

Infant and Toddler Nutrition

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Supporting the Breastfeeding Mother



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Presentation Developed by the Texas Department of State Health Services

Presentation Objectives:

- Supporting Breastfeeding Mothers
- Infant & Child Nutrition
- Food Safety
- Nutrition for Child Care Providers

American Academy of Pediatrics Breastfeeding Policy Statement

- **Breastfeeding is best**
- **Breastfeed exclusively for the first 6 months**
- **Breastfeed at least through the first 12 months of age and thereafter as long as “mutually desired” by mother and infant**
- **World Health Organization (WHO) recommends at least 2 years.*

AAP Recommendations

- **Provide breast milk even when mom and child are separated**
- **Encourage family & community support**
- **Media should portray breastfeeding as the norm**
- **Employers provide space and time to accommodate milk expression**

Healthy People 2020 Goals

- **82% breastfeeding initiation**
- **61% continuing to 6 months**
- **34% at 1 year**
- **46% Exclusively through 3 months**
- **26% Exclusively through 6 months**



Women in the Workforce

- **Mothers are the fastest-growing segment of the workforce.**
- **70% of employed mothers with children younger than 3 years work full time.**
- **One-third of these mothers return to work within 3 months.**
- **Two-thirds return within 6 months.**
- **Lower rates of breastfeeding initiation and shorter duration.**

Child Care Settings: How to Support Breastfeeding

- **Design child care facility with equipment and furnishings to support breastfeeding**
- **Welcoming atmosphere that encourages mothers to initiate and continue breastfeeding**
- **Provide accurate basic breastfeeding information**
- **Refer for skilled breastfeeding support**
- **Designate a space for the safe expression and storage of human milk**

Child Care Settings: How to Support Breastfeeding

- **Feed infant/toddler human milk in alternative devices (e.g., cups or spoons) when parents request it**
- **Provide space for mothers to breastfeed their children on-site**
- **Environment that fosters the formation of parent support groups and the ability to share information**
- **Empower families to advocate at their workplaces for policies that support breastfeeding**

Healthier Babies in the Child Care Setting

Breastfeeding reduces babies' risk of:

- Infections and stomach problems
- Allergic reactions and asthma
- SIDS
- Obesity and diabetes
- Childhood leukemia
- Loss of I.Q. potential – especially preemies

Breastfeeding benefits the babies' by:

- Providing baby with the most easily digested food
- Promoting babies' healthy growth and development
- Transmitting mother's immunities to baby

Breastfeeding Benefits Child Care Centers

- **Infants are more resistant to illness**
- **Diapers have less odor**
- **Baby is happier**
- **Breastfed baby spit up less**

Increased Risks for Babies of Employed Mothers

- **Infants in child care centers are at 69% increased risk of hospitalization for respiratory infection (*Kamper 2006*)**
- **Being in a child care setting doubles odds of needing antibiotics by age 1.5-5 years (*Dubois 2005*)**
- **Exclusive breastfeeding at least 4 months had protective effect for 2.5 years**
- **Among infants of employed mothers who were never sick during the first year, 86% were breastfed (*Cohen 1994*)**

Ten Steps to Breastfeeding-Friendly Child Care Centers

- **Step 1: Designate an individual or group who is responsible for development and implementation of the 10 steps.**
- **Step 2: Establish a supportive breastfeeding policy and require all staff be aware of and follow the policy.**
- **Step 3: Establish a supportive worksite policy for staff members who are breastfeeding.**
- **Step 4: Train all staff so that they are able to carry out breastfeeding promotion and support activities.**
- **Step 5: Create a culturally appropriate breastfeeding friendly environment.**

Ten Steps to Breastfeeding-Friendly Child Care Centers

- **Step 6: Inform expectant and new families and visitors about your center's breastfeeding friendly policies.**
- **Step 7: Stimulate participatory learning experiences with the children, related to breastfeeding.**
- **Step 8: Provide a comfortable place for mothers to breastfeed or pump their milk in privacy, if desired. Educate families and staff that a mother may breastfeed her child wherever they have a legal right to be.**
- **Step 9: Establish and maintain connections with local breastfeeding coalition or community breastfeeding resources.**
- **Step 10: Maintain an updated resource file of community breastfeeding services and resources kept in an accessible area for families.**

Example: Child Care Licensing Rules, Texas Effective December 2010

Minimum Requirement:

- **Comfortable place with a seat that enables a mother to breastfeed her child**
- **Policies that inform parents they have the right to breastfeed or provide breastmilk for their child while in care**

Recommended:

- **A pillow to support her infant in her lap**
- **A step stool to prop her feet and prevent back strain**
- **Water or other liquid to help her stay hydrated**

Human Milk

- **You do not need to store human milk in a separate refrigerator.**
- **You do not need to wear gloves to give a bottle of human milk to a baby.**
- **You do not contaminate human milk by touch.**

Breast Milk Classification

Breast milk is classified as “food” and does not require universal precautions for handling body fluids. (CDC/OSHA)

Storage Guidelines for Human Milk

	Best used within	Still safe to use within
Insulated cooler bag	24 hours	24 hours
Refrigerator	3 days	5 days
Freezer section inside a refrigerator	2 weeks	2 weeks
Freezer with a separate door or deep freezer	6 months	12 months

Storage Amounts of Breastmilk per Age Group

- **2 to 4 ounces for 6 week old**
- **4 to 6 ounces for 3 month old**
- **5 to 8 ounces for 6 month old**

Handling Human Milk

- **Clearly label each infant's bottle**
- **Use the oldest milk first**
- **Feed infants expressed human milk on demand (when infant shows need to be fed)**
- **Staff should use proper hygiene**

Refrigerators and Freezers

At home

- Normal food storage temperatures
- Avoid door storage
- Freezer that keeps ice cream solid

In hospital and child care settings

- Refrigerators: 35° to 40° F (1° to 4° C)
- Freezers: -4° ± 4° F (-20° ± 2° C)



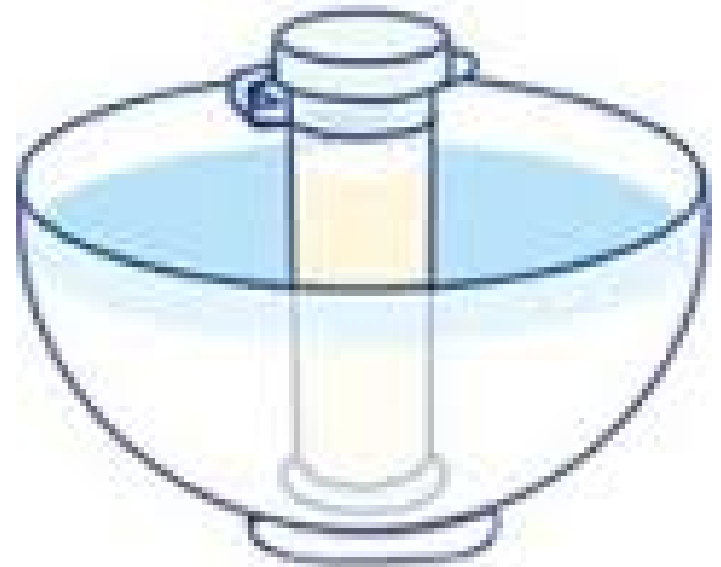
Thawing milk

- **Place in warm water**
 - **Babies can drink cold breast milk**
- **Place in refrigerator**
- **Do not boil**
 - **Avoid heating above body temperature**
- **Do not microwave**
 - **Hot spots can develop, which could burn the baby**
- **After human milk is thawed discard unused portion after 24 hours**



Refrigerated Human Milk

- **Place in bowl of warm water**
- **Shake gently to mix**



Facts About Storing Human Milk

- **Cream rises and forms a separate layer.**
- **Foods may color the milk.**
- **Milk can pick up certain scents**
 - onions, garlic, mint.
- **Milk may smell “soapy” but is still good.**



Odor and Taste

- **Typically human milk has a slightly sweet odor and taste.**
- **May be altered by:**
 - **Mother's diet (may also change color)**
 - **Storage containers**
 - **Storage conditions**
 - **Milk can get freezer burn**

Feeding Suggestions for Child Care Worker

- **Use paced (baby-led) bottle feeding technique.**
- **Burp well.**
- **Avoid pacifiers for babies under 2 - 3 weeks old.**
- **Avoid solids before six months.**
- **Avoid feeding baby during the last 2 hrs before mom is due to pick up baby—or if you do, just give baby a “snack” (small portion)**

Paced Bottle-feeding

- **Gives babies control over the amount of milk consumed, just like breastfeeding does**
- **Supports the breastfeeding relationship, particularly for mothers who are separated from their babies on a regular basis**

Paced Bottle-Feeding Steps

- **Feed when the baby shows hunger cues.**
- **Hold the baby in an upright position to feed, supporting the head and neck with the hand.**
- **Use a slow-flow nipple and keep the nipple full of milk. Gently brush the nipple on the baby's lips and allow the baby to draw the nipple in.**

Paced Bottle-Feeding Steps

- **Pause frequently to imitate natural pauses at the breast. Take breaks to burp the baby.**
- **Switch holds from one side to the other side midway through a feed to imitate breastfeeding.**
- **Stop when baby releases the nipple or shows other fullness cues. Don't encourage baby to finish the bottle.**

Incorrect Bottle Feeding

- **If baby is laid back too much:**
- **Baby cannot control the flow.**
- **Prevents the baby from learning to self-regulate his food.**



Correct Bottle Feeding Position

- **Baby is upright**
- **Bottle is parallel to your lap**
- **Use a round nipple**
- **Deep latch to bottle nipple**



Early Hunger Cues

- **Rooting**
- **Fidgeting**
- **Head moves toward voice**
- **Lips smack and tongue reaches**
- **Hands move randomly**
- **Fist finds mouth**

What is My Baby Trying to Tell Me?



<http://youtu.be/flAyKLLm5CE3>

Formula Preparation

WARNING:

Powdered infant formula is not sterile. It may contain bacteria that can cause serious illness in infants.

By preparing and storing powdered infant formula correctly, you can reduce the risk of illness.

Cleaning, Sterilizing & Storing

- Wash hands with soap and water and dry using a clean cloth.
- Wash all feeding and preparation equipment thoroughly in hot soapy water.
- Rinse thoroughly in hot water.
- For infants 3 months of age or younger, sterilizing in boiling water for 5 minutes or washing in a dishwasher is recommended.

How to Prepare Formula

- Boil the water used for infant formula preparation during the first 3 months of life.
- Boil for 1-2 minutes, then let it cool.
- Follow package directions for mixing.

How to Prepare Formula

Follow package directions for mixing:

- Improper mixing will affect the calorie count.
- Under-diluted formula puts an excessive burden on an infant's kidneys and digestive system and can lead to dehydration.
- Over-dilution can lead to growth problems, nutrient deficiencies and water intoxication.

Storing Prepared Formula

- Use refrigerated bottles of prepared concentrated formula within 48 hours.
- Use refrigerated bottles of powdered infant formula within 24 hours.
- It is not recommended to freeze.
- Discard any infant formula remaining in a bottle after feeding.
- Infant formula that is removed from refrigeration should be used within 1 hour or discarded.

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Infant & Child Nutrition



Presented by Jessie Lupo, RD, LDN, CLC

Objectives

- Recognize the changing nutritional needs of developing children from infancy to 5 years.
- Gain strategies and tools to improve infant and child nutrition in a childcare setting.

Why is Nutrition Important!?

- Nutrition is vital to growth and development
- Over and under nourishment are **REAL ISSUES**

Infants: How fast do they grow?!

Rapid body growth and brain development during the first year

- Weight triples
- Body length increases by half
- Head circumference increases 40%
- Brain weight doubles



Feeding a newborn! How??

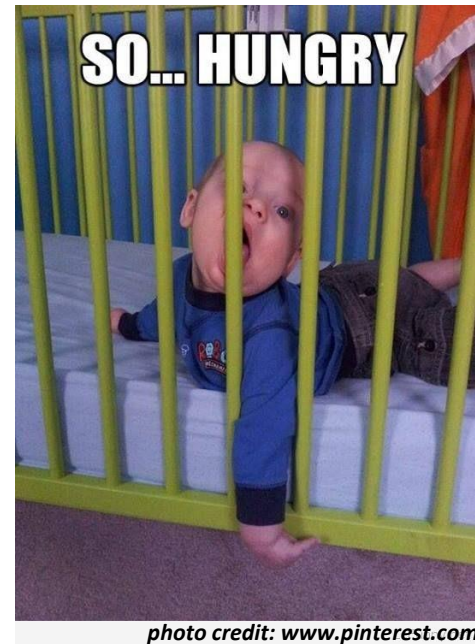
#1- Breastmilk

#2- Iron Fortified Formula

Nutrients	0-6 months	7-12 months
Carbohydrates	60 g/ day	95 g / day
Proteins	9.1 g/ day	11 g/ day
Fats	31 g / day	30 g / day
Vitamin D	200 IU / day	200 IU / day
Iron	.27 mg / day	11 mg/day

First Lesson- Learn Infant Language

- **Hunger:** wake and toss, suck on a fist, cry, fuss, look like they are going to cry
- **Fullness:** sealing the lips together, a decrease in sucking, spitting out the nipple, turning away from the bottle, pushing the bottle away



Start Small...

- **0-3 Months**
2-3 ounces every 2-3 hours



Day 1

size of a cherry
5 - 7 ml
1 - 1.4 teaspoon



Day 3

size of a walnut
22 - 27 ml
0.75 - 1oz



Day Week

size of an apricot
45 - 60 ml
1.5 - 2 oz



One Month

size of a large egg
80 - 150 ml
2.5 - 5 oz

photo credit: www.health-and-parenting.com

Breastmilk and Formula Amount and Frequency

4-6 Months

Formula: 4-6 ounces every 3-4 hours

Breastfeeding: 5 or more feedings

Complementary foods & liquids?

7-12 Months

Formula: 6-8 ounces for a total of 24-32 oz (preferably during day)

Breastfeeding: 3-5 feedings

Addition of complementary foods & liquids

How do you know infants are ready for complimentary foods?!

- Sit up with support
- Holds head steady
- Puts finger or toys in her mouth
- Closes lips over spoon
- Shows that food is not wanted by turning head
- Able to keep food in her mouth and swallow it



photo credit: www.babywisemom.com

Before you start. What foods should you avoid?

Introduce after 6 months:

- Home-prepared spinach, beets, turnips, carrots or collard greens

Introduce after 1 year:

- Whole cow's milk, goat milk, soy or rice drinks
- Honey
- Egg whites



photo credit: www.aogyamasthu.com

Introduction of Age Appropriate Solid Foods

4-6 Months

Readiness Signals:

- Can sit with support
- Good head control
- Shows interest in food
- Doubled birth weight

Recommendations:

- Start with iron fortified infant cereals
- Use spoon
- Offer smooth, strained, pureed
- No additional liquids unless indicated by physician



Photo Credit: www.dauntless-soft.com

Feeding Skills and Recommendations

6-7 Months

Readiness Signals:

- Clears spoon with upper lip
- Picks up objects and holds in hands

Recommendations:

- Add more fruits, vegetables and grains
- Offer smooth, strained, pureed
- Slowly introduce additional beverages and offer in cup
 - 4-8 oz of water
 - 2-4 oz 100% pasteurized fruit juice
- Test for food allergies



photo credit: www.wallpaperswa.com

Feeding Skills and Recommendations

8-9 Months

Readiness Signals:

- Improve pincer grasp
- Holds spoon with or without help
- Holds bottle with help
- Begins to finger feed
- Begins to use jaw to mash food

Recommendations:

- Add more protein foods
- Offer mashed / chopped foods
- Include more finger foods
- Continue encouraging cup



photo credit: www.theimportanceofbeinganaliment.blogspot.com

Feeding Skills and Recommendations

10-12 Months

Readiness Signals:

- Pulls to stand
- Reaches for food
- Drinks from sippy cup
- Begins to use spoon and fork

Recommendations:

- Add soft chopped table food
- Allow to self feed



photo credit: www.fieldsofflavor.com

Sample Meal Pattern in a Childcare Setting

0-5 Months	8-11 Months
<p>Breakfast/ Lunch / Dinner</p> <ul style="list-style-type: none">• 4-8 fluid oz. of formula / breastmilk	<p>Breakfast / Lunch / Dinner</p> <ul style="list-style-type: none">• 6-8 fluid ounces breastmilk or formula• 0-4 tablespoons infant cereal, meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas or 0-2 ounces of cheese• or 0-4 ounces (volume) of cottage cheese• or 0-8 ounces or 1 cup of yogurt, or a combination of the above• and 0-2 tablespoons vegetable or fruit or a combination of both
<p>Snack</p> <ul style="list-style-type: none">• 4-6 fluid oz. of formula or breastmilk	<p>Snack</p> <ul style="list-style-type: none">• 2-4 fluid ounces breastmilk or formula• 0-½ slice bread• 0-2 crackers• 0-4 tablespoons infant cereal• 0-2 tablespoons vegetable or fruit, or a combination of both

http://www.fns.usda.gov/sites/default/files/cacfp/CACFP_infantmealpattern.pdf

Bottom line... Let infants guide you!



photo credit: www.friendshipcircle.org



photo credit: www.cloudmom.com

Suggestions for Child Care Workers

- Support breastfeeding mothers
- Use paced, baby-led bottle feeding techniques
- Introduce solids closer to six months
- Introduce solids slowly
- Understand fullness and hunger cues
- Establish a meal pattern- 3 meals, 2 snacks
- Create a child-focused mealtime environment
- Communicate with parents
- Create a plan!



photo credit: www.dhs.arkansas.gov

Age 2-5 years: How fast do they grow?!

**Between the ages of 2-5 children
children grow 2 ½ inches and gain
4-5 pounds each year!**



Nutrition: Age 1-5

WARNING

Behavioral changes will be
your biggest obstacle to good nutrition!

But, that's okay!

Behavioral Milestones

1 year

- Increased independence
- Walking
- Stop bottle
- Practice eating from a spoon
- **Less interested in eating**

2 years

- Can use a spoon and drink from a cup
- Can be easily distracted
- **Growth slows and appetite drops**
- Develops likes and dislikes
- **Can be very messy**
- **May suddenly refuse certain foods**

3 years

- Make simple either/or food choices
- Pours liquid with some spills
- Comfortable using fork and spoon
- **Starts to request favorite foods**
- Likes to imitate cooking
- **May suddenly refuse certain foods**

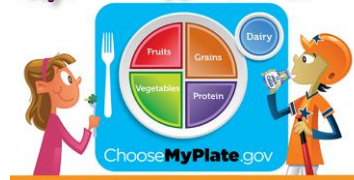
4-5 years

- May dislike mixed dishes
- Rarely spills with spoon or cup
- Knows what table manners are expected
- **Can be suddenly sidetracked**
- **May suddenly refuse certain foods**

Daily Needs

	1-2 Years	3 Years	4-5 Years
Calories	1000	1200-1400	1200-1600
Fruits	1 cup	1 ½ cups	1 – ½ cups
Vegetables	1 cup	1 ½ cups	1 ½ - 2 cups
Grains	3 ounces	4-5 ounces	4-5 ounces
Proteins	2 ounces	3-4 ounces	3-5 ounces
Dairy	2 cups	2 cups	2 ½ cups

MyPlate Kids' Place



Sample Meal Pattern

Breakfast (3) <ul style="list-style-type: none">• 4 oz. of milk• ¼ Cup Wheaties Cereal• ¼ cup kiwi slices	★ Snack (2) <ul style="list-style-type: none">• ¼ cup apple slices• ½ oz. peanut butter• 4 oz. water
★ Snack (2) <ul style="list-style-type: none">• 1 graham cracker• 4 oz. milk	Dinner (5) <ul style="list-style-type: none">• 4 oz. of milk• ¼ c. brown rice• 1 oz. meat loaf• ¼ cup sautéed spinach• ¼ applesauce
Lunch (4) <ul style="list-style-type: none">• ½ turkey sandwich on whole wheat bread• ½ oz. low fat yogurt• ¼ cup mixed berries• 4 oz water	★ Optional Snack (2) <ul style="list-style-type: none">• ¼ cup tomato slices• ½ oz cheese <p>(good option if child is picky)</p>

Suggestions for Child Care Workers

- Make mealtimes happy.
- Encourage a variety of foods.
- Embrace picky eaters and try to outsmart them.
- Keep meals and snacks consistent.
- Foods refused today may be accepted later. Keep trying!
- Let children detect their own hunger and fullness cues.
- Teach kids through food.
- Be a good role model.
- Communicate with parents.



photo credit: www.parenttoolkit.com

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Food Safety & Nutrition for Childcare Providers



Presented by Nadia Khan, MBA, MPH, RDN, LD

**FOOD
SAFETY
FIRST!**

Why Food Safety?

- **1** in **6** Americans get sick with food poisoning each year
- **128,000** estimated annual hospitalizations and **3000** deaths from foodborne illnesses
- **42,000** estimated annual reports of Salmonella infections the most frequent cause of foodborne illnesses
- Of the estimated **42,000** annual Salmonella infections, nearly **50%** are **infants** and **school-age children**

Foodborne Illness Incidence

Pathogen	Number Culture Confirmed Cases in under 5 years olds in 2013	Incidence per 100,000 in the population under 5 years old in 2013
Campylobacter	727	24.34
Cryptosporidium	136	4.55
E. Coli 0157	124	4.15
E.Coli non-0157	124	4.15
Salmonella	1842	61.67
Shigella	586	19.62
Yersinia	40	1.34

Cleaning, Disinfecting, & Sanitizing

- Wash hands prior to serving
- Avoid double dipping
- Throw away all uneaten food on a plate
- Check shelf life before serving
- Keep left overs for 48 hours max



Safe Food Practices

The Importance of Cleaning and Washing During Food Preparation



Safe Storage of Solid Baby Food

SOLIDS (opened or freshly made)	Refrigerator	Freezer
Strained fruits and vegetables	2-3 days	6-8 months
Strained meats and eggs	1 day	1-2 months
Meat/vegetable combinations	1- 2 days	1-2 months
Homemade baby foods	1-2 days	3-4 months

Food Allergies in Daycares & Schools

Over **6 million** Americans have food allergies. Food allergies are becoming a public health and food safety concern that affects **4%-6%** of children.

- More than **170 foods** are known to cause IgE mediated food allergies.
- Some nonfoods products used in schools such as clay, finger paint, paste may contain allergens that may not be identified on product labels.

Food Allergies In Childcare Centers

- Children with food allergies are **2 to 4** times more likely to have asthma or other allergic conditions than those without food allergies.
- Food allergy prevalence among children increased **18%** from 1997- 2007.
- Staff working in schools and early care and education (ECE) programs should develop comprehensive plans for preventing allergic reactions and responding to food allergy emergencies.

Common Food Allergies

MAIN CULPRITS

Foods responsible for intolerance or allergy

Eight major foods or food groups believed to account for 90 per cent of food allergies.



MILK



WHEAT



EGGS



SOYBEANS



PEANUTS



TREE NUTS
(almond, cashew, pecan, walnut, hazelnut, macadamia)



SHELL FISH
(shrimp, crab, lobster)



FISHES

Food Allergy Symptoms

- Skin rash
- Hives or eczema
- Tingling in mouth
- Swelling of tongue or throat
- GI Symptoms – diarrhea, vomiting, or abdominal cramps and pain
- Drop in blood pressure, shortness of breath
- **Anaphylaxis** – tingling sensation in the mouth, difficult breathing, swollen tongue, throat closing, vomiting, loss of consciousness, death (rare)
- Causes **300,000** hospital visits and **150-100** deaths per year (Call 911!)

Common Descriptions of Food Allergy

- It feels like something is poking my tongue.
- My tongue/mouth is tingling or burning.
- My tongue/mouth itches.
- My tongue feels like it has hair on it.
- My mouth feels funny.

- There's is a frog in my throat/there is something stuck in my throat.
- My tongue feels full or heavy.
- My lips feel tight.
- It feels like a bump is on the back of my tongue/throat.

Tips to Avoid Food Allergens

- Read ALL product labels carefully
- Be aware of unexpected sources of allergens
- All FDA-regulated manufactured food products that contain “major food allergens” as an ingredient are required by U.S. law to list that allergen on the product label



Food Intolerances & Sensitivities

Food Intolerance- not an immune response, but an inability to absorb or process a certain food due to enzyme deficiency.

- Symptoms: gastrointestinal discomfort, stomach pain, diarrhea, vomiting, and nausea
- E.g. lactose intolerance: the body is either missing lactase (the enzyme that breaks down lactose) or lactase doesn't work as well as it should

Food Sensitivity- Least understood, most difficult to diagnose of the three.

- Symptoms: reflux, nausea, and abdominal cramps
- E.g. A person may have a negative reaction to certain foods that do not always occur in the same way

Food Poisoning

Caused by:

- Bacteria
- Viruses
- Parasites

Avoid:

- Unpasteurized dairy products
- Raw or partially cooked eggs
- Raw or undercooked fish
- Unpasteurized juices
- Raw sprouts
- Honey (can harbor spores of toxic bacterium that can cause botulism)

Oral Allergy Syndrome (OAS)

Oral allergy syndrome (OAS): allergy to certain raw fruits and vegetables

- **Symptoms:** itchy, tingling sensation in the mouth, lips, and throat; watery eyes, runny nose, and sneezing
- **Common foods associated with OAS:** bananas, apples, cherries, kiwis, celery, tomatoes, and green peppers

Safe Infant Feeding Practices

- Check the packaging of commercial baby food before serving
 - **Jars:** safety button on the lid should be down
 - **Plastic pouches:** discard all packages that are leaking or swelling
- Don't "double dip" baby food
- Don't share spoons
- Never leave any open containers of liquid or pureed baby food out at room temperature for more than **2 hours**
- Store opened baby food in the refrigerator for no more than **3 days**

High Choking Risk Foods

SMALL Hard Foods

- Nuts
- Seeds
- Popcorn
- Chips
- Pretzels
- Raw Carrots

SLIPPERY Foods

- Whole Grapes
- Large Pieces of Meat/Poultry/Hotdogs
- Lollipops and Cough Drops

STICKY Foods

- Peanut Butter
- Gum
- Taffy
- Caramels
- Marshmallows
- Jelly Beans
- Raisins/Dried Fruits

Safe Child Feeding Practices

- Offer finger foods like pieces of banana, graham crackers, cheese cubes, bagels for toddlers
- Watch children while they are eating
- Insist children to sit to eat and drink, not lie down or walk/run
- Encourage children to take their time and chew well
- Look for warning labels on food with high choking risks
- Be prepared to do first aid if choking occurs! (call 911 first)

What to do?

- Participate in the *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Centers- FDA Food Safety Modernization Act*
- Ensure daily management of food allergies in individual children
- Prepare food allergy emergency plans
- Provide professional development on food allergies for staff member
- Educate children and family members about food allergies
- Create and maintain a healthy and safe education environment
- Visit: [http://www.edc.gov/Healthy Youth/foodallergies/](http://www.edc.gov/HealthyYouth/foodallergies/)

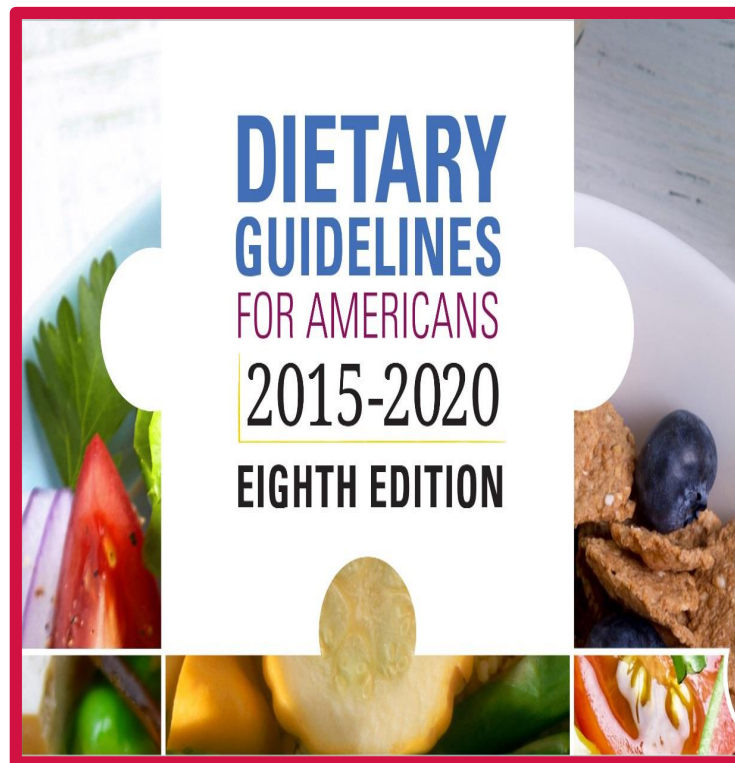
Nutrition for Child Care Providers



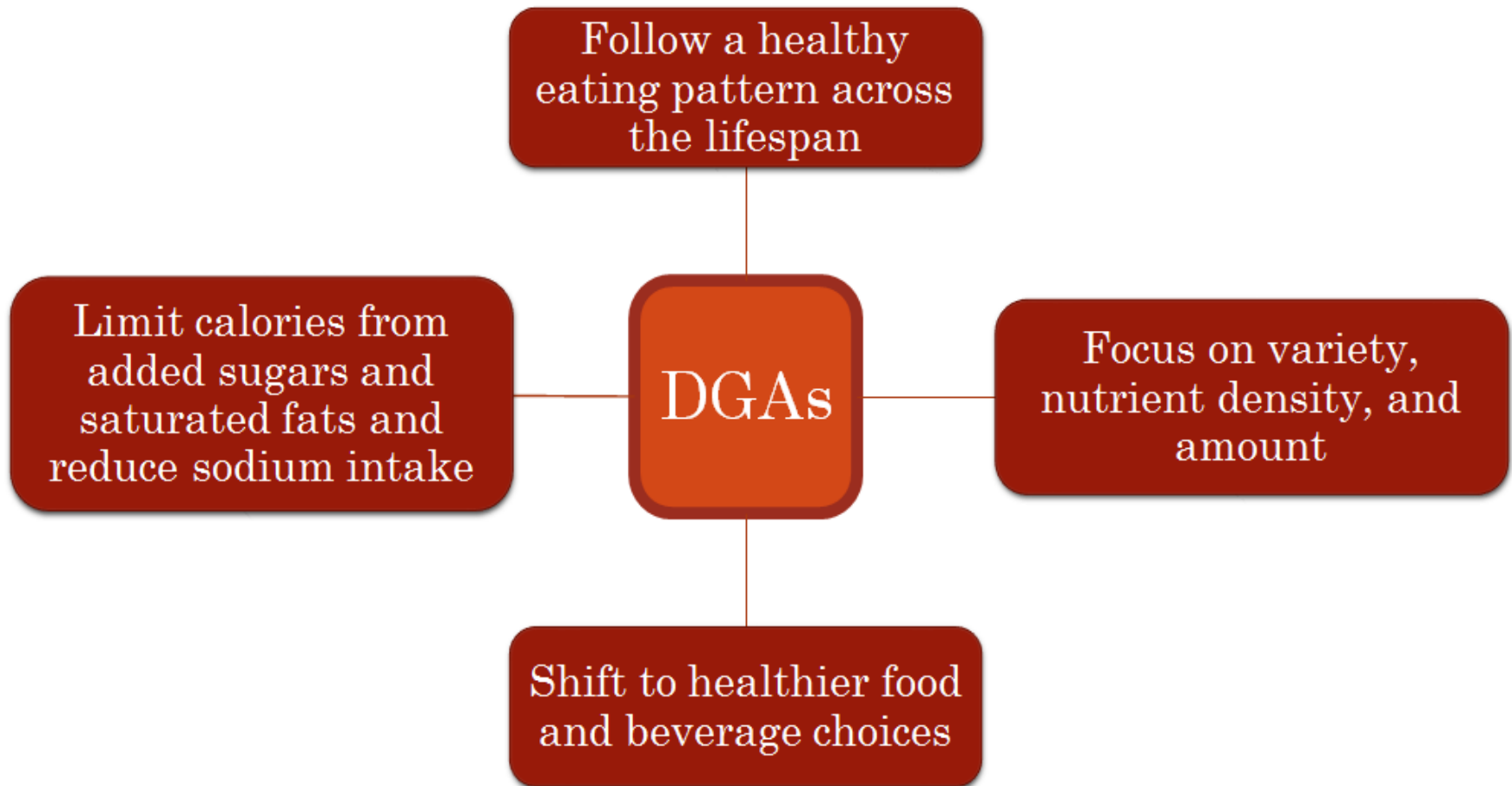
Photo Credit: <http://today.agrilife.org>

2015 DIETARY GUIDELINES

- Congress mandates review of scientific evidence
- New DGA published **every 5 years**
- Offer advice about food choices that promote health and prevent disease
- DGA's establish scientific and policy basis for all Federal Nutrition programs



Key DGA Recommendations



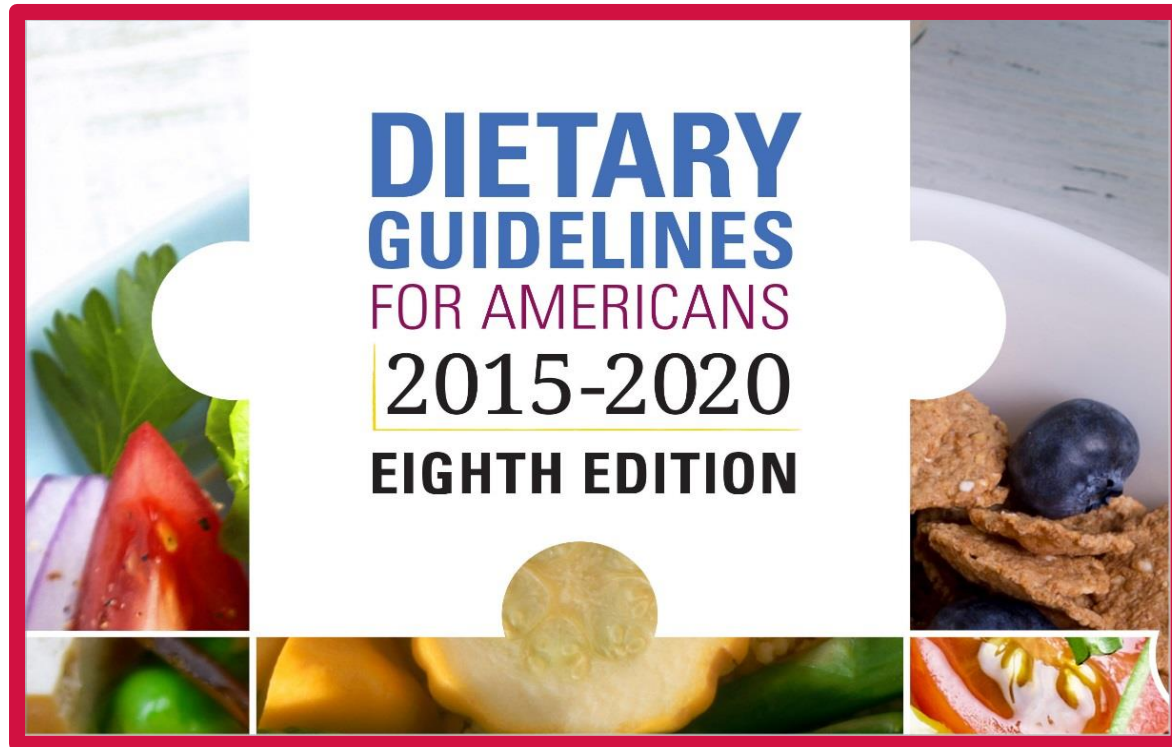
Current DGAs

Vegetables	dark green, red and orange, legumes
Fruits	especially whole fruits
Grains	at least half are whole grains
Fat-free or low-fat dairy	milk, yogurt, cheese, and fortified soy beverages
Protein foods	seafood, lean meats and poultry, eggs, legumes, nuts, seeds, and soy products
Oils	use oils rather than solid fats

A Healthy Eating Plan Limits...

- Saturated fats and trans fats, added sugars, and sodium
- Consume **less than 10%** of calories daily from added **sugars**
- Consume **less than 10%** of calories daily from saturated **fats**
- Consume **less than 2,300** milligrams of **sodium** daily
- If alcohol is consumed, it should be consumed in moderation

Making DGA's Work For You




USDA SuperTracker

- Developed by USDA
- Interactive diet tracking tool
- Helps keep track of physical activity and weight
- Personalize goals
- Offers virtual coaching and journaling



Personalizing SuperTracker

Register information for your profile:



* Profile Name: Enter a display name (not your legal name) for your profile, such as JM12, Jules, or Mom.

* Age:

* Gender:

Are you pregnant or breastfeeding?

* Physical Activity:

* Height: ft. in.

* Weight: lbs.

i **Would you like your SuperTracker plan to help you?**

Maintain your weight

Reach your goal weight: lbs.

OR

Enter a personal calorie goal here: Calories

TIP: Use the National Institutes of Health (NIH) [Body Weight Planner](#) for help setting your personal calorie goal or goal weight.

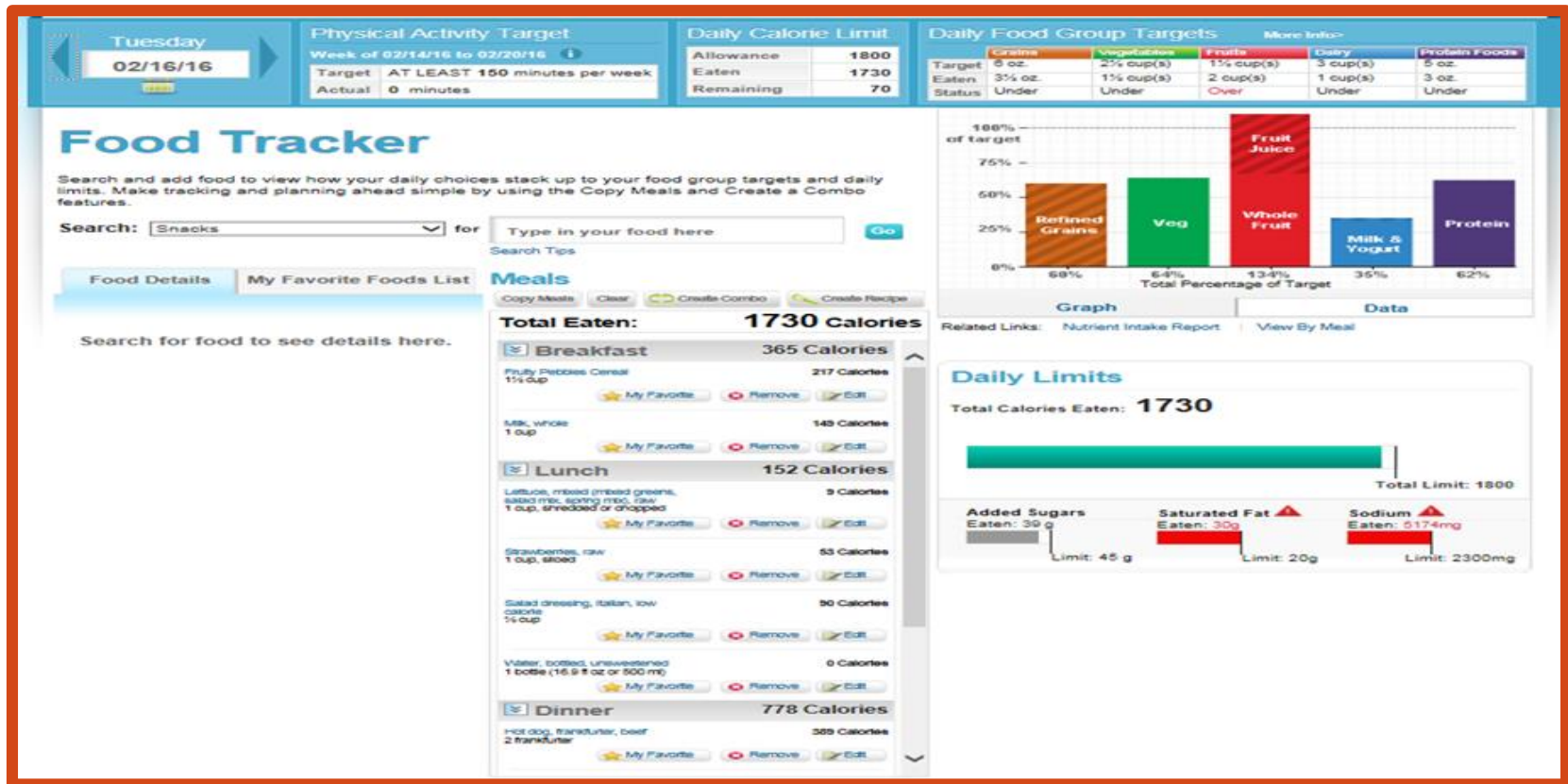
[Click here to edit your goals on the My Top 5 Goals page](#)

Which option is best for me?
Your physical activity level affects your Calorie limit. Choose options 1, 2, or 3 to estimate OR option 4 to calculate based on at least one week of activities you have entered.

What if I do vigorous instead of moderate activity?
When doing moderate activity you can talk, but not sing (like brisk walking). When doing vigorous activity you cannot say more than a few words without pausing for breath (like running).

Every 1 minute of vigorous activity counts as 2 minutes of moderate (e.g., 30 min. vigorous is equivalent to 60 min. moderate).

Tracking Your Diet



Tracking your Activity

Today

02/17/16

Physical Activity Target

Week of 02/14/16 to 02/20/16

Target **AT LEAST 150 minutes per week**

Actual **60 minutes**

Daily Calorie Limit

Allowance **1800**

Eaten **641**

Remaining **1159**

Daily Food Group Targets

	Grains	Vegetables	Fruits	Dairy	Protein Foods
Target	6 oz.	2½ cup(s)	1½ cup(s)	3 cup(s)	5 oz.
Eaten	2½ oz.	0 cup(s)	1 cup(s)	0 cup(s)	½ oz.
Status	Under	-	Under	-	Under

Physical Activity Tracker

Search and add physical activities to view how your activities stack up against your targets.

Search: for Go

Activity Details
Favorite Activity List

You added

Walking, <2 mph

to Monday 02/15/16, Tuesday 02/16/16, Wednesday 02/17/16, and Thursday 02/18/16.

[See this Activity Again](#)

Activities for Week of 02/14/16 - 02/20/16 Copy Activities Clear All

	Intensity	Estimated Calories Burned*	Duration Minutes	MIE Minutes ²
Weekly Total: 120 60				
Sun 02/14/2016				
EMPTY				
Mon 02/15/2016				
Walking up stairs (climbing stairs), slow pace	Moderate	90	15	15
★ My Favorite ⊘ Remove ✎ Edit				
Walking, <2 mph	Light	45	15	0
★ My Favorite ⊘ Remove ✎ Edit				
Tue 02/16/2016				
Walking up stairs (climbing stairs), slow pace	Moderate	90	15	15
★ My Favorite ⊘ Remove ✎ Edit				
Walking, <2 mph	Light	45	15	0
★ My Favorite ⊘ Remove ✎ Edit				
Wed 02/17/2016				
Walking up stairs (climbing stairs), slow pace	Moderate	90	15	15
★ My Favorite ⊘ Remove ✎ Edit				
Walking, <2 mph	Light	45	15	0

Weekly Total

Moderate Intensity Equivalent (MIE²) Minutes

Your Target: 150 min

150–299 Minutes: Get health benefits & maintain weight

300+ Minutes: Get extensive health benefits, lose weight & keep weight off

Gauge
Data

Physical Activity Report | More Info

Weekly Targets






Total Muscle-Strengthening Days: **4**

Target: 2 Days minimum

1
2
3
4
5
6
7

Daily Checklist

Food Group Amounts for 2,000 Calories a Day

				
2 cups	2 1/2 cups	6 ounces	5 1/2 ounces	3 cups
Focus on whole fruits	Vary your veggies	Make half your grains whole grains	Vary your protein routine	Move to low-fat or fat-free milk or yogurt
Focus on whole fruits that are fresh, frozen, canned, or dried.	Choose a variety of colorful fresh, frozen, and canned vegetables—make sure to include dark green, red, and orange choices.	Find whole-grain foods by reading the Nutrition Facts label and ingredients list.	Mix up your protein foods to include seafood, beans and peas, unsalted nuts and seeds, soy products, eggs, and lean meats and poultry.	Choose fat-free milk, yogurt, and soy beverages (soy milk) to cut back on your saturated fat.



Drink and eat less sodium, saturated fat, and added sugars. Limit:

- Sodium to **2,300 milligrams** a day.
- Saturated fat to **22 grams** a day.
- Added sugars to **50 grams** a day.

MyFitness Pal

Your Food Diary For:

◀ Tuesday, February 16, 2016 ▶



Breakfast

	Calories	Carbs	Fat	Protein	Sodium	Sugar	
Post - Fruity Pebbles With Milk, 1 cup cooked	347	47	12	12	227	12	⊖
Add Food Quick Tools	347	47	12	12	227	12	

Lunch

Cochran - Steak 'n Shake - Burger, Single, Lettuce, Tomato, Onion., 1 burger	280	0	11	12	310	4	⊖
French Fries - Crinkle Cut, 80 g	260	32	14	3	170	0	⊖
Ketchup - Ketchup, 1 fluid ounce	30	8	0	0	320	8	⊖
Add Food Quick Tools	570	40	25	15	800	12	

Dinner

Ballpark (Regular - Hotdogs, 1 hotdog	170	1	15	5	480	2	⊖
Ballpark (Regular - Hotdogs, 1 hotdog	170	1	15	5	480	2	⊖
Baked Beans - Baked Beans, 1 cup	280	36	2	8	852	17	⊖
Add Food Quick Tools	620	38	32	18	1,812	21	

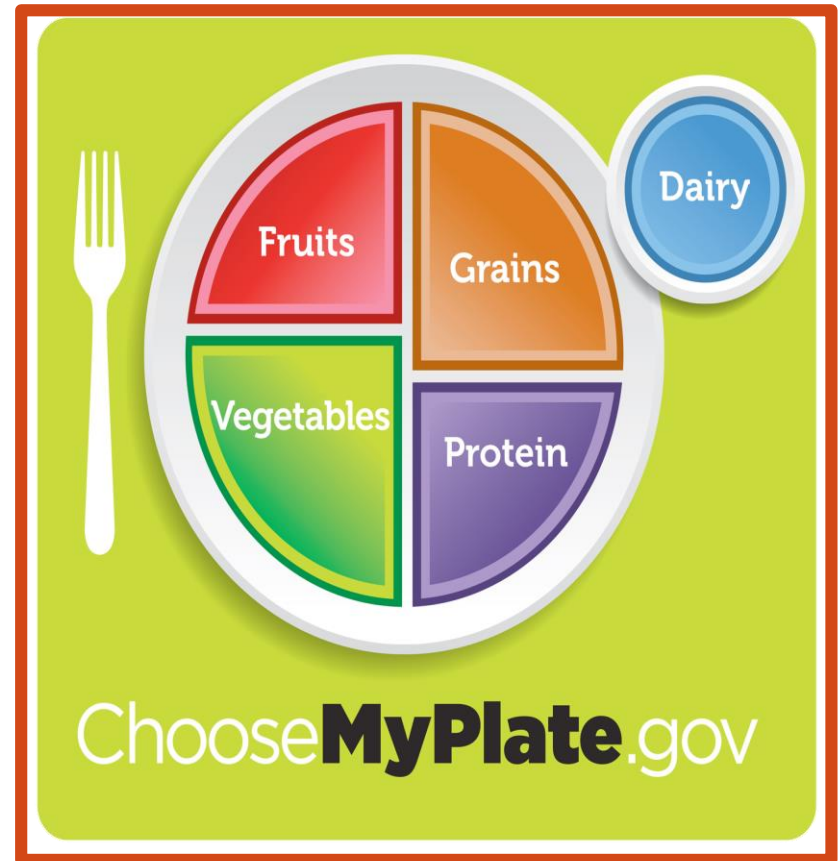
Snacks

Cheese Itz - Crackers, Cheese, Regular, 27 crackers	150	17	8	3	230	0	⊖
Add Food Quick Tools	150	17	8	3	230	0	

Totals	1,687	142	77	48	3,069	45	
Your Daily Goal	1,550	194	52	78	2,300	58	
Remaining	-137	52	-24	30	-768	13	
	Calories	Carbs	Fat	Protein	Sodium	Sugar	

MyPlate

- Make half your plate fruits and vegetables
 - Focus on whole fruits
 - Vary your veggies
- Make half your grains whole grains
- Move to low-fat and fat-free dairy
- Vary your protein routine
- Follow recommended serving sizes



Nutrition & Physical Fitness Tips

- Focus on variety, amount, and nutrition
- Choose foods and beverages with less saturated fat, sodium, and added sugars
- Start with small changes to build healthier eating styles
- Support healthy eating for everyone
- At least **2 hours and 30 minutes** each week of aerobic physical activity at a moderate level **OR 1 hour and 15 minutes** each week of aerobic physical activity at a vigorous level

Food Assistance Programs in DC

- **Women's Infants and Children (WIC):** [1-800-345-1WIC \(1942\)](tel:1-800-345-1WIC)
- **Supplemental Nutrition Assistance Program (SNAP-Ed):** [\(202\) 442-5876](tel:202-442-5876)
- **Child and Adult Care Food Program (CACFP):** [\(202\) 727-1839](tel:202-727-1839)
- **DC Free Summer Meals Program (FSMP):** [\(202\) 727-1839](tel:202-727-1839)
- **Capital Area Food Bank:** [\(202\) 526-5344](tel:202-526-5344)



Photo credit: www.keepcalm-o-matic.co.uk

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