rings
Decorative pencils
Erasers
Holiday theme items
Crayons
Glow-in-the-dark items
Slap bracelets
Whistles
Party hats
Silly bands
Fake tattoos
Bubbles
Chalk

Healthy Foods for Celebrations

- Low-fat cheese cubes or hummus with whole grain crackers
- Parfait with low-fat yogurt, fruit and granola served in a waffle cone or decorated cup
- Trail mix (whole-grain, low-sugar cereals mixed with dried fruit, pretzels, etc.)
- Seasonal beverages (e.g., warm cider in fall or a fruit smoothie in summer)
- Bananas dipped in yogurt, rolled in crushed cereal and frozen
- 100% fruit juice freezer pops
- Fruit pizzas using whole grain tortillas topped with low-fat whipped topping and fruit
- Fruit salad or apples with caramel dip

Here is a sample *Birthday Request Form* for parents who want to do something special for their child's birthday. Go to the following website for a downloadable copy: http://fns.dpi.wi.gov/fns_cacfpwellness

Name of Program

Birthday Request

I would like to come and celebrate my child's birthday. Activities will be planned with the teacher. I understand that I may do so in one of the following ways: (please check all that apply).

❍ Purchase a book for the program

❍ Come and participate in an activity or a meal

❍ Bring food(s) from program list _____

❍ Bring in non-food items for all children (see list)_____

Today's date:_____

Child's Name: _____

Child's Room:_____

Date of event:_____

Time of event:_____

Please submit at least 2 days in advance.

Thank you!

Sample letter to parents with celebration ideas

Dear Parent/Guardian:

At (*enter center name here*) we feel we have a responsibility to help your child establish lifelong habits of healthy eating patterns and regular physical activity. By establishing healthy habits early in life, children can dramatically reduce their health risks and increase their chances for longer, healthier lives. You love your child and you want the best for them, so please join us in creating opportunities for them to make healthy choices.

The goal is not to cut out all treats, but to make sure treats are eaten in moderation and do not become the primary focus of parties or celebrations. The focus should be on fun, not food. The list below provides healthy suggestions for celebrations.

Healthier Options

- 100% juice instead of punch
- Low-fat cheese cubes or hummus with whole grain crackers
- Parfait with low-fat yogurt, fruit and granola. They could be served in a waffle cone
- Trail mix (whole-grain, low-sugar cereals mixed with dried fruit, pretzels, etc.)
- Seasonal beverages (e.g., warm cider in fall or a fruit smoothie in summer)
- Bananas dipped in yogurt, rolled in crushed cereal and frozen
- 100% fruit juice freezer pops
- Fruit pizzas using whole grain tortillas topped with low-fat whipped topping and fruit
- Fruit salad or apples with caramel dip

We encourage parents to use the above list as a guide in providing healthy snacks. You may also choose to bring in non-food items to give to each child on your child's birthday. Below is a list of ideas:

Stickers
Little toys
Stamps
Army men
Plastic rings
Decorative pencils
Erasers
Holiday theme items
Crayons
Glow-in-the-dark items
Slap bracelets
Whistles
Party hats
Silly bands
Fake tattoos
Bubbles
Chalk

You may purchase a book for the program in your child's name. It could be read to the children on your child's birthday. You also may join your child for an activity or a meal.

Please complete the *Birthday Request Form* and return it at least two days before the event. Thank you for helping to provide healthier options for your children.

Sincerely,

(*Name*)

Nutrition & physical activity program policy

Our center _____
(insert name of your center)

has adopted the following nutrition and physical activity program policies in an effort to provide the best possible environment for children in our facility. The administration and staff appreciate support from parents in promoting the children's health.

Nutrition Policy(ies):

(1) _____

_____

_____

(2) _____

_____

_____

(3) _____

_____

_____

Physical Activity Policy(ies):

(1) _____

_____

_____

(2) _____

_____

_____

(3) _____

_____

_____

Parent communication

Keep parents informed about positive nutrition-related changes being made in your program and encourage them to support the changes by becoming involved with activities and decision-making. Also encourage parents to make similar changes at home so children receive positive health messages from more than one source.

1. Reach out to parents

   a. Add nutrition information to newsletters or feature on bulletin boards to help families incorporate health and wellness into their daily lives (for ideas refer to Nibbles for Health www.fns.usda.gov/tn/resources/nibbles.html)

   b. Use an email list or website to provide information about the program's policies

   c. Send home a list of healthy snacks

   d. Serve healthy foods at parent nights/open house nights

   e. Invite parents to eat lunch with their child

2. Involve parents in party/activity planning. Have parents talk to children about specific interests or their profession. Examples include dancing, sports or nutrition

3. Discuss healthy menu options with parents to help support a healthier environment and to get them to incorporate healthier choices at home. Maintain open communication when parents have suggestions about improving menus

4. Encourage parents to take part in activities with their children at home. Examples include gardening, cooking a family meal, menu planning, grocery shopping, family fitness night

5. Talk to parents about modeling healthy eating habits:

   - Be enthusiastic about eating a variety of foods
   - Introduce new foods several times and in different ways
   - Have a variety of nutritious foods readily available for snacks instead of high-calorie, low-nutrient foods
   - Allow the child to refuse a food item
   - Model healthy eating behaviors: "Talk the Talk" and "Walk the Walk"
   - Practice family-style dining at mealtimes
   - Drink more water
   - Avoid using dessert as a reward or punishment
   - Eat when hungry, and stop eating when full

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