

Childhood Obesity Toolkit

For Parents

CHILDHOOD OBESITY TOOLKIT

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OVERVIEW OF CHILDHOOD OBESITY

DEFINING CHILDHOOD OBESITY

Childhood overweight and obesity is based on the ratio of weight to height using age and gender specific references.

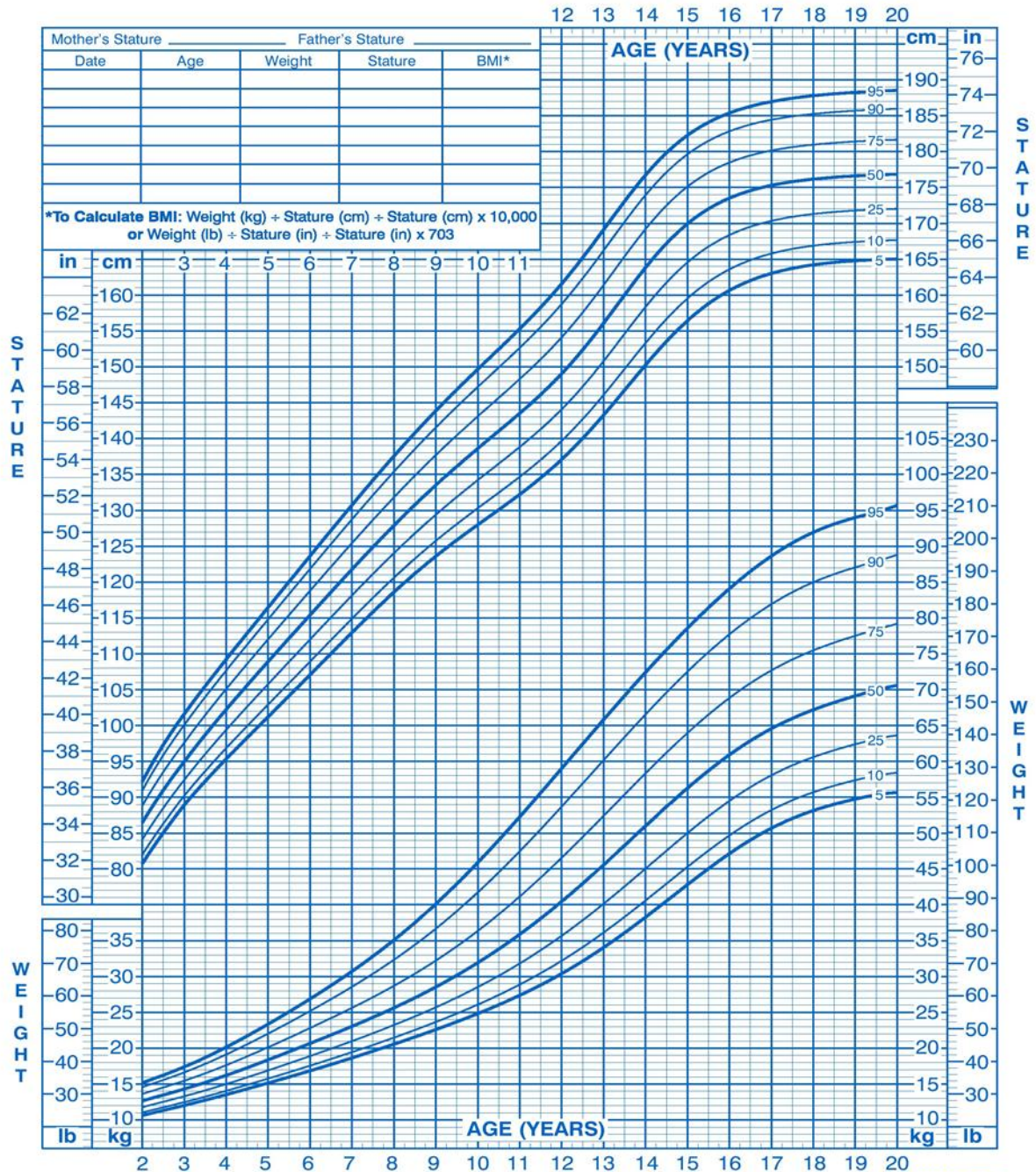
The Center for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP) recommend the use of the Body Mass Index (BMI) to screen for obesity in children beginning at two years old.

BMI is calculated by dividing weight (in kilograms) by height (in meters) squared. Based on the BMI, a child or adolescent is considered obese when the BMI is at or above the 95th percentile; when the BMI is at or above the 85th percentile but less than the 95th percentile, a child or adolescent is defined as overweight with respect to gender-specific BMI for age growth charts provided by the CDC:

BOYS

2 to 20 years: Boys Stature-for-age and Weight-for-age percentiles

NAME _____
RECORD # _____



Published May 30, 2000 (modified 11/21/00).
SOURCE: Developed by the National Center for Health Statistics in collaboration with
the National Center for Chronic Disease Prevention and Health Promotion (2000).
<http://www.cdc.gov/growthcharts>

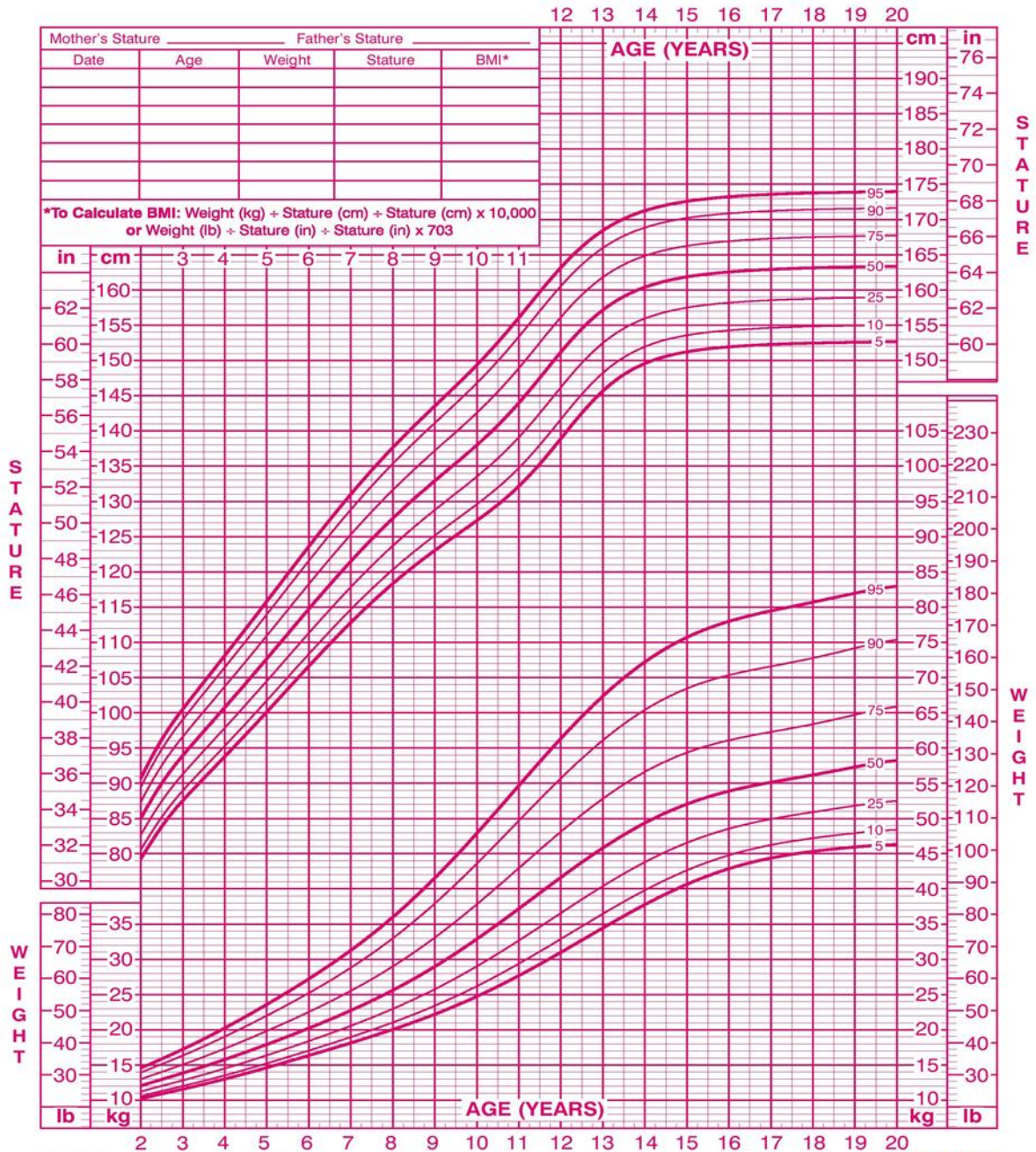


GIRLS

2 to 20 years: Girls Stature-for-age and Weight-for-age percentiles

NAME _____

RECORD # _____



Published May 30, 2000 (modified 11/21/00).
SOURCE: Developed by the National Center for Health Statistics in collaboration with
the National Center for Chronic Disease Prevention and Health Promotion (2000).
<http://www.cdc.gov/growthcharts>



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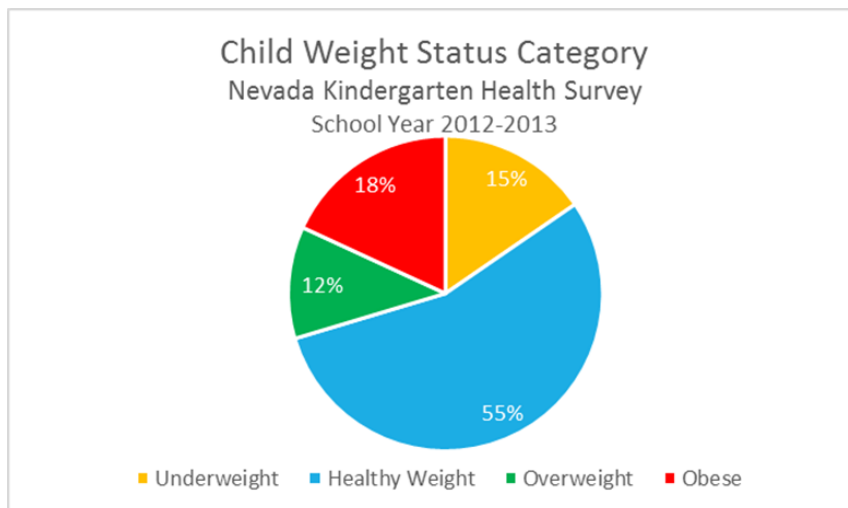
BMI PERCENTILE & WEIGHT STATUS

BMI Percentile	Weight Status
<5 th percentile	Underweight
5 th - 84 th percentile	Healthy Weight
85 th - <95 th percentile	Overweight
≥95 th percentile	Obese

The BMI is only a screening tool. A child may have a high BMI for their age and gender, but may not be overweight or obese. To determine if overweight or obesity is a problem, other assessments need to be performed.

SCOPE OF THE PROBLEM

The percentage of overweight and obese children are rising at alarming rates. Currently, one out of three children considered overweight or obese.ⁱ Nevada's children are not immune to this growing problem. As early as Kindergarten, 30% of Nevada's children are either overweight or obese.ⁱⁱ Most children will carry this weight concern into adulthood, where the health risks associated with obesity greatly increase.



Source: Nevada Institute for Children's Research and Policy, Kindergarten Health Survey Data.

THE COST

Obese children are more likely to stay obese into adulthood and have health care costs roughly three times more than the average child.

- Nevada's health care cost to treat obesity is estimated at \$974,457,863 annually.ⁱⁱⁱ
- In the U.S. childhood obesity is estimated to cost \$14 billion annually in direct health expenses.^{iv}
- Childhood obesity costs Medicaid more than \$3 billion annually.^v
- Researchers predict that if current childhood obesity rates continue, by 2035 there will be more than 100,000 additional cases of coronary heart disease attributable to obesity.^{vi}

NUTRITION

Good nutrition plays an important part in preventing childhood obesity. Early childhood is a critical time to nurture healthy eaters by offering healthy food choices and influencing healthy eating habits.

The link between good nutrition and healthy weight is significant. Parents who take steps to provide children with healthy foods and encourage healthy eating, help prevent childhood obesity and fuel brain development.

Good dietary habits established in childhood carry into adulthood. Teaching children positive dietary habits now will help them stay healthy throughout their life.

BENEFITS OF HEALTHY EATING

Nutritious food is essential to children's optimal growth and development. Committing to serving healthier foods at your center, nurtures healthy eaters and has many benefits:

- Eating healthy meals (especially a healthy breakfast) is associated with improved memory, more energy, and positive mood
- Increased ability to learn and concentrate
- Increased ability to fight off sickness and disease
- Easier recovery from illness or injury
- Faster wound healing

- Stronger bones and muscles
- Helps prevent high blood cholesterol and high blood pressure and helps reduce the risk of developing chronic diseases such as heart disease, cancer, and diabetes
- Reduces the risk childhood overweight and obesity

FAMILY MEALS

Family meals promotes and supports social, emotional, and gross fine motor skill development. It also provides a great opportunity to model healthy eating behaviors and talk to your children about healthy food choices and their day.

BENEFITS OF FAMILY MEALS

- Supports social, emotional, and gross fine motor skill development
- Helps children learn about healthy foods – Children who eat with their families eat more fruits and vegetables than children who don't.
- Children who eat with their families do better in school
- Improves language skills through conversations shared at the table
- Allows you to talk to your children and learn about their day
- Reduced risk of childhood obesity - Homemade meals on average, have less than 60% calories than a meal at a restaurant
- Creates an opportunity for positive role modeling

TIPS FOR SUCCESSFUL FAMILY MEALS

- Start having family meals as early as possible. It's easier to maintain routine family meals throughout your children's lives if you start the tradition early on.
- For single parents, or for working parents with conflicting schedules meal prep, cooking, and cleaning up can feel burdensome. Instead of doing all this alone, let your children help you. Distribute tasks like tossing the salad, setting and clearing the table, and washing dishes among your family members.
- Plan a menu beforehand and grocery shop the week before. This saves you plenty time and you can avoid running the grocery store every day.
- Create a schedule of family meals. For many families, eating together every day may be impossible – that's okay! If you cannot eat together every night, try to eat together at least 3 times during the week. If possible, eat together on the same day of the week at

the same time (e.g. Family dinners on Sunday, Monday, and Wednesday at 7:30).

- Turn off all electronic devices and focus on each other.

NURTURE HEALTHY EATERS

FRUITS AND VEGGIES

- Children should eat 5 fruits and vegetables a day
- Provide fruit or vegetables as snacks
- Offer 100% fruit juice with no added sugar
- Mix fruits and vegetables into dishes, like adding mushrooms to a pasta sauce or adding apples to a sandwich

REDUCE FAT AND SUGAR

- Switch to low-fat or non-fat milk, yogurt, and cheese
- Choose lean cuts of meat like skinless chicken or extra lean ground beef for hamburgers or pasta sauces
- Bake or grill instead of fry
- Substitute olive or vegetable oil for butter
- Substitute water or low-fat milk for sodas or sweetened beverages
- Drink less soda or sugar-sweetened drinks
- Switch to less sugary breakfast cereals
- Switch desserts like ice cream and cake for fruit based desserts instead

PORTION SIZE

- Children are smaller than adults and do not need as much food as adults do to sustain themselves.
- Use kid friendly plates, bowls, and utensils
- DO NOT force children to clean their plates if they are full
- Your children's portions should be about the size of their fists.
- Start with small portions and give more only if your children are still hungry.

MEAL PLANS

BREAKFAST

Breakfast			
Food Components	Ages 1-2	Ages 3-5	Ages 6-12 ¹
1 milk² fluid milk	1/2 cup	3/4 cup	1 cup
1 fruit/vegetable juice, ³ fruit and/or vegetable	1/4 cup	1/2 cup	1/2 cup
1 grains/bread⁴ bread or cornbread or biscuit or roll or cold dry cereal or hot cooked cereal or pasta or noodles or grains	1/2 slice 1/2 serving 1/4 cup 1/4 cup 1/4 cup	1/2 slice 1/2 serving 1/3 cup 1/4 cup 1/4 cup	1 slice 1 serving 3/4 cup 1/2 cup 1/2 cup
¹ Children age 12 and older may be served larger portions based on their greater food needs. They may not be served less than the minimum quantities listed in this column. ² Milk served must be low-fat (1%) or non-fat (skim) for children ages 2 years and older and adults. ³ Fruit or vegetable juice must be full-strength. ⁴ Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.			

LUNCH OR SUPPER

Lunch or Supper			
Food Components	Ages 1-2	Ages 3-5	Ages 6-12 ¹
1 milk² fluid milk	1/2 cup	3/4 cup	1 cup
2 fruits/vegetables juice, ³ fruit and/or vegetable	1/4 cup	1/2 cup	3/4 cup
1 grains/bread⁴ bread or cornbread or biscuit or roll or cold dry cereal or hot cooked cereal or pasta or noodles or grains	1/2 slice 1/2 serving 1/4 cup 1/4 cup 1/4 cup	1/2 slice 1/2 serving 1/3 cup 1/4 cup 1/4 cup	1 slice 1 serving 3/4 cup 1/2 cup 1/2 cup
1 meat/meat alternate meat or poultry or fish ⁵ or alternate protein product or cheese or egg or cooked dry beans or peas or peanut or other nut or seed nuts and/or seeds ⁶ or yogurt ⁷	1 oz. 1 oz. 1 oz. 1/2 1/4 cup 2 Tbsp. 1/2 oz. 4 oz.	1 1/2 oz. 1 1/2 oz. 1 1/2 oz. 3/4 3/8 cup 3 Tbsp. 3/4 oz. 6 oz.	2 oz. 2 oz. 2 oz. 1 1/2 cup 4 Tbsp. 1 oz. 8 oz.
¹ Children age 12 and older may be served larger portions based on their greater food needs. They may not be served less than the minimum quantities listed in this column. ² Milk served must be low-fat (1%) or non-fat (skim) for children ages 2 years and older and adults. ³ Fruit or vegetable juice must be full-strength. ⁴ Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified. ⁵ A serving consists of the edible portion of cooked lean meat or poultry or fish. ⁶ Nuts and seeds may meet only one-half of the total meat/meat alternate serving and must be combined with another meat/meat alternate to fulfill the lunch or supper requirement. ⁷ Yogurt may be plain or flavored, unsweetened or sweetened.			

SNACK
Snack

Food Components	Ages 1-2	Ages 3-5	Ages 6-12¹
1 milk² fluid milk	1/2 cup	1/2 cup	1 cup
1 fruit/vegetable juice, ³ fruit and/or vegetable	1/2 cup	1/2 cup	3/4 cup
1 grains/bread⁴ bread or cornbread or biscuit or roll or cold dry cereal or hot cooked cereal or pasta or noodles or grains	1/2 slice 1/2 serving 1/4 cup 1/4 cup 1/4 cup	1/2 slice 1/2 serving 1/3 cup 1/4 cup 1/4 cup	1 slice 1 serving 3/4 cup 1/2 cup 1/2 cup
1 meat/meat alternate meat or poultry or fish ⁵ or alternate protein product or cheese or egg ⁶ or cooked dry beans or peas or peanut or other nut or seed nuts and/or seeds or yogurt ⁷	1/2 oz. 1/2 oz. 1/2 oz. 1/2 1/8 cup 1 Tbsp. 1/2 oz. 2 oz.	1/2 oz. 1/2 oz. 1/2 oz. 1/2 1/8 cup 1 Tbsp. 1/2 oz. 2 oz.	1 oz. 1 oz. 1 oz. 1/2 1/4 cup 2 Tbsp. 1 oz. 4 oz.

¹ Children age 12 and older may be served larger portions based on their greater food needs. They may not be served less than the minimum quantities listed in this column.

² Milk served must be low-fat (1%) or non-fat (skim) for children ages 2 years and older and adults.

³ Fruit or vegetable juice must be full-strength.

⁴ Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.

⁵ A serving consists of the edible portion of cooked lean meat or poultry or fish.

⁶ One-half egg meets the required minimum amount (one ounce or less) of meat alternate.

⁷ Yogurt may be plain or flavored, unsweetened or sweetened.

DOES YOUR CHILD CARE PROVIDER NURTURE HEALTHY EATERS?

DOES YOUR CHILD CARE PROVIDER NURTURE HEALTHY EATERS?

Do they practice family
style dining?

Do they serve fruits and/or
vegetables at every meal?

Do they limit fried food?

Do they follow the Child
and Adult Care Food
Program guidelines?

Do they follow all NAC
regulations?

Do they make learning
about nutrition fun and
engaging?

Do they post or distribute
food menus?

RESOURCES

ONLINE RESOURCES

- **Lets Move! Healthy Families** – Learn how making small healthy changes can make a huge difference for you and your family.
 - <http://www.letsmove.gov/healthy-families>
- **MyPlate Preschoolers** – Learn how to help your preschoolers eat well, be active, and grow up healthy.
 - <http://www.choosemyplate.gov/health-and-nutrition-information>

CLARK COUNTY RESOURCES

- **Farmer Markets** - Get Healthy Clark County has compiled a list of Farmer Markets that accepts EBT, Debit, and Credit
 - <http://www.gethealthyclarkcounty.org/eat-better/farmers-markets.php>
- **Nevada, Supplemental Nutrition Assistance Program (SNAP)** – SNAP helps low-income people and families buy the food they need for good health.
 - <https://dwss.nv.gov/SNAPApply.html>
 - (702) 644-3663
 - <http://www.threesquare.org/>
- **Nutritional Resource Directory**
 - <http://www.gethealthyclarkcounty.org/pdf/nutrition-services-directory.pdf>

BREASTFEEDING

Choosing whether to breastfeed or formula feed your baby is a personal choice. However, breastmilk is the most nutritional choice and meet the entire nutritional needs of your baby from birth until six months.

BENEFITS OF BREASTFEEDING

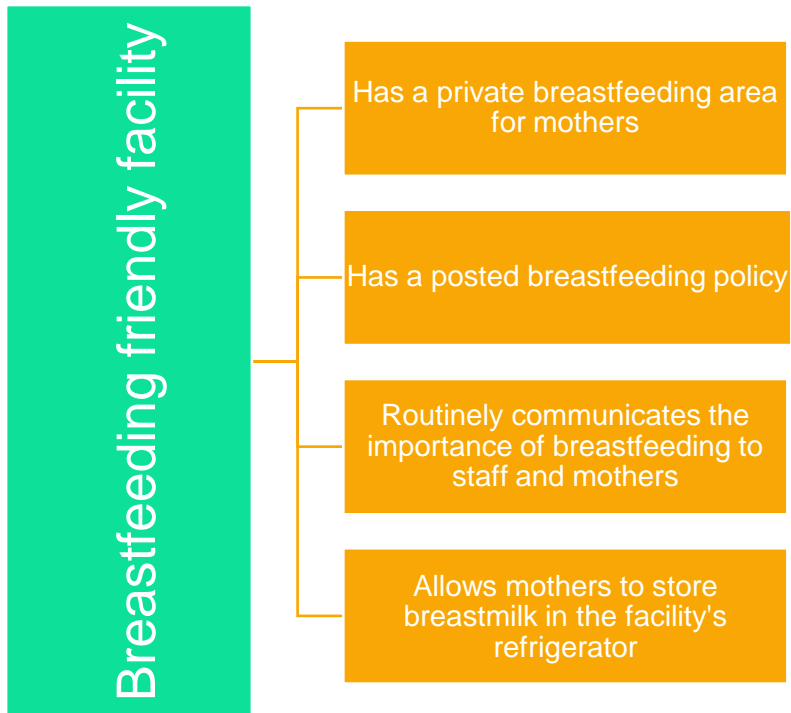
BENEFITS TO BABIES

- Breastmilk is the best nutritional choice for babies.
- Breastmilk provides babies with exactly what is needed to grow and thrive, and changes over time to keep up with their needs.
- Breastmilk is filled with numerous antibodies that help babies fight off ear infections, diarrhea, respiratory infections, and meningitis.
- Breastfed babies are sick less often than formula fed babies.
- Breastfed children are less likely to contract a number of diseases later in life including; juvenile diabetes, multiple sclerosis, heart disease, and cancer before the age of 15.
- Breastfed babies are less fussy because breastmilk is easier to digest than formula.
- Babies who are exclusively breastfed have slightly higher IQs than children who are formula fed.
- The probability of Sudden Infant Death Syndrome is decreased in breastfed babies.
- Babies who are breastfed are less likely to become obese later in childhood – formula feeding is linked to a 20 to 30 percent greater likelihood that the child will become obese.

BENEFITS TO MOTHERS

- Breastmilk is free! Formula and feeding supplies can cost upward of \$1,500 each year.
- Breastfed babies are sick less often, which may lower health care costs.
- Working breastfeeding moms miss fewer days from work because their babies are sick less often.
- Breastfeeding helps protect moms against diseases like breast and ovarian cancers and type 2 diabetes.
- Breastfeeding can lessen postpartum depression.
- Breastfeeding means no bottles and nipples to sterilize, no formula to buy, measure and mix, and no bottles to warm in the middle of the night.

IS YOUR CHILD CARE PROVIDER BREASTFEEDING FRIENDLY?



Choosing a child care provider that is breastfeeding friendly is essential to your commitment to provide your baby with the best nutritional food. Many moms who choose to breastfeed often get discouraged when they are not surrounded by people and agencies that support their desire to breastfeed. Don't get discouraged – Choose a breastfeeding friendly facility to reduce any breastfeeding anxieties and obtain support with your decision to breastfeed your baby.

INFANT CUES

Parents should feed their infant on the infant's cues unless instructed otherwise by their primary giver. Feeding your baby when they are not hungry or full teaches them unhealthy eating behaviors that can lead to childhood obesity.

INFANT HUNGER CUES:

- Opening mouth
- Making sucking sounds
- Moving hands at random
- Fussy/Crying behavior

INFANT FULLNESS CUES:

- Closing mouth
- Turning away from bottle
- Increased attention to surroundings

MEAL PLANS

When your infant displays signs of hunger, follow the Child and Adult Care Food Program's food portion meal plan guidelines and pay attention to your baby's fullness cues for guidance on how much to feed your baby. Every baby is different - Some babies will eat more or less than what is provided in the guidelines. That's perfectly normal. However, if you are worried about underfeeding or overfeeding your infant, talk to your infant's primary provider to discuss a specialized meal plan.

BREAKFAST

Breakfast

Birth through 3 Months	4 through 7 Months	8 through 11 Months
4-6 fluid ounces of formula ¹ or breastmilk ^{2,3}	4-8 fluid ounces of formula ¹ or breastmilk ^{2,3} 0-3 tablespoons of infant cereal ^{1,4}	6-8 fluid ounces of formula ¹ or breastmilk ^{2,3} 2-4 tablespoons of infant cereal ¹ ; and 1-4 tablespoons of fruit or vegetable, or both
¹ Infant formula and dry infant cereal must be iron-fortified ² Breastmilk or formula, or portions of both, may be served; however, it is recommended that breastmilk 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 breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered if the infant is still hungry. ⁴ A serving of this component is required when the infant is developmentally ready to accept it.		

LUNCH OR DINNER

Lunch or Dinner		
Birth through	4 through	8 through

3 Months	7 Months	11 Months
4-6 fluid ounces of formula ¹ or breastmilk ^{2,3}	4-8 fluid ounces of formula ¹ or breastmilk ^{2,3} 0-3 tablespoons of infant cereal ^{1,4} ; and 0-3 tablespoons of fruit or vegetable, or both ⁴	6-8 fluid ounces of formula ¹ or breastmilk ^{2,3} 2-4 tablespoons of infant cereal ¹ ; and/or 1-4 tablespoons of meat, fish, poultry, egg yolk, cooked dry beans or peas; or ½-2 ounces of cheese; or 1-4 ounces (volume) of cottage cheese; or 1-4 ounces (weight) of cheese food or cheese spread; and 1-4 tablespoons of fruit or vegetable, or both
¹ Infant formula and dry infant cereal must be iron-fortified ² Breastmilk or formula, or portions of both, may be served; however, it is recommended that breastmilk 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 breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered if the infant is still hungry. ⁴ A serving of this component is required when the infant is developmentally ready to accept it.		

SNACK

Snack		
Birth through 3 Months	4 through 7 Months	8 through 11 Months

4-6 fluid ounces of formula ¹ or breastmilk ^{2,3}	4-6 fluid ounces of formula ¹ or breastmilk ^{2,3}	2-4 fluid ounces of formula ¹ or breastmilk, ^{2,3} or fruit juice, ⁵ and 0-½ bread ^{4,6} or 0-2 crackers ^{4,6}
¹ Infant formula and dry infant cereal must be iron-fortified ² Breastmilk or formula, or portions of both, may be served; however, it is recommended that breastmilk 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 breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered if the infant is still hungry. ⁴ A serving of this component is required when the infant is developmentally ready to accept it. ⁵ Fruit juice must be 100% and full-strength. ⁶ A serving of this component must be made from whole-grain or enriched meal or flour.		

STORING:

- When pumping breastmilk should be placed in a clean and sanitary bottle with a nipple that fits tightly or into a clean and sanitary container.
- The bottle or container should be properly labeled with the infant's full name, date, and time the milk was expressed (if transporting to a facility)
- The bottle or container should immediately be stored in the refrigerator.
- If transporting to a facility, frozen milk may be transported in a single use plastic bag and placed in the freezer.

FEEDING:

- Infants should be held and bottle fed until they are able to hold their own bottle and feed themselves.
- Bottles should never be propped because it can cause choking and aspiration and may contribute to long term issues such as ear infections, orthodontic problems, speech disorders, and psychological problems.
- NEVER feed an infant:
 - From an unsanitary bottle
 - Curdled milk
 - Milk that smells rotten
 - Milk that has NOT been stored using the Academy of Breastfeeding Medicine guidelines.

PREPARING:

- Frozen milk should be defrosted in the refrigerator, then heated briefly under warm running water that does not exceed 98.6
- If there is not enough time to defrost milk in the refrigerator, then it may be defrosted in a container of cool running tap water.
- After warming, bottles should be mixed gently (not shaken)* and the temperature of the milk should be tested before feeding.

**Shaking human milk may damage some of the cellular components that are valuable to the infant.*

ACADEMY OF BREASTFEEDING MEDICINE

Location	Temperature	Duration	Comments
Countertop, table	Room temperature (up to 77°F or 25°C)	6-8 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°F-39°F or -15°C – 4°C	24 hours	Keep ice packs in contact with milk containers at all times, limit opening cooler bag.
Refrigerator	39°F or 4°C	5 days	Store in the back of the main body of the refrigerator.
Freezer compartment of a refrigerator	5°F or -15°C	2 weeks	Store milk toward the back of the freezer, where temperature is the most constant. Milk stored for longer durations in the ranges listed is safe, but some of the lipids in the milk undergo degradation resulting in lower temperatures.
Freezer compartment of a refrigerator with separate doors.	0°F or -18°C	3-6 months	
Chest or upright deep freezer.	-4°F or -20°C	6-12 months	
Source: “Clinical protocol #8: Human milk storage for home use for healthy full term infants, Rev. ed, 2010,” Academy of Breastfeeding Medicine			

STORING, PREPARING, AND FEEDING INFANT FORMULA

STORING:

- Formula prepared from powder or concentrate should be labeled with your infant's full name and date of preparation (if transporting to a facility).
- Prepared formula that has not been given to your infant may be stored in the refrigerator for a maximum of 24 hours.
- Prepared formula must be discarded within one hour after serving to your infant.

PREPARING:

- Always follow the manufacturer's directions unless instructed otherwise by your infant's primary provider.

FEEDING:

- Infants should be held and bottle fed until they are able to hold their own bottle and feed themselves.
- Bottles should never be propped because it can cause choking and aspiration and may contribute to long term issues such as ear infections, orthodontic problems, speech disorders, and psychological problems.
- NEVER feed your infant:
 - From an unsanitary bottle
 - Formula that is expired
 - Left over formula from a previous feeding

STORING, PREPARING, AND FEEDING INFANT FOOD

STORING:

- Infant foods must be stored in a cool, dry area on clean shelving that is at least 6 inches off the floor or in clean kitchen cupboards.
- Infant foods can also be stored in your refrigerator.
- Uneaten portions in open factory-sealed baby food containers can be stored in the refrigerator for a maximum of 24 hours.

PREPARING:

- Infant foods can be served cold or at room temperature
- If a caregiver chooses to warm infant food, food containers should be placed under warm running tap water that is no warmer than 120°F

FEEDING:

- Infants should always be fed with a spoon and never be fed in a bottle or an infant feeder unless directed by the infant's parent and primary giver.
- NEVER feed an infant:
 - Food from a jar that has leaks, bulges, dents, cracks or loose lids
 - Food that has expired
 - Leftover food from a previous feeding on a dish.

RESOURCES

VIDEO RESOURCE

If you are physically able to breastfeed, but you are still unsure if breastfeeding is the right choice for you, visit <http://www.breastmilkcounts.com/community.php#all> to watch real mothers share their story about their decision to breastfeed their baby, and all their struggles, fears and triumphs they encountered along the way.



CLARK COUNTY RESOURCES

- **Angel Breast Pumps** – Breast pump rentals and other necessities for your breastfeeding needs
 - Call (702) 862-6435 for location.
 - www.angelpumps.net
- **Desert Perinatal Spa** – Breastfeeding classes taught by a certified lactation counselor: Topics discussed in classes include latch, the importance of the first few hours baby is born, methods to increase milk production, and more.
 - 5761 S. Fort Apache, 2nd Floor, Las Vegas 89148
 - (702) 597-5158
 - <http://desertperinatalspa.com/calendar/>
- **Family to Family Connection** – Private consultations and group classes
 - 4775 W. Teco Ave. #115, Las Vegas 89119
 - (702) 870-9583
 - www.family2familylv.org

- **La Leche League of Southern Nevada** – group meetings and one-on-one support
 - (702) 393-8553
 - www.lalecheleaguescnv.org
- **Las Vegas Urban League** – High quality child care center referrals, can refer you to a breastfeeding friendly facility
 - 3575 W. Cheyenne Ave. #101, North Las Vegas, 89032
 - (702) 636-3949
 - www.lvul.org
- **Mom's Special Gift** – Breastfeeding support program.
 - (702) 257-5547
 - www.unce.unr.edu/programs/health/index.asp?ID=118
- **WIC (Women, Infants & Children)** – Breastfeeding support, education, and counseling (Only available to WIC qualifying participants)
 - (800) 8-NEV-WIC
 - www.nevadawic.org
- **Sisters, Mothers, and Friends** – Classes and private consults.
 - (702) 524-9705
 - www.sisters-mothers-friends.com
- **University Medical Center or Southern Nevada-Family Resource Center** – Classes and private consults.
 - 1800 W. Charleston Blvd., Las Vegas 89102
 - (702) 383-2000
 - www.umcsn.com
- **Well Rounded Momma** – Private consultations, weekly support groups, and breastfeeding classes.
 - 8826 S. Eastern Ave., Suite 111, Las Vegas 89123
 - (702) 478-5080
 - www.wellroundedmomma.com
- **Southern Nevada Breastfeeding Coalition** – Connect with other breastfeeding mothers and gain support among your community.
 - www.snvbreastfeeding.org
- **National Breastfeeding Helpline**
 - (800) 994-9662

PHYSICAL ACTIVITY

Physical activity is an essential part of the development, learning, and growth of young children. Physical activity also plays an important part in maintaining a healthy weight and preventing childhood obesity. Good physical activity habits are established early in life. This is why it is important for centers to teach young children the value of physical activity and influence healthy physical activity habits.

BENEFITS OF PHYSICAL ACTIVITY

Children who are active at an early age are more likely to foster a lifelong commitment to physical activity and obtain the benefits in both early childhood and the rest of their lives:

- Children who are active tend to have fewer behavioral and disciplinary problems, do better in school, and have longer attention spans in class.
- Increased school readiness skills
- Increased learning capacity
- Better social and motor skill development
- Less likely to develop asthma
- Less likely to be depressed or have anxiety – overall, less likely to develop a mental illness
- Faster muscle, bone, and joint development
- Reduces risk of cardiovascular disease, type 2 diabetes, metabolic syndrome, and certain type of cancers
- Develop self-confidence and positive body images
- Less likely to be overweight or obese

NURTURE PHYSICALLY ACTIVE KIDS

- Make physical activity fun – Your children are more likely to engage and participate in activities when they are geared towards what they love. Finding activities that your children are interested in will increase participation.
- Be active yourself and your children will more likely follow your lead.
- Spend active time with your children. Try to make some time every day to have fun together, playing actively, doing something you both enjoy – Even if it's just going for a walk outside for 15 minutes!

- Encourage your children to play outside and praise them when they do.
- Go with your children when they try an organized sport or group lesson for support and encouragement.
- Get the family going – organize fun monthly outings like a camping trip or day hike or a trip to the beach.
- Use a reward system that supports health – When using reward systems; try to find rewards that promote health. Use activities and opportunities for physical activity to recognize your children for their achievements or behavior. When children have a reward in mind, it can make them more productive. Instead of using food as a reward there are many other alternatives that are just as exciting, healthier and sometimes cheaper. Some rewards to keep in mind for the future:
 - Social Reward – A “social reward” which can include thank-you, praises and attention are normally valued by children. Give a social reward with something like a verbal praise, a pat on the back, or a high five.
 - Recognitions
 - Write a note to your child congratulating their special achievement like putting away their toys without being told, doing good in school, listening all day, etc.
 - Special certificates recognizing the child’s achievement or a sticker with an affirming message
 - Privileges
 - Let the child pick a special job (e.g., helping with dinner, picking vegetables from the garden, etc.)
 - “No chores” pass
 - Going to the library to pick out a book to be read for bedtime
 - A token or point system – A token or point system is a way to count the progress the class or child is making. When they reach a goal tokens or points they get to have a special privilege. Try to keep prizes activity related like gift certificate to a sports store, ticket to baseball game or sports related equipment like a hula hoop or jump rope.

INFANTS

Infants (0-12 months old) should get supervised tummy time sessions two or three times a day for 3-5 minutes. Some infants do not enjoy tummy time, so adjust tummy time sessions to as long as they will tolerate it. Tummy time sessions can be increased when see infants enjoying it more.

BENEFITS OF TUMMY TIME

- Tummy time strengthens infant's neck, back, and trunk muscles. Infants need strong muscles in order to sit, crawl, and walk.
- Tummy time will help avoid flathead syndrome (a condition where an infant develops a flat spot on their skull) due to consistent pressure from spending too much time on their backs.
- Helps with cognitive development
- Helps with visual development and helps infants learn to track movements and focus on objects around them.
- Decreases the development of torticollis, a condition where the neck muscles tighten and pull infants' head in a specific direction
- Prepares babies for sliding on their bellies and crawling

ENCOURAGING TUMMY TIME

Infants are more likely to accept tummy time sessions when they're awake and alert. A great time to do tummy time is following diaper change or when baby wakes up from a nap. Tummy time should always be on a solid surface on the floor – Never do tummy time on a surface that's soft or up high like a mattress or sofa.

- Place different toys in a circle around your baby and let your baby reach for them. Reaching helps the baby develop muscles to roll over, crawl, and scoot.
- Place your infant's favorite toy or object in front of them within reach.
- If possible place the baby in front of a mirror
- Try massaging your infant's back, it may help them feel more comfortable on their tummies
- Get down on your tummy in front of the infant – talk to them, make funny faces, shake a rattle, play peekaboo

OUTDOOR ACTIVITY IDEAS

There is no recommended time duration that infants should spend outside, but they should be taken outside at least two or three times per day.

It might seem strange to do outside play with your infant, but it is important to allow them to explore the world around them. Doing outside activities, allows infants to make further connections

- Take a walk – Taking a walk is a great way for infants to see the world around them.
- Tummy time – Instead of doing a tummy time inside, try doing tummy time outside on a blanket.
- Nature time – Anytime you are outside, bring nature items to your infant like leaves, sticks, flowers, etc. Talk to them about it. Have them use their senses – allow them to smell and touch the items you bring them. You can even try crunching up dead leaves, breaking sticks, or knocking on a tree so they can hear different sounds nature makes.

TALKING TO YOUR PROVIDER ABOUT PHYSICAL ACTIVITY

If your infant will be at a child care center for most of the day, it is important to talk to your provider about giving them planned tummy time sessions on a daily basis. If possible, sit down with your provider and create a tummy time schedule that works best for both the center and your infant.

TODDLERS AND PRESCHOOLERS

Toddlers (12-24 months) should have 60 minutes or more of physical activity every day.

Preschoolers (2-5 years old) should have 120 minutes or more of physical activity every day.

ACTIVITY IDEAS

Indoor activities:

- Dance! – Dancing is a fun and easy way to get children up and moving. Make sure to pick songs that your children enjoy. For something fun and educational, try dancing to these songs: <http://www.colormehealthy.com/songs-and-lyrics/>

- [Color Me Healthy](#)
- [Heartbeat Beat](#)
- [Try New Foods](#)
- [Play Outside](#)
- [Taste the Colors](#)
- [The Picnic Song](#)
- Indoor obstacle courses – Set up an indoor obstacle course with your furniture where your children will have to crawl to get from one side of the room/house to the other. If possible have your children help you design the obstacle course.
- Scavenger hunt – Hide various objects around the house and direct your children to walk, hop, skip, or crawl around the house while looking for the objects.
- Animal moves – Move around like different animals
 - Walk like a penguin
 - Hop like a frog
 - Hop like a bunny, etc.
- Balloon fun – Use one balloon per child and have them try to keep the balloon up in the air as long as possible.
- “Simon Says” (with exercises) – Play Simon Says and instruct your children do different exercises like
 - Arm and leg stretches
 - Jumping jacks
 - Bunny hops
 - Balancing on right or left foot
- Musical bubble shape – Duct tape packaging bubble wrap on the floor and form them into numerous shapes. Have your children walk, hop, or skip on the bubble wrap when music is playing. When the music stops, children must stop and shout out the name of the shape they are on.
- Traditional Games – Playing traditional games like “Duck, Duck, Goose” and “Ring around the Rosie” can all be done indoors too.

Outdoor activities:

- Nature walks – Nature walks are a great way to get your children out of the house, to explore the world around them. Go to a nearby park or find a nearby hiking trail.
- Neighborhood walks – If there are no nearby parks or hiking trails near you, you can always go for a neighborhood stroll with your children.
- Sports – If you have a yard or are close to a park, you can go outside with your children to play soccer, football, or a simple game of catch.

- **Tag** – Tag is simple way to get you and your children running outside.

TALKING TO YOUR PROVIDER ABOUT PHYSICAL ACTIVITY

If your child will be at a child care center for most of the day they should be getting ample amounts of physical activity throughout the day. Toddlers and preschoolers at a child care center should be getting:

Toddlers (12-24 months) should have 60 minutes or more (30 minutes or more for half-day) of physical activity every day, both indoor and outdoor.

Preschoolers (2-5 years old) should have 120 minutes or more (60 minutes or more for half-day programs) of physical activity every day, both indoor and outdoor.

If you feel that your center is not providing enough physical activity time for your child, talk to your center and see if more time for physical activity can be implemented into daily schedules. If your child needs a specialized physical activity plan, work with your center to develop a plan best suited to fit your child's needs.

RESOURCES

- **Clark County Parks & Recreation** – Clark County Parks and Recreation services the indoor and outdoor needs of Southern Nevada with more than 1,600 acres of parks and open space play, pools and water parks, recreation centers, and special events and sports and fitness and fine arts programming. Find a park, rec center, or special events/classes near you:
 - <http://www.clarkcountynv.gov/parks>
- **National Youth Sports Nevada** – A parent-volunteer coached youth sports company that organizes leagues for more than 14,000 participants every year in the Henderson and Las Vegas area
 - <http://nysnevada.com/index.php/index>
 - **Baseball** – Age range: 3-4, focuses on the basics of hitting by using a tee.

Age range: 5-6, players transition from hitting on a tee to underhand tosses from a coach.

- **Basketball** – Age range: 4-5, focuses on the basics of the sport, passing, dribbling, and shooting in a fun environment on lowered rims.
 - **Cheerleading** – A non-competitive recreation program for new and experienced cheerleaders ages 5-15.
 - **Flag Football** – Age range: 5-6, a co-ed, non-contact sport that focuses on developmental passing and running program that teaches quickness, judgment, and working as a team.
 - **Soccer** – Age range: 3 & 4-5, focuses on the basics of the sport in a fun environment with reduced field and goal dimensions.
- **Neon to Nature** – Neon to Nature is an online tool that will help you find walking and bicycle trails throughout Southern Nevada.
 - Download the App! [Google Play](#) or [Apple App Store](#)
 - <http://www.getthehealthyclarkcounty.org/neon2nature/>
 - **Nevada State Parks** – Find a state park near you and take your family camping, fishing, hiking, swimming, kayaking, biking, etc.
 - <http://parks.nv.gov/>
 - **YMCA of Southern Nevada** – Offers a wide range of exercise classes in Las Vegas. Children 5 years and older can participate in exercise classes geared towards kids.
 - <http://www.lasvegasyymca.org/exercise-classes-in-las-vegas>

SCREEN TIME

Limiting screen time is crucial for the healthy development of children and helping them stay active. Evidence shows, too much screen time damages the brain and can lead to an array of physical and psychological problems in the future.

NEGATIVE EFFECTS OF TOO MUCH SCREEN TIME

- **Impaired social interaction** – Children (especially infants) who spend too much time in front of a screen have less social interaction, which

directly impacts vocabulary and overall social development. Studies have also shown that children who spend too much time in front of a screen are more likely to become socially awkward because they are less likely to understand social cues.

- Restricted creativity – Being glued to a screen limits critical thinking skills and restricts creativity.
- Interrupted sleep patterns – Sleeping near smartphones, tablets, or portable video game consoles that emit a blinking notification light messes with the sleep cycle by overstimulating brain and tricking it into believing it is daylight.
- Behavioral problems – children who spend more than 2 hours a day in front of a screen are more likely to have social emotional, and attention problems.
- Increased risk for obesity as well as numerous other negative health effects including cardiovascular diseases

SCREEN TIME GUIDELINES

Infants

Infants and toddlers (younger than 2) should have zero screen time.

Toddlers and Preschoolers

Toddlers (older than 2) and preschoolers should be limited to no more than 2 hours of screen time daily.

REDUCING SCREEN TIME

TRACK YOUR FAMILY'S SCREEN TIME

Creating a chart to track your family's screen time helps you determine where screen time needs to be reduced and exactly how much you and your children spend in front of a screen.

Name:		Dates:			
	TV	Video Games	Hand-Held Devices	Computer	Daily Total
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

SETTING GOALS AND LIMITS

Once you tracked you and your children's screen time usage – set goals and limits to reduced overall screen time in your household.

LIMITS

I will limit myself and my child(ren) to:

- No more than 2 hours each day of screen time
- No more than 30 minutes each day of TV
- No more than 30 minutes each day of hand-held devices
- No longer using screen time as a reward or punishment

GOAL

I will suggest that my children do these activities instead of screen time:

- Playing outside with neighborhood friends
- Learning an active hobby
- Going to the park
- Reading a book

GOAL

Mealtime = Family Time

- I will turn off the TV and my phone during family meals and talk to my family.
- I will have family meals at least 3 times a week

SCREEN-FREE BEDROOMS

Do not put a TV or computer in your child's bedroom. Kids who have TVs or computers in their rooms tend to spend 1.5 hours more in front of a screen than those who don't. Additionally, restricting your child from playing hand-held video games in their bedroom creates a screen-free bedroom that may help reduce the amount of screen time in your child's life.

GET ACTIVE

The more time you're up and moving, the less time is spent in front of a screen. There are many fun active, screen-free activities you can do with your children. Here are 10 ideas you can do with them:

1. Fly a kite
2. Blow bubbles

3. Create sidewalk art with chalk – you can even draw your own hopscotch!
4. Plant a garden or work in the garden
5. Learn a new hobby or sport like a certain type of dance, rollerblading, soccer, etc.
6. Do an outdoor scavenger hunt – See who can find the most different types of leaves, insects, rocks, etc.
7. Climb a tree
8. Wash the car and have fun getting soapy and foamy
9. Play hide and seek

TALKING TO YOUR PROVIDER ABOUT SCREEN TIME REDUCTION

- Find other parents, staff members, and administrators who are concerned about excessive screen time. Have a discussion on the negative effects of screen time and ideas on screen time reduction at the center.
- Encourage your center to make screen time reduction part of the center's official wellness plan.
- If you feel that screens are being over utilized at your child's center, urge your provider to engage your child in a more hands-on curriculum.

ⁱ “Overweight and Obesity,” KidsHealth,

http://kidshealth.org/parent/general/body/overweight_obesity.html.

ⁱⁱ “Health Status of Children Entering Kindergarten in Nevada, Results of the 2012-2013,” Nevada Institute for Children’s Research and Policy, University of Nevada of Las Vegas School of Community Health Sciences,

http://nic.unlv.edu/files/KHS%20Year%205%20Report_514.13_FinalRevised.pdf.

ⁱⁱⁱ “Adult Obesity: Obesity Rises among Adults,” Center for Disease Control and Prevention, <http://www.cdc.gov/vitalsigns/pdf/2010-08-vitalsigns.pdf>.

^{iv} Thomson Medstat. “Research Brief: Childhood Obesity: Costs, Treatment Patterns, Disparities in Care, and Prevalent Medical Conditions,” 2006, http://www.medstat.com/pdfs/childhood_obesity.pdf.

^v Trasande, L., Y. Liu, G. Fryer, and M. Weitzman. “Effects of Childhood Obesity on Hospital Care and Costs, 1999-2005,” (*Health Affairs* 2009), Aug; 28(4), 751-760.

^{vi} Bibbins-Domingo, P. Coxson, M. Plethcher, J. Lightwood, and L. Goldman. “Adolescent Overweight and Future Adult Coronary Heart Disease,” (*The New England Journal of Medicine* 2007), Dec; 357(23), 2371-2379.