

Childhood Obesity Toolkit

For ECE Providers

CHILDHOOD OBESITY TOOLKIT

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OVERVIEW OF CHILDHOOD OBESITY

DEFINING CHILDHOOD OBESITY

Childhood overweight and obesity is based on the weight-to-height ratio 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.

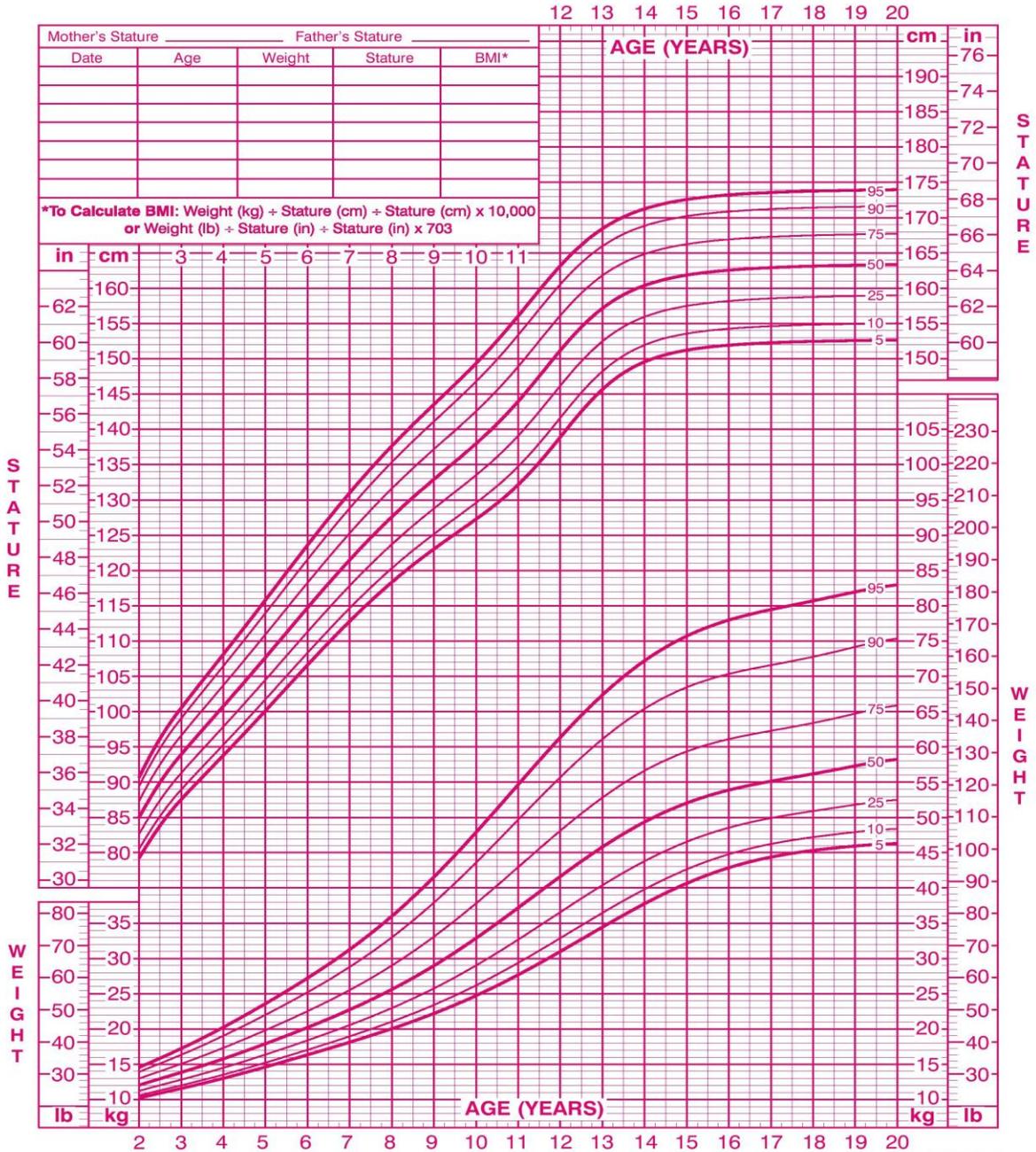
BMI is calculated by dividing weight (in kilograms) by height (in meters) squared. Based on the BMI, a child or adolescent is considered obese when the BMI is at or above the 95th percentile; when the BMI is at or above the 85th percentile but less than the 95th percentile, a child or adolescent is defined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

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>



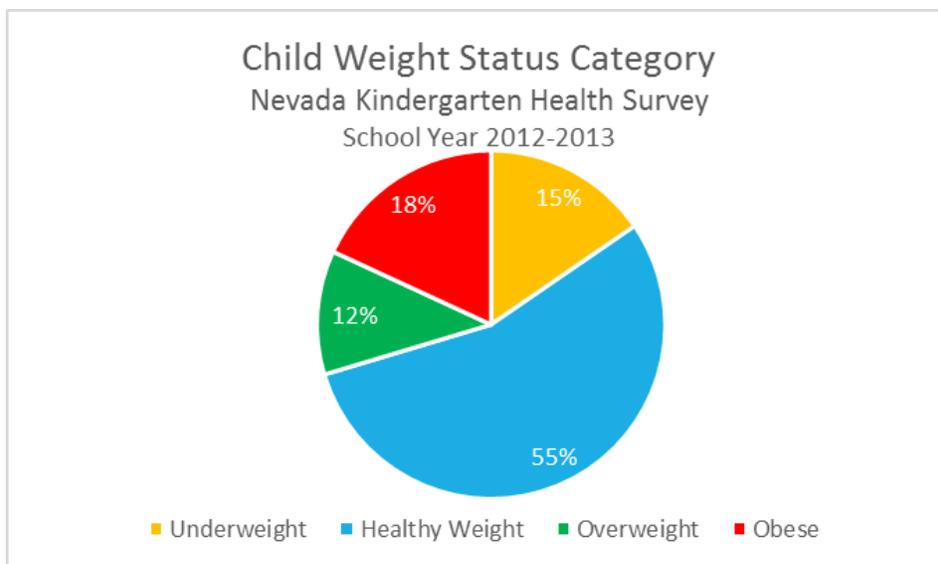
BMI PERCENTILE & WEIGHT STATUS

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 is 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}

CHILD CARE FACILITIES REGULATIONS - HOME CARE CHECKLIST

<http://www.southernnevadahealthdistrict.org/download/eh/child-care-regs-apx-h.pdf>

1. Outdoor Play Area: The play area must be enclosed. The fence and gate must be non-climbable and in good repair. Shade must be provided at a minimum of 50 square feet for Family Care Homes and 100 square feet for Group Care Homes and meet the shade requirements of Section 9.4.10. The area must be clean and free of hazards. Heating, ventilation, air conditioning systems and gas grills must be inaccessible to children.
2. All bodies of water must have a barrier meeting the requirements of Section 9.3.
3. Play equipment must be safe, in good repair and, if applicable, safely anchored. Trampolines and other spring loaded jumping surfaces are prohibited.
4. Facility address must be visible from the street.
5. Environment inside the home must be clean, uncluttered, and present no hazards.

6. All stairs must have a sturdy safety barrier at the base of the stairs which meets the requirements of Section 6.3.8.
7. Adequate ventilation, heating, cooling, and lighting must be maintained.
8. Water must be from an approved source. Where individual wells are in use, a bacteriological and chemical sample must be submitted to the State Lab, and found to be satisfactory prior to the issuance of a permit. Hot water at a designated hand washing sink for children in care must be maintained between 90o to 120o F.
9. A working telephone, with emergency numbers posted, must be available.
10. Napping Equipment: All surfaces of equipment must be made of waterproof, nonabsorbent, easily cleanable material and must be of safe construction, and in good repair.
 - a. SIDS information must be made available.
 - b. Cribs or playpens must be available for infants and toddlers.
 - c. Nap mats or cots must be provided for older children. If other furnishings are used, a tightly-fitting cover meeting the above specifications must be provided. Cots or beds provided for overnights must meet the requirements as outlined in Section 5.4.10.
11. Diapering requirements: If diapered children are accepted, a diaper-changing table, with rails, raised side, or contoured waterproof pad must be provided. The table must be a waterproof, nonabsorbent, smooth surface that is easily cleanable, and used exclusively for diaper changing. The table must be separate from the food preparation/dining areas, and must be in close proximity of a hand washing sink. The walls and floors must be a smooth and nonabsorbent surface. Provide a spray bottle for daily mixing of bleach and water disinfectant solutions. Commercially prepared disinfectants may be used with prior approval from the Health Authority.
12. Personal item storage: Provide solid structures that are nonabsorbent and cleanable, for separation of individual belongings, as outlined in Section 5.3.
13. A complete first aid kit, and set of quick reference instructions must be available. See Section 3.4.2 for a list of required supplies.
14. Dispenser-held paper towels and pump-bottle dispenser soap are required in the restroom. A step stool is required to facilitate hand washing.
15. Animals: Immunization records for all animals, including visiting animals, must be available and current. Review Section 7 for compliance.

16. Hazardous substances: Chemicals, cosmetics, and medications must be inaccessible to children, either by relocating them or using safety locks.

17. All safe food practices must be adhered to. A thermometer accurate to plus or minus 2° F must be placed in the refrigerator. The refrigerator must maintain a temperature of 41 o F or lower.

18. Poisonous plants must be made inaccessible to children. A poisonous plant list is available from the Southern Nevada Health District.

19. Ensure an application has been filed with Nevada State Child Care Licensing.

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. ECE providers 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.

QRIS NUTRITIONAL STANDARDS

[Quality Rating and Improvement System \(QRIS\)](#) outlines the components of “quality child care” by utilizing standardized, research based criteria. Through the QRIS, early childhood program are assessed and given a number of “stars” to indicate what level of quality has been reached. The QRIS Nutritional Standards are:

1. Policies and Procedures:
 - a. Center has a written health statement included in their parent handbook
2. Health and Safety:
 - a. Menus are evaluated by a nutritionist
 - b. Center is a Child and Adult Care Food Program (CACFP) sponsored site

- c. Center has a documented improvement plan based on a nutritional and physical activity self-assessment checklist
- d. Infant's teeth and gums are wiped with a disposable tissue after each feeding
- e. Children up to two-years-old are served whole milk
- f. Children two-years-old and older are served skim or 1% milk

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

PRACTICE FAMILY STYLE DINING

What is family style meal service? Family style dining attempts to mimic family meals shared around a table. This type of dining allows children to serve themselves (with limited help) while adults sit at the table and eat the same foods. Family style dining promotes and supports social, emotional, and gross fine motor skill development. It also provides a great opportunity to teach by modeling healthy eating behaviors and to talk about children about healthy food choices.

NAC 432A.380 states

Whenever possible, members of the staff of the facility must eat with children and encourage them to eat a variety of food and observe table manners.

BENEFITS OF FAMILY STYLE DINING

- Supports social, emotional, and gross fine motor skill development
- Encourages self-feeding skills and recognition of hunger cues
- Helps children learn about healthy foods and the types of food they are eating
- Improves language skills through conversations shared at the table
- Creates an opportunity for positive role modeling

IMPLEMENTING A SUCCESSFUL FAMILY STYLE DINING PLAN

- Practice with play food like plastic fruits and veggies before transitioning into family style dining
- Allow children to serve themselves
- Use child-size equipment: smaller pitchers, tongs, serving bowls, plates, and utensils
- Be patient and prepared. Mistakes and spills will happen, so having paper towels and other cleaning supplies within reach is a good idea.
- Engage children in conversation – Ask questions like:
 - What made you really happy today?
 - What's your favorite food that we're eating?
 - What's your favorite fruit/veggie? Why?
 - Tell me one thing you do that makes you a healthy kid.
- Encourage good manners like "Please" and "Thank you"
- Be a positive role model – Show kids you enjoy healthy foods.



SERVE FRUITS AND/OR VEGETABLES AT EVERY MEAL

Serving fruits and/or vegetables to toddlers and preschoolers at every meal is not only healthy, but it also helps children meet their daily fruit/vegetable nutritional needs.

Here are a few easy ways to include more fruits and vegetables at mealttime:

- Serve 100% fruit juice (not from concentrate) with meals
- Top breakfast foods like cereal or yogurt with fruit
- Try incorporating fruits into meals like turkey sandwiches with apple or pear, or grilled chicken with mango sauce
- Serve pizza with plenty of veggie toppings

LIMIT FRIED FOOD

Fried foods are typically high in fat and calories. Regularly serving fried foods may put children at an increased risk for overweight and obesity as well as other chronic diseases like diabetes and cancer.

If you do choose to serve fried food at your center, offer toddlers and preschoolers French fries, tater tots, hash browns, potato chips or other fried or pre-fried potatoes/vegetables no more than once a month. Fried and breaded meats should also be offered no more than once a month.

EXAMPLES OF FRIED OR PRE-FRIED FOODS

Meats:

- Chicken nuggets
- Chicken patties
- Fried fish fillets
- Fish sticks
- Popcorn shrimp

Vegetables:

- French fries and Crinkle-cut fries
- Tater tots
- Hash browns
- Potato chips and potato straws
- Onion rings and onion straws
- Fried okra

HOW TO TELL IF A PACKAGED FOOD IS FRIED OR PRE-FRIED

If a package says that the food is “crunchy”, “crispy”, “battered”, or “breaded”, it is probable fried or pre-fried.

Common ingredients in fried or pre-fried foods include but are not limited to:

- Oil (partially hydrogenated soybean oil, vegetable oil, canola oil, soybean oil, cottonseed oil, sunflower oil, corn oil, olive oil, etc.)
- Corn starch or wheat starch
- Bread crumbs
- Bleached wheat flour or yellow corn flour

NURTURE HEALTHY EATERS

MAKE LEARNING FUN AND ENGAGING

- Serve a variety of nutritious choices and introduce new foods to your menu. Have a fun food of the week like dragonfruit or rambutan – build classroom activities and your menu around the food of week.
 - In the classroom:

- What color is the food of the week?
 - How does it smell?
 - How does it feel?
 - How does it taste?
 - Where does it come from?
 - Nutritional properties: Why is it healthy?
 - Menu:
 - Try to incorporate the food of the week into your menu during breakfast, lunch, and snack time
 - Try to have the food of the week on the menu all 5 days
- Plan fun classroom activities, like taste, touch, and smell tests.
- Plan food-related art projects
 - Eggshell Succulent Garden
 - Painted Bowtie Pasta Butterflies
 - Natural Vegetable and Fruit Dyeing
 - Food Stamps
- Make fun, easy snacks during class
 - Strawberry Mice
 - Banana Palm Tree
 - Cauliflower Sheep
 - Apple Race Cars
 - Banana Bears
 - Apple Turtles
- Teach children about anytime vs. sometime food and/or go, slow, or whoa foods
 - “Go” foods are the healthiest foods like fruits and vegetables. These foods are good for you and can be eaten almost anytime.
 - “Slow foods” are foods that you should only eat sometimes. Foods like hamburgers or waffles aren’t off limits, but you shouldn’t eat them every day.
 - “Whoa” foods are food that should make you stop, think, and say, “Whoa! Should I eat that?” Whoa foods hold very little nutritional value and are the most likely to cause weight problems especially if you eat them all the time. These are foods like French fries or ice cream.

ENCOURAGE HEALTHY BIRTHDAY AND HOLIDAY TREATS

- It’s important to work with parents and encourage healthy eating habits at home. If parents want to bring food to celebrate their child’s birthday or a holiday, ask them to bring a healthy option instead of

cupcakes or candy. Try encouraging things like fruit cups or frozen fruit pops instead.

- Instead of celebrating with food, do a fun activity. Have the birthday child choose a game to play or a book or song for everyone to enjoy.
- Refrain from using “sweets” as a reward. **NAC 432A.380 states food must not be used as a basis for discipline or reward.**

SAMPLE MENUS AND MEAL PLANS

NAC 432A.380 states

A child who stays in a facility:

- (a) For 10 hours or less in 1 day must be offered at least one meal and two snacks or two meals and one snack; and
- (b) For more than 10 hours in 1 day must be offered at least two meals and two snacks or one meal and three snacks

NAC 432A.380 also states

Foods and beverages which are sweet or have little nutritional value must not be served to children except as an addition to the meals or snacks served to comply with the requirements.

NAC 432A.380 also states

Drinking water must be freely available to the children at all times.

The sample menus below are pre-approved by the CACFP and the meal plan guidelines are CACFP food portion recommendations.

BREAKFAST

	Monday	Tuesday	Wednesday	Thursday	Friday
Milk	1% or fat-free milk	1% or fat-free milk	1% or fat-free milk	1% or fat-free milk	1% or fat-free milk
Fruits/Vegetables	Orange Slices	Banana Slices	Applesauce	Peach Slices	Kiwi Slices
Grains/Breads	<i>Kix</i> ®	Whole Grain Pancakes	<i>Wheaties</i> ®	Whole Grain Toast	Oatmeal

Breakfast

Select All Three Components
for a Reimbursable Meal

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

	Monday	Tuesday	Wednesday	Thursday	Friday
Milk	1% or Fat-free milk	1% or Fat-free milk	1% or Fat-free milk	1% or Fat-free milk	1% or Fat-free milk
Fruits/Vegetables	Carrot Sticks	Green Beans	Mango Chicken	Grilled Chicken w/ Peach Sauce	Apple Slices
Fruits/Vegetables	Pear Slices	Kiwi Slices	Broccoli	Peas	Yellow Squash
Grains/Breads	Whole Grain Roll	Whole Grain Breadstick	Whole Grain Pita Wedges	Brown Rice	Cheesy Spaghetti Bake
Meats/Meat Alternates	Baked Turkey Breast	Baked Ham	Mango Chicken	Grilled Chicken w/ Peach Sauce	Cheesy Spaghetti Bake

Lunch or Supper

Select All Four Components for
a Reimbursable Meal

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

NAC 432.380 states

A nutritious snack must be offered to all children in the midmorning and the midafternoon. Each child must be offered food at intervals that are at least 2 hours apart, and unless the child is asleep during that time, are not more than 3 hours apart.

	Monday	Tuesday	Wednesday	Thursday	Friday
Fruits/Vegetables	Baked Apples	Orange Slices	Cucumber Slices	Pineapple Slices	Blueberries
Grains/Breads	Mini Rice Cakes			Graham Crackers	Whole Grain Waffles
Meats/Meat Alternates		Yogurt	Cheese Cubes		
Beverage	Water	Water	Water	Water	Water

Snack

Select Two of the Four Components for a Reimbursable Snack

Food Components	Ages 1-2	Ages 3-5	Ages 6-12 ¹
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	1/2 oz. 1/2 oz. 1/2 oz. 1/2	1/2 oz. 1/2 oz. 1/2 oz. 1/2	1 oz. 1 oz. 1 oz. 1/2

cooked dry beans or peas or peanut or other nut or seed nuts and/or seeds or yogurt ⁷	1/8 cup 1 Tbsp. 1/2 oz. 2 oz.	1/8 cup 1 Tbsp. 1/2 oz. 2 oz.	1/4 cup 2 Tbsp. 1 oz. 4 oz.
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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.

BUILDING A WEEKLY/MONTHLY MENU

NAC 432A.380 states

Every menu must be in writing, dated, planned a week in advance, and kept on file in the facility for at least 90 days after the corresponding meal is served. The licensee of a facility should post the current menu, including any changes, in the kitchen and in a public place within the facility convenient for parental inspection.

When planning your weekly or monthly menu keep these 3 things in mind:

1. Variety – Serve a variety of different meals, so kids don't tire of the same foods. If necessary, adjust the recipes according to taste preferences. Be sure to serve a meal that shows a variety of color on children's plates.
2. Nutritional Value – Serve meals that have high nutritional value and follow the Child and Adult Care Food Guidelines. You never want to serve meals that are high in fat, sodium, or sugar.
3. Combination Foods – Most recipes are combination foods, meaning they satisfy two or three meal component requirements. Try building a menu with lots of combination food recipes to ease food expenses and food preparation.

Week 1:	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	1% or Fat-free milk, Strawberries, & <i>Cheerios</i> ®	1% or Fat-Free milk, Applesauce, Whole grain toast	1% or Fat-free milk, Banana slices, <i>Total</i> ®	1% or Fat-free milk, Apple slices, Oatmeal	1% or Fat-free milk, Pineapple cubes, <i>Wheaties</i> ®
Lunch	1% or Fat-free milk, Watermelon cubes, Whole grain roll, Shepard's pie	1% or Fat-free milk, Pear slices, Whole grain bread stick, Carrot soup	1% or Fat-free milk, Nectarine slices, Lasagna	1% or Fat-free milk, Grape slices, Turkey sandwich w/ lettuce & tomato on whole grain bread	1% or Fat-free milk, Cantaloupe cubes, Spaghetti
Snack	Applesauce, Whole grain crackers, Water	Bell pepper sticks, Mini rice cakes, Water	Watermelon Cubes, Cheese slices, Water	Carrots, Cheese cubes, Water	Banana slices, Whole grain mini bagel, Water
Snack	Applesauce, Whole grain crackers, Water	Bell pepper sticks, Mini rice cakes, Water	Watermelon Cubes, Cheese slices, Water	Carrots, Cheese cubes, Water	Banana slices, Whole grain mini bagel, Water

Week 2:	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	1% or Fat-free milk, Kiwi slices, & <i>Kix</i> ®	1% or Fat-Free milk, Cantaloupe cubes, <i>Whole Grain Shredded Mini Wheat</i> ®	1% or Fat-free milk, Orange slices, Whole grain mini bagel	1% or Fat-free milk, Whole grain blueberry muffin	1% or Fat-free milk, Applesauce, Whole grain pancakes
Lunch	1% or Fat-free milk, Orange slices, Ham sandwich w/lettuce & tomato on whole grain bread	1% or Fat-free milk, Cucumber slices, Apple slices, Grilled chicken	1% or Fat-free milk, Kiwi slices, Whole grain mushroom, spinach, & sausage pizza	1% or Fat-free milk, Grape slices, Turkey pot pie	1% or Fat-free milk, Honey dew melon cubes, Corn, Whole Grain Roll, Salmon
Snack	Pineapple cubes, Graham crackers, Water	Strawberries, String cheese, Water	Peach slices, Yogurt, Water	Blueberries, Hard boiled egg cubes, Water	Corn chips, Cheese cubes, Water

Week 3:	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	1% or Fat-free milk, Blueberries, & <i>Wheat Chex</i> ®	1% or Fat-Free milk, Banana bread	1% or Fat-free milk, Orange slices, <i>Alpha Bits</i> ® (No sugar)	1% or Fat-free milk, Strawberries, Whole grain mini bagel	1% or Fat-free milk, Pear slices, Whole grain waffle
Lunch	1% or Fat-free milk, Zucchini, Squash, Brown rice, Baked cod	1% or Fat-free milk, Kale, Whole grain bread stick, Apple chicken	1% or Fat-free milk, Pear slices, Ravioli w/spinach and turkey	1% or Fat-free milk, Orange slices, Apple slices, Grilled cheese on whole grain bread	1% or Fat-free milk, Watermelon cubes, Pita pocket w/chicken & carrots
Snack	Orange slices, Rice cake, Water	Cucumber slices, String cheese, Water	Mango salsa, Pita wedges, Water	Cantaloupe cubes, Whole grain crackers, Water	Banana slices, Graham crackers, Water

Week 4:	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	1% or Fat-free milk, Pineapple cubes, Whole grain toast	1% or Fat-Free milk, Applesauce, <i>Total</i> ®	1% or Fat-free milk, Watermelon Cubes, Whole grain waffles	1% or Fat-free milk, Peach slices, Oatmeal	1% or Fat-free milk, Orange slices, <i>Kix</i> ®
Lunch	1% or Fat-free milk, Kale, Cornbread, Pineapple Ham	1% or Fat-free milk, Pear slices, Whole grain bread stick, Pea soup	1% or Fat-free milk, Cooked carrots, Brown rice, Apple Salmon	1% or Fat-free milk, Blueberries, Peas, Whole grain dinner roll, Baked chicken	1% or Fat-free milk, Cantaloupe cubes, Cheese tortellini with spinach
Snack	Blueberries, Cottage cheese, Water	Nectarine slices, Mini rice cakes, Water	Banana slices, Cheese slices, Water	Celery sticks, Animal crackers, Water	Strawberries, Yogurt, Water

APPLYING FOR THE CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

CACFP plays an important role in helping centers provide nutritious meals and snacks by reimbursing centers at free, reduced-price, or paid rates. The aid allows child centers to provide nutritious foods that contribute to the wellness, healthy growth, and development of young children. The application and participation in the program is free for qualifying programs:

- Eligible public or private nonprofit child care centers, outside-school-hours care centers, Head Start programs, and other institutions which are licensed or approved to provide day care services may participate in CACFP, independently or as sponsored centers.
- For profit centers must receive title XX funds for at least 25 percent of enrolled children or licensed capacity (whichever is less) or at least 25 percent of the children in care must be eligible for free and reduced price meals.

REIMBURSEMENT RATES

Rates are adjusted annually each July, as required by the statutes and regulations governing CACFP.

2014-2015 reimbursement rates:

Centers	Breakfast	Lunch and Supper	Snack
Paid	0.28	0.28	0.07
Reduced Price	1.32	2.58	0.41
Free	1.62	2.98	0.82

For current or past reimbursement rates go to:

<http://www.fns.usda.gov/cacfp/reimbursement-rates>

APPLYING FOR CACFP

To apply for the CACFP contact:

- Nevada Department of Education
 - 700 5th St. Carson City, NV 89701
 - Phone: (775) 687-7285
 - Fax: (775) 697-8636
- Nevada Department of Agriculture

- 405 S. 21st St. Sparks, NV 89431
- Phone: (775) 353-3738
- Fax: (775) 353-3749
- Email: jgmilin@agrvi.nv.gov (Jenelle Gimlin, Deputy Administrator)

RESOURCES

- **Child Care Nutrition and Physical Activity Policy** – The Southern Nevada Health District’s Office of Chronic Disease Prevention and Health Promotion has developed a model of nutrition and physical activity that child care centers can use to create their own policy.
 - (702) 759-1270
 - <http://www.gethealthyclarkcounty.org/color-me-healthy/childcare-nut-fit-policy.php>
- **Color Me Healthy** – Color Me Healthy is a program developed to teach preschoolers about physical activity and healthy eating with fun, interactive lessons. The Southern Nevada Health District’s Office of Chronic Disease Prevention and Health Promotion has three Color Me Healthy kits, two in English and one in Spanish, for local child care providers to use in their center free of charge. These kits can be checked out for one month at a time.
 - (702) 759-1270
 - Email: gethealthy@snhdmail.org
 - <http://www.gethealthyclarkcounty.org/color-me-healthy/index.php>

BREASTFEEDING

Breast milk is the best nutritional choice for babies. Most moms know this and want to breastfeed – Encourage them to do so. Moms with discouraging families or an unsupportive workplace may be less likely to breastfeed their baby. The more support a mom receives, the more likely she will choose to breastfeed and continues to breastfeed her baby for longer periods of time. ECE providers and teachers influence the lives and health of the families they serve and can be an important source of support for moms who want to breastfeed.

Some moms will choose not to breastfeed, or can’t. That’s okay, it is important that you continue to encourage and support all moms no matter what they decide.

QRIS BREASTFEEDING STANDARDS

[Quality Rating and Improvement System \(QRIS\)](#) outlines the components of “quality child care” by utilizing standardized, research based criteria. Through the QRIS, early childhood program are assessed and given a number of “stars” to indicate what level of quality has been reached. The QRIS Breastfeeding Standards are:

1. Health and Safety:
 - a. Center supports breastfeeding by offering a designated location
2. Family and Community Partners:
 - a. Breastfeeding materials are available for families at the center

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 contact 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.

PRIVATE BREASTFEEDING SPACE

One of the best ways facilities can support and encourage a mother to breastfeed is allowing her to breastfeed or pump in a private area onsite. Many breastfeeding moms experience stress and anxiety over breastfeeding, facilities who provide these moms with a private area to nurse or pump can lower a mother's anxiety and make your facility a champion for breastfeeding mothers.

Your facility's private area (other than a bathroom) should provide mothers with a quiet, comfortable, and sanitary place to breastfeed or pump. This area should also have an electrical outlet, chair, nursing pillow, stool, and nearby access to running water so mothers can wash their hands and/or get a drink of water.

BREASTFEEDING TEMPLATES

BREASTFEEDING POLICY TEMPLATE

Breastfeeding Policy

Breastfeeding has been shown as the best nutritional choice for infants and provides numerous health benefits to both infants and mothers. We understand that breastfeeding employees need ongoing support from child care providers to provide their milk for their babies.

Because of this [Insert facility name] subscribes to the following policy:

- 1. Breastfeeding mothers will be provided with a place to breastfeed or express their milk.**
Breastfeeding mothers and employees will be provided with a private, sanitary place to breastfeed their babies or express milk. This area will have an electrical outlet, comfortable chair, nursing pillow, stool, and nearby access to running water.
- 2. A refrigerator will be available for storage of expressed breastmilk.**
The center's refrigerator will be available to breastfeeding mothers and employees who would like to store their expressed breastmilk. If expressed milk is stored at the center's refrigerator, mothers are responsible for bringing their own containers and labeling container with name and date.
- 3. Sensitivity will be shown to breastfeeding mothers and their babies.**
This facility is committed to providing ongoing support to breastfeeding mothers, including providing an opportunity to breastfeed their baby at drop-off and pick-up, and holding off giving a bottle, if possible, when mom is expected to arrive. Formula and solid foods will not be provided unless requested. Babies will always be held closely during feedings and bottles will never be propped.
- 4. Staff shall be trained in handling human milk.**
All staff will be trained in the proper storage and handling of human milk, as well as ways to support breastfeeding moms. The center will follow the guidelines from the American Academy of Pediatrics and Centers for Disease Control in ensuring breastmilk is properly treated to avoid waste.
- 5. Breastfeeding employees will be provided with flexible breaks to accommodate breastfeeding or milk expression.**
Breastfeeding employees will be provided with a flexible schedule for breastfeeding or pumping. If an employee needs more time than the breaks provided, sick/annual leave may be used for more time, or the employee can come in early or leave late.
- 6. Breastfeeding promotion information will be displayed.**
The center will provide information on breastfeeding, including a list of breastfeeding resources should questions or problems arise. In addition, positive promotion of breastfeeding will be on display.

replace with
LOGO [Address, City, ST
ZIP Code]
[Telephone] | [Email
Address] | [Web
Address]

Our Early Childhood Education Center Supports Breastfeeding

In order to support families who are breastfeeding or who are considering breastfeeding, we strive to do the following:

- Make a commitment to the importance of breastfeeding, especially exclusive breastfeeding, and proudly share the commitment with our staff and clients
- Train all staff in supporting the best infant and young child feeding.
- Inform families about the importance of breastfeeding.
- Develop a breastfeeding-friendly feeding plan with each family.
- Train all staff to handle, store, and feed mother’s milk properly.
- Teach our clients to properly store and label their milk for child care.
- Provide a breastfeeding-friendly environment, welcoming mothers to nurse their babies at our center.
- Display posters and brochures that support breastfeeding and show best practices.
- Contact and coordinate with local skilled breastfeeding support and actively refer.
- Continually update our information and learning and breastfeeding support.

Breastfeeding Families Welcome Here!

replace with
LOGO [COMPANY
NAME]
[Address, City, ST
ZIP Code]
[Telephone] | [Email
Address] | [Web
Address]

INFANT CUES

Whenever possible, the same adult should feed the same infant for most of their feedings. When the same adult regularly cares the same infant, they are more likely to understand the infant's cue.

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

The meal plan guidelines below are CACFP food portion recommendations.

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

Lunch or Supper		
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} ; 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
<p>¹ Infant formula and dry infant cereal must be iron-fortified</p> <p>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.</p> <p>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.</p> <p>⁴ A serving of this component is required when the infant is developmentally ready to accept it.</p>		

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}
<p>¹ Infant formula and dry infant cereal must be iron-fortified</p> <p>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.</p> <p>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.</p> <p>⁴ A serving of this component is required when the infant is developmentally ready to accept it.</p> <p>⁵ Fruit juice must be 100% and full-strength.</p> <p>⁶ A serving of this component must be made from whole-grain or enriched meal or flour.</p>		

STORING, PREPARING, AND FEEDING BREASTMILK

STORING:

- Human milk 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.
- The bottle or container should immediately be stored in the refrigerator upon arrival.
- Frozen milk may be transported in a single use plastic bag and placed in the freezer.

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.

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.

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 the infant's full name and date of preparation.
- Prepared formula that has not been given to an infant may be stored in the refrigerator for a maximum of 24 hours.
- Prepared formula must be discarded within one hour after serving to an infant.

PREPARING:

- Always follow the manufacturer's directions unless instructed otherwise by the infant's parent or 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 an infant:
 - From an unsanitary bottle
 - Formula that is expired
 - Left over formula from a previous feeding

STORING, PREPARING, AND FEEDING INFANT FOODS

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 the facility's 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
 - Left over food from a previous feeding on a dish.

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.

QRIS PHYSICAL ACTIVITY STANDARDS

[Quality Rating and Improvement System \(QRIS\)](#) outlines the components of “quality child care” by utilizing standardized, research based criteria. Through the QRIS, early childhood program are assessed and given a number of “stars” to indicate what level of quality has been reached. The QRIS Physical Activity Standards are:

1. Policy and Procedures:
 - a. Center has a written physical activity statement in their parent handbook
2. Health and Safety:
 - a. Center has a documented improvement plan based on a nutrition and physical activity self-assessment checklist

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 – Children are more likely to engage and participate in activities when they are geared towards what children love. Finding activities that children are interested in will increase participation.
- Switch up activities often – Children are more likely to want to play their favorite games, but it's important to switch activities so kids don't tire of the same ones.
- Create a physically active classroom – Incorporate movement into academic lessons as much as possible.
- 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 students 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 the child congratulating their special achievement
 - Special certificates recognizing the child's achievement or a sticker with an affirming message (e.g., “Wonderful Work!”)
 - A phone call, email, or letter sent home to parents or guardians congratulating the child's achievement
 - Privileges
 - Let the child pick a special job (e.g., being the line leader, or helping pass out papers)
 - “No homework” pass,
 - Going to the library to pick out a book to be read to the class
 - Making deliveries around the school
 - 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 the 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 the baby and let the baby reach for them. Reaching helps the baby develop muscles to roll over, crawl, and scoot.
- Place the infant's favorite toy or object in front of them within reach.
- If possible place the baby in front of a mirror
- Try massaging the 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 infants, 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 infants 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.

TODDLERS & PRESCHOOLERS

Toddlers (12-24 months) should have 60 minutes or more (30 minutes or more for half-day programs) 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.

ACTIVITY IDEAS

Indoor activities:

- Dance! – Dancing is a fun and easy way to get children up and moving. Make sure to pick songs that children enjoy to encourage participation. Try dancing to these fun, educational 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 chairs, desks, etc where children have to crawl to get from one side of the room to the other. If possible have children help you design the course.
- Scavenger hunt – Hide various objects around the room and direct children to walk, hop, skip or crawl around the room while looking for 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 or group 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 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 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.
- Indoor yoga – Teach children to do simple yoga poses. This will help them to stretch out the muscles they are playing on every day.
 - Sunrise/Sunset - Have the children reach as high as they can for sunrise. Have them reach down to their toes for sunset.
 - Tree pose - Have the children bring one foot up to their knee and try to balance as long as they can. Have them bring their hands together next to their chest to help them balance.
 - Butterfly - Have the children sit on the floor and bring their feet together and pull them up close to their body. Have them

practice on trying to keep their knees as close to the floor as possible.

- Side stretch - Standing or sitting have the children reach on hand over their head and reach as far as they can.
 - Fish - Have the children lie on their back and bring their arms up close to their chest, while still on the floor and have them try to arch their back using their arms as support.
 - Gorilla - Have the children step their legs out a few steps and then bring their arms and head down to the ground looking under their legs.
 - Light rest - At the end of the yoga session have the children lie flat on their back and close their eyes. This gives them time to relax and find their center.
- Traditional Games – Playing traditional games like “Duck, Duck, Goose” and “Ring around the Rosie” can all be done indoors too.

Outdoor activities:

NAC 432A.390 states

If the wather permits, all children must have a daily period of outdoor play. A licensee of a facility shall provide opportunities for active play which builds muscles such as climbing, jumping, running, and playing with toys which have wheels.

NAC 432A.425 states

When weather permits, each toddler over 12 months of age must be taken outside for a portion of the day. If the weather is extremely hot, the toddler must be kept in a shaded area while outdoors.

- Nature walks– Nature walks are a great way to get children out of the classroom to explore the world around them. Plan nature walks around classroom curriculum, so children can make connections with what they see and what you’ve talked about in the classroom.
- Sports tournament – Coordinate a sports tournament. Let children vote and decide what they want to play to further encourage participation and allow them to make decisions.

- Races – Have children line up and run to the finish line. Try making things more fun by having them animal walk, twirl, run backwards, or run sideways to the sideline.

RESOURCES

- **Child Care Nutrition and Physical Activity Policy** – The Southern Nevada Health District’s Office of Chronic Disease Prevention and Health Promotion has developed a model of nutrition and physical activity that child care centers can use to create their own policy.
 - (702) 759-1270
 - <http://www.gethealthyclarkcounty.org/color-me-healthy/childcare-nut-fit-policy.php>
- **Color Me Healthy** – Color Me Healthy is a program developed to teach preschoolers about physical activity and healthy eating with fun, interactive lessons. The Southern Nevada Health District’s Office of Chronic Disease Prevention and Health Promotion has three Color Me Healthy kits, two in English and one in Spanish, for local child care providers to use in their center free of charge. These kits can be checked out for one month at a time.
 - (702) 759-1270
 - Email: gethealthy@snhdmail.org
 - <http://www.gethealthyclarkcounty.org/color-me-healthy/index.php>

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.

INFANTS AND TODDLERS

Infants should have no screen time and toddlers should be limited to no more than four times a year (preferably never).

PRESCHOOLERS

For preschoolers, screen time should be limited to no more than 30 minutes once a week, and for educational or physical activity use only.

Preschoolers often spend more time in front of a screen than recommended at home, so it's best to minimize screen time at your center.

TIPS FOR REDUCING SCREEN TIME

- Store television(s) outside of classrooms, except for when in use. If possible use an entirely separate room or area for TV/video viewing and other screen time use away from regular activities.
- Never use screen time as a reward/consequence – Look for other ways to reward good behavior like allowing children to pick a book for story time or letting them wear the “special crown” for the day. Instead of taking away a child’s screen time privileges for bad behavior, look for normal consequences that connect the problem behavior that just occurred. For example: “You threw the block so you may no longer play in the block area today.”
- Be a good role model – put your phone away for the entire day and try to incorporate screen time in educational and physical activity curriculum as little as possible.

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.

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