

***HANDOUT MASTERS FOR
NUTRITIOUS SNACKS
LESSON PLAN***

Child Obesity Facts

<i>Preschool (under age 6)</i>	<i>School-age (ages 6-11)</i>	<i>Adolescent (ages 12-19)</i>
In 1999-2000, 20.6% of 2-5 year olds were at or above the 85th percentile; 10.4% were at or above the 95th percentile. Among infants from birth through 23 months, 11.4% were overweight (at or above 95th percentile). ¹	In 1999-2000, 30.3% of 6-11 year olds were at or above the 85th percentile; 15.3% were at or above the 95th percentile. ⁷	In 1999-2000, 30.4% of 12-19 year olds were at or above the 85th percentile; 15.5% were at or above the 95th percentile. ¹²
In any given day, one third of toddlers 19-24 months are not consuming a vegetable and nearly 20% are not consuming any fruit. ²	On a typical day, approximately 26% of children ages 9-13 years old eat fast food. ⁸	In 2001, 80% of 9-12 graders consumed less than 5 servings of fruits and vegetables per day. ¹³
French fries are the most commonly consumed vegetable for toddlers aged 15-24 months. ³	Children ages 9-13 report consuming around 1 serving of soda per day. ⁹	Odds of an obese 15-17 year old becoming an obese adult is 17.5 times greater than a child who is not obese. ¹⁴
Odds of an obese 1 or 2 year old becoming an obese adult is 1.3 times greater than a child who is not obese. ⁴	61.5% of children ages 9-13 years do not participate in any organized physical activity during their nonschool hours. 22.6% do not engage in any free-time physical activity. ¹⁰	On a typical day, approximately 39% of children ages 14-19 years old eat fast food. ¹⁵
On a typical day, approximately 25% of children ages 4-8 years old eat fast food. ⁵	Children ages 9-14 that reported going on diets gained more weight than those who did not. ¹¹	Females aged 14-18 report consuming around 1 ½ servings of soda per day. Males aged 14-18 report consuming 2 ½ servings of soda per day. ¹⁶
Nearly a third of mothers did not realize that their children ages 2 to 11 were overweight. ⁶		43% of adolescents watch more than 2 hours of television each day. ¹⁷
		74% did not participate in sufficient moderate physical activity during the course of a week. ¹⁸

¹ Centers for Disease Control, National Center for Health Statistics, National Health and Nutrition Examination Survey. Ogden et. Al. JAMA. 002; 288: 1728-1732.

² Devaney, B. et al. Feeding Infants and Toddlers Study, 2002. Mathematica Policy Research, Inc. Devaney, B. et al. Feeding Infants and Toddlers Study, 2002. Mathematica Policy Research, Inc.

³ Devaney, B. et al. Feeding Infants and Toddlers Study, 2002. Mathematica Policy Research, Inc. Devaney, B. et al. Feeding Infants and Toddlers Study, 2002. Mathematica Policy Research, Inc.

⁴ Whitaker R.C., Wright, J.A., Pepe, M.S., Seidel, K.D., Dietz, W.H. Predicting obesity in young adulthood from childhood and parental obesity. New England Journal of Medicine. 1997; 337: 869-873.

⁵ Bownman, S.A., Gortmaker, S.L., Ebbeling, C.B., Pereira, M.A., and Ludwig, D.S. Effects of Fast-Food Consumption on Energy Intake and Diet Quality Among Children in a National Household Survey. Pediatrics 2004; 113:112-118.

⁶ Maynard, L.M. et al. Maternal Perceptions of Weight Status of Children. Pediatrics. 2003; 111: 1226-1231.

⁷ Centers for Disease Control, National Center for Health Statistics, National Health and Nutrition Examination Survey. Ogden et. Al. JAMA. 002; 288: 1728-1732.

⁸ Bownman, S.A., Gortmaker, S.L., Ebbeling, C.B., Pereira, M.A., and Ludwig, D.S. Effects of Fast-Food Consumption on Energy Intake and Diet Quality Among Children in a National Household Survey. *Pediatrics* 2004; 113:112-118.

⁹ Gleason P, Suitor C. Children's Diets in the Mid-1990s: Dietary Intake and Its Relationship with School Meal Participation. Alexandria, VA: US Department of Agriculture, Food and Nutrition Service, Office of Analysis, Nutrition and Evaluation; 2001. Available at: <http://www.fns.usda.gov/oane/menu/published/cnp/files/childiet.pdf>.

¹⁰ Centers for Disease Control (2003). Physical Activity Levels Among Children Aged 9-13 Years---United States, 2002. *Morbidity and Mortality Weekly Report*, 52(33); 785-788.

¹¹ Field, A.E., et al. Relation Between Dieting and Weight Change Among Preadolescents and Adolescents. *Pediatrics*. 2003; 112: 900-906.

¹² Centers for Disease Control, National Center for Health Statistics, National Health and Nutrition Examination Survey. Ogden et. Al. *JAMA*. 002; 288: 1728-1732.

¹³ Grunbaum, J.A., Kann, L., Kinchen, S.A., et al. Youth risk behavior surveillance--United States, 2001. *MMWR Morbidity and Mortality Weekly Report*. 2002; 51:1-64.

¹⁴ Whitaker R.C., Wright, J.A., Pepe, M.S., Seidel, K.D., Dietz, W.H. Predicting obesity in young adulthood from childhood and parental obesity. *New England Journal of Medicine*. 1997; 337: 869-873.

¹⁵ Bownman, S.A., Gortmaker, S.L., Ebbeling, C.B., Pereira, M.A., and Ludwig, D.S. Effects of Fast-Food Consumption on Energy Intake and Diet Quality Among Children in a National Household Survey. *Pediatrics* 2004; 113:112-118.

¹⁶ Gleason P, Suitor C. Children's Diets in the Mid-1990s: Dietary Intake and Its Relationship with School Meal Participation. Alexandria, VA: US Department of Agriculture, Food and Nutrition Service, Office of Analysis, Nutrition and Evaluation; 2001. Available at: <http://www.fns.usda.gov/oane/menu/published/cnp/files/childiet.pdf>.

¹⁷ Office of the Surgeon General. The surgeon general's call to action to prevent and decrease overweight and obesity: overweight in children and adolescents. Retrieved on March 4, 2004 from <http://www.surgeongeneral.gov/topics/obesity/default.htm>.

¹⁸ National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. 2001 Youth Risk Behavior Surveillance System, United States.

Chart and references from Indiana Youth Institute, downloaded 16Feb05 from
"[http://www.iyi.org/pdf/issue alert spr04 source.pdf](http://www.iyi.org/pdf/issue_alert_spr04_source.pdf)"

Supporting Breastfeeding Mothers

NUTRITION ACTION: Supporting Breastfeeding Mothers

Many women attempt to combine employment and breastfeeding, and some enjoy remarkable success. Others report frustration and disappointment due to a lack of support, pumping facilities, time, and energy.

Pediatricians, health professionals, and childcare providers can support mothers by encouraging them to give breastfeeding a try and by offering ongoing support as they transition back into the workplace. Mothers should be encouraged to think positively and not assume that breastfeeding will not be possible under their particular circumstances.

In order to combine breastfeeding and working, mothers need to have practical information, the support of their employers and coworkers, and the cooperation of their childcare provider.

To focus on the optimal initiation of breastfeeding, mothers can:

- Acquire as much information as possible before delivery. This might include attending a prenatal class that covers the breastfeeding basics and gathering resources about pumping, storing, and feeding expressed breast milk.
- Inquire whether their company offers any lactation support services for breastfeeding women. If no formal corporate lactation program or facility is in place, mothers can request informal support for their breastfeeding plan.
- Use their hospital stays to optimize early breastfeeding experiences and prepare for breastfeeding at home.
- Ask their pediatricians for more information about breast milk storage and guidelines for handling.

If employment and personal circumstances permit, mothers can explore the possibility of a gradual return to work by:

- Requesting as much time off as possible or asking for a longer range of time off. In general, the longer the amount of time off, the better.
- Not being afraid to ask for more time than they think will be granted or exploring part-time or job-sharing possibilities.
- Mothers should begin collecting and freezing excess milk before returning to work by:
- Becoming familiar with pumping options as early as possible and beginning to express milk while at home on maternity leave.
- Remembering that babies need to nurse until they are content and, if all is going well, will typically gain four to seven ounces per week. Mothers should check with their baby's pediatrician or primary care clinician to determine what weight gain is appropriate for their baby, given the baby's age, development, and size.
- Pumping and freezing extra milk to take advantage of and maintain a milk surplus; this also will help condition the milk ejection reflex to be triggered by pumping or hand expression. Guidelines for refrigeration and freezing of breast milk can be found in the AAP brochure, *A Woman's Guide to Breastfeeding*.
- Allowing at least two weeks to prepare for the time when they will be away from their baby. They should express milk at least once each day, and save breast milk for the childcare provider to give to use. The mother should stockpile as much milk as she can—at least enough milk to feed her baby the first day she returns to work and to allow for the unexpected during the first few weeks (e.g., spills, missed pumping time at work, or a sudden increase in baby's consumption).
- The support and cooperation of the childcare provider are important to the success of the mother who wants to breastfeed.

As a childcare provider, you may expect concerned mothers to:

- Inquire about how supportive the provider is of breastfeeding for children.
- Ask whether the caregivers have breastfed their own children or cared for breastfed babies, and determine if the childcare provider is willing to cooperate in the mother's attempts to continue breastfeeding.
- Discuss with the childcare provider how she feels about handling breast milk, coping with a baby who may not readily take a bottle, and waiting to give a bottle if the mother is due back shortly and can nurse upon arrival.

Child Care Meals Checklist



**SNOHOMISH
HEALTH
DISTRICT**

- ___ Children and staff wash hands before mealtime.
- ___ Children help set the table.
- ___ Children sit at child sized tables and chairs.
- ___ Children have enough space at the table to eat comfortably.
- ___ Children do not wait too long for foods to reach the table once they are seated.
- ___ Children do not wait too long to eat once food is served (< 5 minutes).
- ___ All items for the meal get to the table about the same time.
- ___ Child-sized eating utensils and napkins are provided at each meal.
- ___ Serving utensils are easy for children to handle.
- ___ Adults avoid wearing plastic gloves when helping children serve foods.
- ___ Extra eating and serving utensils are handy to replace those licked or dropped.
- ___ Children serve food onto their plates and liquids into their cups themselves.
- ___ Children pass foods around the table to others by themselves or with assistance.
- ___ Children decide how much and what foods to serve themselves.
- ___ Adequate food is available for children to eat until satisfied.
- ___ Foods are offered that can be spread, cut, peeled or speared.
- ___ Second helpings and extra milk is available and within reach of the table.
- ___ Clean-up supplies are ready and accessible for spills.
- ___ Children help clean up their own spills.
- ___ Adults sit with children throughout the entire mealtime.
- ___ Adults limit adult-to-adult conversations during mealtime.
- ___ Conversations at the table are relaxed and child centered.
- ___ Adults make positive, objective remarks about the foods.
- ___ Children are encouraged, but not forced or coerced, to try any of the foods.
- ___ Children sort and scrape dirty utensils into bins when finished.
- ___ Children clean-up their spot at the table when finished.
- ___ A quiet activity is planned for children who finish eating early.

Adapted from: Feeding Young Children in Group Settings, Dept. of Agriculture, University of Idaho, 2000.

Kids & Food: Who's In Control?

Finish that milk! Two more bites of peas and THEN you will get dessert. You will remain at the table until every bite is finished! No second helpings--you've had enough! If you take it, you eat it. Sound familiar? Well-meaning parents have long recited these refrains at the dinner table. Their motives are noble--most want their children to develop good eating habits and minimize food waste.

But unfortunately, the results are counterproductive, even disastrous. Parents are trying TOO hard when they take over the role of controlling their child's food intake. Children are born with an amazing ability to match food intake to their growing needs. Without even the slightest inkling of what an ounce is, the newborn knows to drink the right amount of milk. As he grows older, following the natural cues of hunger and satiety (i.e. when to eat and when to stop) helps him to attain optimal growth and development.

Leann Birch, a leading expert in the field of child feeding, and researcher Susan Johnson have studied this issue with preschool children and their parents. They found that children who are given autonomy at meals are quite successful in regulating their caloric intake. They discovered in one study, for instance, that children who drank high calorie fruit-flavored drinks before lunch ate fewer calories at lunch. When the experiment was repeated with a sugar-free fruit-flavored drink a few days later, the children took in more calories at lunch. In other words, the children could compensate in a caloric sense, adjusting the amount they ate to match their bodies' needs.

Interestingly though, the children of parents who were the most controlling (as measured by a parent questionnaire), were the least able to adjust and compensate for the extra calories in the fruit drink. These children also had higher levels of body fat than children of non-controlling parents. Thus, when the food behavior of a child was dictated by a parent, the child essentially lost the internal ability to regulate eating.

The researchers concluded that "the optimal environment for children's development of self-control of energy intake is that in which parents provide healthy food choices but allow children to assume control of how much they consume."

So how does this research apply to real-life parenting? Can parents maintain mealtime rules and order, yet still facilitate healthy eating habits in their children? Below are some common sense guidelines for feeding kids:

- Parents should set the menu and eating schedule. It is the parent's job to offer a variety of healthful foods, oversee the planning and assembly of meals, and set the schedule for meals and snacks.
- Parents can also contribute to the development of healthy eating habits by modeling positive food habits and appropriate behavior around food.
- Respect and trust your child's judgment of how much to eat. Children naturally have wide swings in their appetite, eating large quantities one day and virtually

nothing the next. Accept it as final when your child states she is full.

- To prevent food waste, initially offer small servings and encourage children to ask for more. When children are old enough to serve themselves, provide a gentle reminder such as "take what you think you will eat." Never force kids to eat everything they take. The "clean plate club" was disbanded long ago.

- Encouragement is not the same thing as control. It is OK to point out a new food or recipe at the table, or ask your youngster to "try a bite", but don't force the issue.

- Children are naturally hesitant to try new things. Realize that it may take multiple exposures to a new food before it is well accepted.

- Avoid bribing, nagging, or rewarding children for eating certain foods or quantities of foods.

From the Nutrition for Kids Newsletter, Available at: www.nutritionforkids.com/carrots, Accessed 10/15/02.

Guidelines for Feeding Children in Group Settings

Establish a Mealtime Routine

- Plan a quiet activity before lunch.
- Let children help set the table as often as possible
- Everyone washes hands.
- Allow enough space for children and adults to sit comfortably.
- Use child sized serving utensils.
- Teach children to always use utensils when serving.
- Teach children to hold bowls from the outside, fingers away from the food.
- Practice “Take the one you touch” for finger foods.

Adults Eat with Children

- Adults supervise serving and maintain safety.
- Adults assure children more food is available.
- Adults allow children to take what foods they want and how much.
- Encourage children to “take what you will eat”.
- Adults help foster table manners.
- Adults talk with children (discuss new foods, explain characteristics of foods, ask questions, discuss events of the day).
- Trust that children will eat as much as they need.
- “What you say matters!”

Get Started

- Take baby steps to begin the process of serving foods family style.
- Practice pouring water into cups and serving pretend foods at other times during the day.
- Show each child how to serve a food. Guide them with your hand the first time and then with words.
- Start passing one food at a time to begin with, then slowly progress to the others.
- Pass around new foods with well liked foods.
- Be patient. Allow extra time for meals during the learning process. Arrange quiet activities in a designated area for children who finish eating first.
- Limit waiting periods at the table by being prepared for spills, extra napkins, etc.
- Expect the worst to happen...it will! Try again tomorrow! A child’s development is worth the effort!

A child’s development and meal time needs are not

separate!

HELPFUL HINTS FOR MENU PLANNING

Meals should be spaced at least every 2 hours and not more than 3.5 hours apart.

Serve Vitamin C food daily and a Vitamin A food at least 3 times a week.

Think Variety: color, texture, temperature, fresh, frozen, canned, seasonal

Each meal and snack must include a beverage to drink, i.e. milk, 100% fruit/veg juice or water.

Minimize juice to one ½ cup serving per day.

Washington State guidelines recommend a Vitamin C rich food every day and 3 Vitamin A rich foods 3 times a week. Use your Vitamin A and C lists for ideas. The guideline for Vitamin A is meant to provide the phytochemical beta-carotene which is the plant source of Vitamin A.

To prepare adequate amounts of the menu items multiply serving size by number of children to be fed. Use the following weight and measure equivalencies for your convenience:

<u>MEASURES</u>		<u>WEIGHTS</u>
3 teaspoons = 1 tablespoon = 1/2 fluid oz	2 cups = 1 pint	1 oz = 28 gms
2 tablespoons = 1/8 cup = 1 fluid oz	2 pints = 1 quart	16 oz = 1 pound
4 tablespoons = 1/4 cup = 2 fluid oz	4 quarts = 1 gallon	1 pound = 454 gms
8 tablespoons = 1/2 cup = 4 fluid oz		
12 tablespoons = 3/4 cup = 6 fluid oz		
14 tablespoons = 7/8 cup = 7 fluid oz		
16 tablespoons = 1 cup = 8 fluid oz		

Snohomish County Health District's Partners in Child Care Program

Sample Child Care Nutrition Policy

Having a nutrition policy for your child care models for parents and staff that nutrition is an important part of a healthy child care setting. A written nutrition policy (more than just the USDA food program plans) can help you make decisions every day about your site and can serve as a guide when you plan for the future.

In an effort to provide the best possible nutrition and physical activity environment for the children in our site we have adopted the following policies. The staff appreciate support from the parents in promoting the health of our children and we welcome any suggestions or concerns you may have about our promotion of healthy nutrition choices. We are happy to share some of our strategies with you if you would like. We will invite the parents/guardians of our children to participate in staff trainings that may occur on this topic and will share written information that we get from our Child Care Health Consultant and others. Please feel free to review our menus and provide comments to the staff to assist us in making mealtimes enjoyable times for the children.

Fruits and Vegetables

A fruit or vegetable is served (not including juice) at least three times/day for full time children, and is rarely prepared with added sugar or fat.

Fried Foods and High Fat Meats

We limit the amount of fried foods served and strive to serve lower fat versions of some of these foods that children may enjoy, such as french fries and chicken nuggets. We limit the amounts of high fat meats such as sausage or bologna or hot dogs.

Beverages

Our program encourages water first to satisfy thirst, and serves primarily skim milk, 1% milk, and 100% juice; we do not serve infants and toddlers under 2 years of age skim, 1%, or 2% milk except as ordered by a health care provider. We encourage breast feeding moms in our program and feed infants only formulas or safely stored breast milk provided by moms. Soft drinks and sodas are not served to children and any vending machines are kept out of children's sight.

Meals and Snacks at Child Care

Staff make an effort to let the child "self regulate " the amount that the child consumes at any meal or snack. Family style meals are the norm and children are encouraged to serve themselves. Staff and children eat together during family style meals so staff can serve as role models. Staff eat the same food as the children and make an effort to demonstrate healthy food habits.

Infants are always held when being given a bottle. Mealtime is seen as a social time for all children and staff and interactions between staff and children, including infants, is encouraged.

Meals and snacks are planned so that children do not have to rush. Food is neither used to reward good behavior nor is it restricted for any reason, including inappropriate behaviors.

Foods Offered Outside of Regular Meals and Snacks

We request that food brought in for celebrations or holidays be generally healthy. We encourage fruit and bread instead of cake, candy, and other sweets. This child care avoids selling unhealthy foods as a part of fund-raising efforts.

Menus and Variety

The staff plans meals using a three or more week cycle menu to assure a variety over time and includes foods from different cultures, reflecting our diverse population.

Nutrition Education for Kids, Parents, and Staff

We provide opportunities for training in healthy nutrition for all staff. Parents are invited to participate in any trainings offered at the child care site. Caregivers offer nutrition education to kids at a developmentally appropriate level on a regular basis and send home nutrition education information to parents.

The policies shared in this section are adapted with permission and published here with permission from the North Carolina NAP – SSAC project. NC Department of Health and Human Services, Division of Public Health, NC Healthy Weight Initiative, Department of Nutrition UNC Schools of Public Health and Medicine, UNC Center for Health Promotion and Disease Prevention, 2004

Sample Breastfeeding Policy

Having a supportive breastfeeding policy for your child care models for parents and staff that your program believes that infants and toddlers deserve the healthiest start possible. This includes support for the breastfeeding mother as she returns to work. Breastfeeding is an important part of a healthy child care setting. A written breastfeeding policy demonstrates the "breastfeeding friendliness" of your program and provides clear guidance to staff as they care for breastfeeding infants and/or toddlers.

The breastfeeding policy should include how the breast milk will be stored and labeled and how it will be handled at the child care site, including how it will be warmed for consumption by the infant /toddler when the mother is not available.

The policy should outline why breastfeeding is good for babies. It should encourage the mother to continue breastfeeding as she returns to work.

Storing of Breastmilk

This child care center follows Washington State Child Care WACs for proper storage of breastmilk. Breastmilk will be stored up to 24 hours in the refrigerator in a bottle with the child's name and the date prepared. Frozen breastmilk will be stored in our freezer compartment for up to two weeks and then returned to the parent. We will ask that each container of frozen breastmilk be labeled and dated, so that we may keep the milk as safe as possible for the baby.

Frozen breastmilk will be thawed by running the container under cool water. It will not be set out at room temperature to thaw. It will be warmed by placing the bottle in a pan of warm water or by holding it under warm running water for a few minutes. It will never be heated in a microwave or on the stove as heating in these ways destroys many of the natural substances in the breastmilk that are essential for the baby's healthy growth and development.

A Place to Nurse your baby

This child care values your privacy when nursing your baby and will provide a private, quiet, and comfortable space for you to nurse. This space will include a rocking chair, lamp, and table to put beverages on for your comfort.

Parents Wishes

We will respect your wishes, as much as possible, in relation to the care and feeding of your baby. Please let the staff know, in writing if possible:

- If you want your baby to have anything other than breastmilk (such as water or formula).
- Actions that will calm your baby when fussy.
- When your baby will be starting infant foods and what foods you want fed to your baby.
- If you would like us to try to time the baby's feedings to your schedule so that you may come in to breastfeed as often as is possible, we will try to time the

last feeding prior to your coming in about 1 ½ to 2 hours before you plan to arrive.

We will communicate with you about how your baby is doing on a daily basis and include how much the baby ate and when. We will also include the number of wet diapers and the number of bowel movements and if there were any concerns about them.

Washington State Meal Pattern and Portion Sizes

TYPE OF MEALS	PORTION SIZE		
	Age 1-3	Age 3-6	Age 6-12
BREAKFAST			
Fruit or Juice/Vegetable	1/4 cup	1/4 cup	1/2 cup
Grain: Bread Cereal, hot or cold pancakes, waffles, tortillas	1/2 slice 1/4 cup 1, 3 inch dia	1/2 slice 1/3 cup 1, 3 inch dia	1 slice 3/4 cup 2, 3 inch dia
Dairy: Milk Yogurt Cheese slice	1/2 cup 1/2 cup 3/4 oz	1/2 cup 1/2 cup 3/4 oz	3/4 cup 3/4 cup 1 oz
LUNCH/SUPPER/DINNER			
Meat: Beef, Poultry, Fish, Pork, Meat Alternates: Beans, cooked (pinto, white, red etc) Nuts, Seeds Tofu Egg Cheese, cottage cheese	1 oz 1/4 cup 1/2 cup 2 oz 1 1 oz, 1/4 c.	1 1/2 oz 3/8 cup 3/4 oz 3 oz 1 1 1/2 oz, 1/2 c.	2 oz 1/2 cup 1 oz 4 oz 2 2 oz, 3/4 c.
Vegetable and/or Fruit Fruit (2 or more) Vegetable (2 or more) Vegetable and fruit (one of each)	1/4 cup 1/4 cup 1/8 cup of each	1/2 cup 1/2 cup 1/4 cup of each`	3/4 cup 3/4 cup 1/3 cup
Grain: Bread Cooked pasta/rice/noodles Corn Tortilla (6 " diameter) Flour Tortilla or pita bread	1/2 slice 1/4 cup 1/2 tortilla 1/3 piece	1/2 slice 1/4 cup 1/2 tortilla 1/3 piece	1 slice 1/2 cup 1 tortilla 2/3 piece
Dairy Products: Milk Yogurt Cheese	1/2 cup 1/2 cup 3/4 oz	1/2 cup 1/2 cup 3/4 oz	3/4 cup 3/4 cup 1 oz
SNACKS (Choose 2 of the 4 food groups)			
Meat: Beef, Poultry, Fish, Pork, Meat Alternates: Peanut butter Beans, cooked (pinto, white, red etc) Nuts, Seeds Tofu Egg Cheese, cottage cheese	1/2 oz 1 Tbsp 1/8 cup or 2 T. 1/4 oz 1 oz 1/2 1/2 oz, 1/8 cup	1/2 oz 1 Tbsp 1/8 cup or 2 T. 1/4 oz 1.5 oz 1/2 1/2 oz, 1/8 cup	1 oz 2 Tbsp 1/4 cup 1/2 oz 2 oz 1 1 oz, 1/4 cup
Vegetable and/or Fruit	1/2 cup total	1/2 cup total	3/4 cup total
Grain: Bread Crackers Tortillas/Pita Bread	1/2 slice 2 large, 4 small 1/2 -1/3	1/2 slice 2 large, 4 small 1/2 -1/3	1 slice 4 large, 8 small 1 - 2/3
Dairy Products: Milk Yogurt Cheese slice	1/2 cup 1/2 cup 3/4 oz	1/2 cup 1/2 cup 3/4 oz	3/4 cup 3/4 cup 1 oz

The portion sizes are minimum amounts of food to prepare for each child.

Avoid serving juice and milk at the same time.

Consider serving a meat/meat alternate or a dairy food at the PM snack.

Revised by Adrienne Dorf, MPH, RD, Public Health, Seattle, King Co, Child Care Health Program and Katy Levenhagen, MS, RD, Partners in Child Care, Snohomish Health District, 12/2003

Fruit and Vegetable Snacks and Recipes Children Can Help Prepare

(thanks to Snohomish Health District, Partners in Child Care Program)

Flour Tortilla Roll-up (Wagon Wheels)

- Spread whipped cream cheese on a whole wheat flour tortilla.
- Add filling: grated cheese, lettuce or basil leaves, sliced tomato and thin slices of red pepper.
- Roll the tortilla up and slice into 1” pieces. Arrange in a circle on a plate.
- Refrigerate until ready to serve.

Vegetable Chips and Dip

- Green and yellow zucchini, cucumber, jicama chips.
- Slice vegetables at a diagonal about 1/4” thick so they can be used as crackers.
- Arrange on a plate.
- Serve with ranch or buttermilk dressing for dipping (instead of bottled dressing, buy the envelopes and add low-fat buttermilk and yogurt instead of mayonnaise).
- Refrigerate until ready to serve.

Ants on a Log

- Cut cleaned celery stalks into thirds.
- Spread peanut butter or cream cheese onto each piece.
- Add raisins or dried cranberries to make the ants.
- Arrange on a plate.

Trees in a Blanket

- From refrigerator ready-made crescent rolls, roll each section out onto a cutting board.
- Wash broccoli flowerets and cut into small pieces.
- Grate cheddar cheese and mix with the broccoli pieces.
- Add a tablespoon of cheese/broccoli mix to each rolled out crescent roll.
- Roll them up and place on a cookie sheet, and follow directions for baking.
- Refrigerate until ready to serve. Reheat until warm.

Fruit Kabobs

- Prepare a yogurt dressing by stirring cinnamon and nutmeg into vanilla low fat yogurt.
- Wash and cut up an assortment of fruit, i.e. Melon, watermelon (make melon balls!), mangoes, etc.
- Arrange on a large platter with grapes, strawberries, and pineapple chunks, or other fruit in season.
- Supply a package of medium thick straws.
- Give each child a straw and a paper plate. Encourage each child to select the fruit they want to skewer onto the straws using a tong or fork to pick up the fruit.
- Serve with the yogurt dressing.

Pita Pockets

- Slice pita bread into ¼ sections (use whole wheat pita, if possible).
- Put out a bowl of hummus and a plate of sliced cucumbers, sliced tomatoes, cherry tomatoes, or other vegetables.
- Let the children spread the hummus inside a piece of pita bread and place the cucumber and tomato slices on top.
- Eat the pita like a sandwich.
- OR, use the hummus as a dip for the vegetables and also use the pita to dip into the hummus. (Hummus is a Middle Eastern spread made with sesame paste or seeds and garbanzo beans. It is simple to make but also readily available in most grocery stores.)

Some additional simple snacks that include fruits and vegetables:

1 bagel and ¼ cup pineapple or nectarines, plus jam and water.

¼ cup refried bean dip and pita bread wedges, plus water or milk.

18 Teddy Grahams and ¼ cup peaches.

¾ cup apple slices and 1 oz. Egg salad, plus beverage.

4 graham cracker squares and ¾ cup banana or plums, plus water.

¾ cup cold (steamed) broccoli and jicama sticks and reduced fat wheat thins.

¾ plum or kiwi and 8 saltine squares, plus water or milk.

¼ cup applesauce (unsweetened) and ¾ low fat granola, plus milk or water.

1 square corn bread and ¾ cup mandarin oranges or tangerines.

Cooking with Preschool Age Children

Here are some guidelines for cooking with preschoolers that may be useful when encouraging healthy snack choices. These are from the Cornell Cooperative Extensive Services of Nassau County New York.

Appropriate Cooking Tasks, by Age

Tasks for two to three year olds:

- Stir with a spoon.
- Shake ingredients in a plastic container with a tight lid/cover.
- Use a butter knife to spread cream cheese, jelly or peanut butter (be aware of food allergies, especially with peanut butter).
- Mash boiled fruits and vegetables after they have cooled.
- Combine ingredients in a large bowl and mix.
- Practice using whisks, spatulas, strainers, colanders, wooden spoons, cookie cutters, and rolling pins.

Three to four year olds can safely do the above PLUS:

- Use plastic measuring spoons and cups marked to the proper amounts.
- Cut soft fruits and boiled vegetables with a plastic knife.
- Combine dry and wet ingredients using forks, whisks, spoons or rotary beaters (not electric).
- Pour liquids into container with large openings, such as colanders, blenders, or wide-mouth bowls.
- Use non-electric food grinders, choppers and juicers.

Four to five year olds can safely do all of the above, PLUS:

- Use a heat source placed on a low surface, with adult supervision.
- Use a hand mixer (with adult supervision).
- Cut flat ingredients with a plastic serrated knife (under adult supervision).
- Be taught to use vegetable peelers, cheese graters, or nut crackers.

Choking Hazards

Preschool age children do not have the chewing skills necessary to break down many foods. To reduce the possibility of a child choking:

- Sit with the children while they are eating.
- Insist that children remain seated while eating.
- Prepare certain foods with care:
 - Chop nuts and seeds finely (also be alert to food allergies at all times).
 - Slice grapes lengthwise
 - Shred hard, raw vegetables
 - Remove inner skin from oranges
 - Remove pits from all fruits
 - Spread peanut and other butters thinly.
- Never give popcorn or hard candies to children under four.

Vegetable Stretches

These are some fun activities to do and they may even make vegetables sound like fun!! Thanks to Snohomish County [E.C.E.A.P](#) and Tina Nelson, RD, Nutritionist

- The Tomato Stretch
Stand slowly and bend forward to touch your toes.
- Spine – Apple Stretch
Stand and bend forward with both arms swinging between your legs.
- Bean Sproutin'
Stretch your body into a very wide shape, make a circle with your arms in front of you to resemble a large ball.
- Peachy Reach Stretch
One hand stretches upward, followed by the opposite hand.
- Popcorn poppin'
Hold hands with a partner and jump upwards to pop the corn.
- The Sweet Potato Shuffle
Slide three steps to your right, clap, and then three steps to the left(clap).
- The Spinning Spinach
Use your elbows to start the spinning motion (put out your elbows and move them in circles).
- Green bean stretch
Stretch your arms and body as high as it can go.
- Fruit Basket Game
Challenge one half of the kids to make a “fruit basket” by forming a large circle. Ask the other kids to pretend that they are a fruit of one kind or another and make themselves into round apples, tomatoes, oranges, plums, etc. and also long stretchy bananas, etc.

Because we care about the health and well being of the children in our care we strive to provide children with at least three servings of fruit and/or vegetables each day

Because we care about the health and well being of the children in our care and want them to get the best start in life, we provide a supportive environment for breastfeeding families