

Challenges in Feeding Young Children in Child Care

Participant Handouts

K-W-L Table

K: What I Know	W: What I Want to know	L: What I have Learned

Food to Grow On

BIRTH TO 6 MONTHS

The American Academy of Pediatrics recommends exclusive breastfeeding for the first six months, and that breastfeeding continue for at least 12 months and beyond.

FOOD	BIRTH TO 4 MONTHS	4 TO 6 MONTHS	FEEDING TIPS
BREASTMILK OR IRON-FORTIFIED INFANT FORMULA	 Breastfeeding: On Demand 8 to 12+ feedings Formula: 0 to 1 month 14 to 24 oz 1 to 4 months 22 to 32 oz	Breastfeeding: 5 or more feedings Formula: 26 to 39 oz	Babies need human milk or iron-fortified infant formula for the first year. The bottle is for breast milk, formula or water only. Growth spurts are times when your baby may drink more breast milk or formula than usual. Growth spurts usually happen around: <ul style="list-style-type: none">• 2 to 4 weeks• 6 weeks• 3 months• 6 months
BUTTER	 None	None	



INTRODUCTION OF SOLIDS AT AROUND 6 MONTHS

Feeding your baby solid foods is an exciting step. It is recommended to wait until your baby is around 6 months of age to start solids. Your health care provider may suggest starting earlier if your baby is showing signs of readiness. WIC does not provide food for your baby before 6 months of age.

Early introduction of solid foods before 4 months of age can:

- Cause choking
- Increase the risk of developing food allergies
- Cause infant to drink less than the appropriate amount of breast milk or formula

You will know your baby is ready for solid foods when he or she can:

- Sit up alone or with some support
- Control head and neck movement
- Open mouth when he or she sees food
- Keep tongue low to receive the spoon
- Keep food in their mouth and swallow, rather than pushing it back out

First Foods

Iron-fortified infant cereal fed by spoon is the best choice for your baby's first solid food.

- Start with 1 to 2 tablespoon(s) infant cereal mixed with breast milk, formula or water
- Throw away uneaten cereal after each feeding.
- Only offer single grain infant cereals such as rice, barley or oatmeal. Rice cereal is the easiest for your baby to digest. Feed wheat or mixed grain infant cereals after 8 months of age.

Tips for Starting Solids:

- Always feed infant foods from a spoon.
- Add one new food at a time. Wait seven days before trying another new food to give your baby time to adjust. That way, if your baby has a reaction you will know which food caused it.
- Homemade baby food is easy to make and saves money. Homemade spinach, beets, turnips, carrots or collard greens should not be given to infants less than 6 months of age due to high levels of nitrates.
- Your baby will let you know when he is full. Turning head away from food, closing mouth, pushing food away and slowing down eating are signs your baby has had enough.
- Try to feed your baby when the rest of the family eats. Your baby wants to be a part of family meals too.
- Do not give your baby honey or foods that contain honey!

If your baby does not like certain foods, be sure to keep offering them occasionally. A baby's taste for food changes frequently.

Note: These guidelines are for the healthy, full-term infant. Serving sizes may vary with individual infants. For additional information on infant feeding, please contact your local WIC office or your infant's physician.



WIC 603-0570

6 TO 12 MONTHS

The American Academy of Pediatrics recommends exclusive breastfeeding for the first six months, and that breastfeeding continue for at least 12 months and beyond.

FOOD	6 TO 8 MONTHS	8 TO 12 MONTHS	FEEDING TIPS
BREASTMILK OR IRON-FORTIFIED INFANT FORMULA	Breastfeeding: 3 to 5+ feedings Formula: 24 to 32 oz Babies need human milk or iron-fortified infant formula for the first year. The bottle is for breast milk, formula or water only.	Breastfeeding: 3 to 4 feedings Formula: 24 to 32 oz, Offer Cup	Avoid these foods that can cause choking: <ul style="list-style-type: none"> Raw vegetables (green peas, string beans, celery, carrot) Cooked or raw whole corn kernels Hard pieces of raw fruit Whole grapes, berries, cherries, melon balls, or cherry tomatoes Dried fruit or raisins Hot dogs, meat sticks, sausages Tough or large chunks of meat
GRAIN PRODUCTS	Iron-fortified infant cereal or enriched hot cereals (4 to 6 Tbsp) Dry toast, small pieces of crackers or dry cereals Offer single grain infant cereals such as rice, barley or oatmeal. Avoid wheat cereal until 8 months of age.	Iron-fortified infant cereal or enriched hot cereals (4 to 6 Tbsp) Bread, noodles, mashed rice, corn grits or soft tortilla pieces	<ul style="list-style-type: none"> Large pieces of cheese, string cheese Peanut and other nut butters Nuts Whole beans Hard candies and jelly beans Marshmallows Popcorn, potato chips, pretzels
100% JUICE	100% pasteurized fruit or vegetable juice (4 oz max) Give juice only in a cup. It is best for your baby to receive nutrients from whole fruit rather than juice. WIC provides store bought infant fruit instead of juice at 6 months of age.	100% pasteurized fruit or vegetable juice (4 oz max)	Other foods to avoid in the first 12 months: <ul style="list-style-type: none"> Mixed dinners, bacon, lunch meats, hot dogs French fries Creamed vegetables Puddings, cookies, candy, cakes Soda, fruit punches and drinks, coffee or tea <p>These foods contain too much fat and/or sugar!</p>
VEGETABLES	Strained or pureed cooked vegetables or store bought infant vegetables such as winter squash, peas, green beans, carrots, spinach, sweet potatoes and broccoli (3 to 4 Tbsp)	Plain cooked, mashed or chopped vegetables in soft, bite size pieces (3 to 4 Tbsp)	
FRUIT	Mashed fresh or pureed fruits such as banana, applesauce, peaches, or pears or store bought infant fruit (3 to 4 Tbsp) Avoid fruit desserts. Remove seeds and pits from fruit.	Mashed or soft, bite size pieces of peeled fresh fruits or fruits canned in water or juice, such as bananas, pears, peaches and melon (3 to 4 Tbsp)	Things to remember when starting solids: <ul style="list-style-type: none"> Do not add salt, sugar, extra fat, gravy, ketchup and spices to your baby's food. Refrigerate open jars of store bought infant food immediately and use within 48 hours. Heat only the amount of food your baby needs for each feeding. Use a small dish for feeding solids. Do not feed directly from the jar. Start with a small amount. You can always add more food if your baby is still hungry. Throw away any food left in the bowl. Use a blender, strainer or baby food grinder to make baby food. Pre-chewing is not a safe way to offer foods. Do not feed egg whites until your baby is 1 year of age because of the chance of allergic reaction. Do not give your baby honey or foods that contain honey! By 6 to 8 months of age, give 4 to 6 oz of water daily. By 10 to 12 months of age your baby should be eating most foods from the table and learning to self-feed. Expect your baby to be messy while learning.
PROTEIN-RICH FOOD	Well-cooked, plain, strained, pureed or store bought infant meats or poultry (1 to 2 Tbsp) Egg yolk, mashed beans, plain yogurt	Well-cooked, chopped or ground lean meats, poultry, fish, egg yolk, mild cheese, plain yogurt, cottage cheese, and mashed beans (1 to 3 Tbsp)	


Note: These guidelines are for the healthy full-term infant per day; serving sizes may vary with individual infants. For additional information on infant feeding, please contact your WIC office or your infant's physician. These guidelines are recommendations from the USDA and can be located at www.nutrition.gov/infant-feeding-quick-facts.

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The Missouri Department of Health and Senior Services at 870-751-6254. Hearing and speech impaired callers telephone 800-735-2666. TDD/200-735-2666.



Development of Infant Feeding Skills

Age	Foods to Help Your Baby Eat Smart	Feeding Skills	Physical Signs
Birth to 1 Month	<ul style="list-style-type: none"> Breast milk or iron-fortified formula 	<ul style="list-style-type: none"> Turns mouth toward nipple Sucks and swallows Sticks tongue out when anything is placed in mouth 	<ul style="list-style-type: none"> Poor head, neck, and body control
4 to 6 Months	<ul style="list-style-type: none"> Breast milk or iron-fortified formula Offer baby rice cereal first. Mix with breast milk or iron-fortified formula. Try with spoon. After a week try oatmeal cereal next. 	<ul style="list-style-type: none"> Opens mouth when sees food Up and down motions of jaw begin 	<ul style="list-style-type: none"> Holds head up Uses hands to pick things up and put them in mouth
7 to 9 Months	<ul style="list-style-type: none"> Breast milk or iron-fortified formula Strained fruits and vegetables Progress to thicker, soft mashed or chopped fruits and vegetables. Strained meats Fruit juice from cup 	<ul style="list-style-type: none"> Tongue moves food from side to side Can grasp large pieces of food Drinks from a cup 	<ul style="list-style-type: none"> Begins sitting on own Eyes and hands work together
10 to 12 Months	<ul style="list-style-type: none"> Breast milk or iron-fortified formula Tiny pieces of cooked vegetables, soft fruit, cooked meat, chicken, or poultry Mashed cooked beans, egg yolk or tofu Chopped noodles or rice Bite-size pieces of toast, plain crackers, or soft tortilla 		<ul style="list-style-type: none"> Uses hands to hold cup Pulls up and walks

Note: If your child was born prematurely or has a health problem, this list may not apply. If this is the case, ask your doctor to provide you with an idea of what to expect.

Helping Your Baby Grow

(6–11 Months)

As babies grow, they eat more food and a greater variety of foods. Here are answers to important questions you may have about your baby's nutrition.

What can I expect my baby to do as she grows?

At about 4 to 6 months of age, your baby will

- Begin to eat solid foods, such as iron-fortified infant cereal and pureed or strained fruits and vegetables.
- Bring objects to her mouth.
- Explore foods with her mouth.

At 7 to 9 months of age, your baby will

- Try to grasp foods, such as toast, crackers, and teething biscuits, with all fingers and pull them toward her palm.
- Move food from one hand to the other.

At 9 to 11 months of age, your baby will

- Reach for pieces of food and pick them up between her thumb and forefinger.
- Try to hold a cup.
- Pick up and chew soft pieces of food.

When and how should I introduce solid foods?

- Introduce solid foods when your baby can sit with support and has good head and neck control.
- Offer iron-fortified rice cereal as the first solid food, because it is least likely to cause an allergic reaction, such as a rash. Offer a small amount (for example, 1 or 2 teaspoons) of one new food at a time. Wait 7 days or more to see how your baby tolerates the new food before introducing the next new food.



- Introduce solid foods in this order: iron-fortified infant cereal, fruits and vegetables, and meats.
- Do not add honey to food, water, or infant formula because it can be a source of spores that cause botulism, which can poison your baby.
- Do not add cereal to bottles, and do not use "baby food nurser kits" (which let solid food filter through the bottle nipple along with the liquid).

When should I give my baby cow's milk?

- Continue to feed your baby breastmilk or iron-fortified infant formula for the first year.
- Cow's milk, goat's milk, and soy milk are not recommended until after your baby's first birthday.



National Center for Education
in Maternal and Child Health
Georgetown University

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Helping Your Toddler Learn About Food (1-2 Years)

Toddlers are unpredictable. The foods they like one day may be different the next. Here are answers to important questions you may have about your toddler's nutrition.

What can I expect my child to do as he grows?

At 1 to 1-1/2 years of age, your child will

- Grasp and release foods with his fingers.
- Be able to hold a spoon (but will not be able to use it very well).
- Be able to use a cup (but will have difficulty letting go of it).
- Want foods that others are eating.

At 1-1/2 to 2 years old your child will

- Eat less than babies and children 2 years and older.
- Like to eat with his hands.
- Have favorite foods.
- Get distracted easily.

At 2 years of age, your child will

- Be able to hold a cup.
- Be able to chew more foods.
- Have definite likes and dislikes.

How can I make mealtimes enjoyable?

- Be patient and understanding when your child makes a mess while she learns to feed herself—this is normal.
- Serve healthy food for meals and snacks at scheduled times, but allow for flexibility.
- Use your child's favorite plate, bowl, cup, and eating utensils.



- Create a relaxed setting for meals (for example, turn off the TV).

I am struggling with my child over food. Is this normal?

- Your child may struggle with you over food in an attempt to make his own decisions and become independent. Struggling over food may make him even more determined.
- Keep in mind that you are responsible for what, when, and where your child eats. Let your child decide whether to eat and how much.
- Continue to serve a new food even if your child has rejected it. It may take several times before your child accepts the food.

What should my child eat?

- At mealtime, offer small portions of what the rest of your family is eating (for example, bread, pasta, or rice; fruits and vegetables; cheese or yogurt; and cooked lean meat, poultry, fish, or eggs).
- Children under 2 usually eat small portions. Offer small portions (for example, 1 or 2 tablespoons) and let your child ask for more if she is still hungry.
- Offer your child food every 2 to 3 hours for a meal or snack.

What should my child drink?

- Your child should drink about 2 cups (16 ounces) of whole milk per day. Drinking more than this can reduce your child's appetite for other healthy foods.
- Until age 2, do not give your child low-fat or fat-free milk. He needs the extra fat in whole milk for growth and development.
- Offer 100% fruit juice in small amounts, about 4 to 6 ounces per day. Drinking more than this can reduce your child's appetite for other healthy foods.
- Serve juice in a cup, not a bottle. Juice served in a bottle can cover your child's teeth with sugar for long periods of time and contribute to tooth decay (early childhood caries).
- Your child may not tell you when he is thirsty. Make sure he drinks plenty of water throughout the day, especially between meals and snacks.

How can I prevent my child from choking?

- For children younger than 3, avoid foods that may cause choking, such as hard candy, mini-mashedmallows, popcorn, pretzels, chips, spoonfuls of peanut butter, nuts, seeds, large chunks of meat, hot dogs, raw carrots, raisins and other dried fruits, and whole grapes.



- Children ages 3 to 5 years may eat these foods if they are prepared to make them safer. For example, cut hot dogs in quarters lengthwise and then into small pieces, cut whole grapes in half lengthwise, chop nuts finely, chop raw carrots finely or into thin strips, and spread peanut butter thinly on crackers or bread.
- Have your child sit while eating. Eating while walking or running may cause her to choke.
- Keep things calm at meal and snack times. If your child becomes overexcited, she may choke.
- Do not let your child eat in a moving car. If she chokes while you are driving, you will not be able to help her.

How can I encourage my child to be physically active?

- Encourage active, spur-of-the-moment play, such as jumping and skipping.
- Play together (for example, play hide and seek or kick a ball). It is a great way to spend time with your child.
- Limit the time your child spends watching TV and videotapes to 1 to 2 hours per day.

Notes

Resources

American Dietetic Association
Phone: (800) 368-1655
Web site: <http://www.eatright.org>

USDA Food and Nutrition Information Center
Phone: (703) 305-2554
Web site: <http://www.nal.usda.gov/fnic>

This fact sheet contains general information and is not a substitute for talking with your child's health professional about your particular concerns about your child.

Feeding Your Toddler



Between the ages of 1 and 3 years, children grow at a slower rate than they did as babies. They will have smaller appetites and may eat less than before. They also begin to show their independence by saying "no." These normal changes can make mealtime a challenge! However, mealtime can be fun if you remember that you and your child have different roles in feeding.

IT'S YOUR CHILD'S JOB TO:

Eat if hungry and stop when full. Let your child determine how much or whether to eat. It is normal for toddlers to eat a lot on some days and very little on other days. Forcing or bribing a toddler to eat does not work and makes everyone unhappy.

Trade the bottle for a cup by the first birthday. Make this change easier by offering drinks from a cup or glass during meals and snacks. Do not let your child carry a bottle or cup around or go to sleep with one.

Learn by watching others. Toddlers like to copy other people. If you eat a variety of foods, your child is more likely to do the same.

Accept new foods and textures over time. Let your child take the time to explore new foods. Some toddlers need to see a new food 8 – 10 times before they even put it in their mouth! Be patient and respect your child's food likes and dislikes.

IT'S YOUR JOB TO:

Stick to your meal and snack routine. Your toddler will eat better at mealtime when there's at least 2 hours between a snack and the next meal. Even then, toddlers sometimes skip meals or eat only one or two foods. When this happens, keep the big picture in mind. Your child's food intake over time is what counts!

Store food out of reach and out of sight when meals and snacks are over. You are in charge of when it is time to eat and what food is offered. This includes juice, milk and other beverages. Offer water between meals to quench your child's thirst.

Make mealtime a family time. Enjoy meals together as often as you can! Serve foods your family enjoys eating. Turn off the TV and enjoy talking with each other. Your child's food experiences today set the stage for a lifetime of good health.



Iowa Department of Public Health
Iowa WIC Program, 2008

Cómo Alimentar

a su niño

Pequeño



Entre las edades de 1 y 3 años, los niños crecen a un ritmo más lento que crecieron cuando eran bebés. Tendrán apetitos más pequeños y pueden comer menos que antes. También comienzan a demostrar su independencia diciendo "no". ¡Estos cambios normales pueden hacer que la hora de la comida sea un desafío! Sin embargo, la hora de la comida puede ser divertida si recuerda que usted y su hijo juegan papeles distintos en la alimentación.

ES EL TRABAJO DE SU NIÑO PEQUEÑO:

Comer si tiene hambre y dejar de comer cuando se siente lleno. Deje que el apetito de su hijo determine cuánto come, o si come. Es normal que los niños pequeños coman mucho algunos días y muy poco otros días. Forzar o sobornarlo a un niño pequeño a comer no funciona y hace que todos se queden descontentos.

Cambiar el biberón por una taza antes de su primer cumpleaños. Puede facilitar este cambio ofreciendo bebidas de una taza o vaso durante las comidas y bocadillos. No deje que su hijo ande con un biberón o taza o dormirse con uno.

Aprender por observar a los demás. A los niños pequeños les gusta imitar a los demás. Si usted come una variedad de comidas, es más probable que su hijo haga lo mismo.

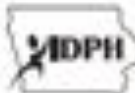
Aceptar nuevas comidas y texturas durante el tiempo. Deje que su hijo tome el tiempo de explorar nuevas comidas. ¡Algunos niños pequeños necesitan ver una nueva comida de 8 a 10 veces antes de meterla a la boca! Sea paciente y respete los gustos y disgustos alimenticios de su hijo.

ES EL TRABAJO DE USTED:

Establecer una rutina para las comidas y bocadillos. Su niño pequeño comerá mejor en la hora de la comida cuando hay por lo menos 2 horas entre un bocadillo y la siguiente comida. Aun así, a veces los niños pequeños dejan de comer o comen solamente uno o dos alimentos. Cuando esto sucede, recuerde tomar en cuenta el panorama completo. ¡El consumo de alimento de su hijo durante el tiempo es lo que cuenta!

Guardar los alimentos fuera del alcance y la vista cuando se terminan las comidas y bocadillos. Usted se encarga de cuándo es hora de comer y cuáles alimentos se ofrecen. Esto incluye el jugo, leche y otras bebidas. Ofrezca agua entre las comidas para calmar la sed de su niño.

Hacer de la hora de la comida tiempo para la familia. ¡Disfrutar las comidas conjuntamente tan seguido que puedan! Servir comidas que le gustan a su familia. Apagar la televisión y disfrutar conversar el uno con el otro. Las experiencias que su hijo tiene con la comida hoy en día crean el marco para una vida de buena salud.



Iowa Department of Public Health
Iowa WIC Program, 2008

Supporting Healthy Eating for Young Children at Child Care

Some of this handout was adapted from information found at <http://www.choosemyplate.gov/>

<i>Infant Foods Served</i>	
Best Practice	Why is this important?
When infant cereal or formula is offered, it is always iron-rich.	<ul style="list-style-type: none">• Iron-rich cereals and formulas are frequently listed as “fortified with iron”• Children who are formula-fed are at higher risk of being iron deficient, so feeding infants iron-rich cereals and formulas is important.
When mashed or pureed meats or vegetables are offered, these foods rarely or never contain added salt.	<ul style="list-style-type: none">• When infants eat a lot of these foods, their diets can be higher in salt than is recommended, which can lead to a preference for high salt diet later in life and an increased risk for cardiovascular disease.
Baby food desserts that contain added sugar are rarely or never offered.	<ul style="list-style-type: none">• Added sugars are a nutrient-poor source of calories and can contribute to a diet that is higher in calories than infants need. This puts the child at risk of gaining more weight than they should be gaining, given their length and age, and of missing out on important nutrients found in foods without added sugars.
<i>Fruits and Vegetables Served</i>	
Best Practice	Why is this important?
Fruit (not including juice) is offered 2 times per day or more.	

Vegetables (not including French fries, tater tots, hash browns, or beans) are offered 2 times per day or more.	<ul style="list-style-type: none"> • Fruit and vegetables are rich in a variety of essential nutrients, including dietary fiber, vitamins A and C, potassium, and folate • Fruit and vegetables are naturally cholesterol free and low in sodium, fat, and calories • Eating a healthy diet, including a variety of fruits and vegetables, is important to <ul style="list-style-type: none"> • lower risk of heart disease and cancer • maintain a healthy cholesterol level, blood pressure, weight, and dental health
Fried or pre-fried potatoes are offered less than 1 time per week or never.	<ul style="list-style-type: none"> • This includes French fries, tater tots, and hash browns made from scratch or baked from frozen. • The added fat of fried potatoes can contribute to an overall diet that is higher in saturated fats than is recommended. Diets high in saturated fat can lead to unhealthy weight gain since they are often higher in overall calories and can increase risk of cardiovascular disease over time. • White potatoes are lower in nutrients than other vegetables, which are usually the types of fried potatoes served to children.
<i>Meats and Meat Alternatives Served</i>	
Best Practice	Why is this important?
Fried or pre-fried meats or fish are offered less than 1 time per week or never.	<ul style="list-style-type: none"> • Meats and meat alternative are important sources of protein in the diet. Protein is essential for everyday processes in our cells and for building muscles and bones in young children. Also, protein-rich foods are
High-fat meats are offered less than 1 time per week or never.	

Lean or low fat meats and meat alternatives are offered every time meats and meat alternatives are served.	<p>important sources of iron, magnesium, zinc, B vitamins, and omega-3 fatty acids (from seafood).</p> <ul style="list-style-type: none"> Some meats, like beef and chicken nuggets, should be avoided because they are high in saturated fat, which can raise LDL cholesterol (“bad” cholesterol) and increase risk of heart disease.
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Grains and Snacks Served

Best Practice	Why is this important?
High-fiber, whole grain foods are offered 2 times per day or more.	<ul style="list-style-type: none"> Whole grain foods offer more dietary fiber and nutrients (B vitamins, iron, magnesium, and selenium) than foods made with processed, white flour. Eating whole grain foods can help lower risk of heart disease and helps to maintain healthy bowels
High-sugar, high-fat foods are offered less than 1 time per week or never.	<ul style="list-style-type: none"> These unhealthy snack foods provide little nutrition to children and contribute to a diet that is higher in calories than recommended for young children. Eating these unhealthy foods regularly can lead to a child developing a habit to eat these unhealthy foods as they grow older.
High-salt, high-fat snacks are offered less than 1 time per week or never.	
Children are given sweet or salty snacks outside of meal or snack times less than 1 time per week or never.	<ul style="list-style-type: none"> While children are young, especially at child care, it is important to maintain a routine where children learn that food is eaten at regular meal and snack times, when they are hungry. Unhealthy snacks eaten outside of these times can harm a child’s ability to listen to their own hunger and fullness cues and eat when they are not truly hungry.

<i>Beverages Served</i>	
Best Practice	Why is this important?
Drinking water is always visible and freely available both indoors and outdoors.	<ul style="list-style-type: none"> Water is needed to keep normal functions in the body going, like kidney functioning and temperature control, and maintains proper blood pressure and healthy skin.
A 4-6 oz. serving of 100% fruit juice is offered 2 times per week or less.	<ul style="list-style-type: none"> Fruit juice can be a good source of nutrients found in fruit, but it does not have the fiber of whole fruit. Portion sizes should be watched since it is easy for children to drink big portions of fruit juice, which simply adds extra calories to their diet.
Sugary drinks are never offered.	<ul style="list-style-type: none"> Sugary drinks offer little to no nutrients and contribute to consumption of extra calories and should be avoided.
Fat-free or skim milk is offered to children ages 2 years and older (not including those with milk allergies).	<ul style="list-style-type: none"> Recommendations from national organizations are for children over 2 to be served fat-free or skim milk, since the benefits of serving higher fat milk are outweighed by the added calories and fat that those types of milk have.
Flavored milk is offered to children less than 1 time per week or never.	<ul style="list-style-type: none"> Flavored milk is high in sugar, which can offset the good nutrients in plain milk.
<i>utrition Environment and Parent Education</i>	
Best Practice	Why is this important?
The program displays a large variety of posters, books, toys, and other learning materials that promote healthy eating, with new items introduced often.	<ul style="list-style-type: none"> Learning materials that show healthy eating can show children that these things are normal and can be part of their lives. New materials should be introduced often to keep children interested in learning about nutrition.

Teachers incorporate planned nutrition education into their classroom routines 1 time per week or more.	<ul style="list-style-type: none"> Formal nutrition education can help children learn specifically about the foods they should eat and should avoid and why we need to eat healthy foods, just as children rely on teachers to learn about things like shapes, letters, and the world around them.
<p>Families are offered education on child nutrition 2 times per year or more and should include the following topics:</p> <ul style="list-style-type: none"> Food and beverage recommendations for children Serving sizes for children The importance of variety in the child diet Creating healthy mealtime environments Using positive feeding practices Using responsive feeding techniques Not propping feeding bottles Introducing solid foods and new foods Infant development related to feeding and nutrition The program's policies on child nutrition 	<ul style="list-style-type: none"> Child care is an important source of information for families, and they rely on your expertise in childhood development to guide their parenting. These topics are the most important related to feeding children ages 0-6 and should be incorporated into educational opportunities for parents and caregivers.
A quiet and comfortable space, other than a bathroom, is always available for mothers to breastfeed or express breast milk.	<ul style="list-style-type: none"> Providing an appropriate space for breastfeeding mother to breastfeed or express their breast milk is an essential part of promoting breastfeeding. Mothers need to feel that they are comfortable in this space, and it should have an electrical outlet and a sink needed for a pump and for cleaning.
The space set aside for mothers to breastfeed or express breast milk offers privacy, an electrical outlet, comfortable seating, and a sink with running water in the room or nearby.	
Enough refrigerator and/or freezer space is always available for all breastfeeding mothers to store expressed breast milk.	<ul style="list-style-type: none"> Another part of promoting breastfeeding is having adequate storage space in refrigerators and/or freezers within the child care setting. This makes sure that all breast milk can be stored safely.

Each day, teachers provide both a written and verbal report to families about what, when, and how much their infants eat.	<ul style="list-style-type: none"> Communication with parents is important to make sure that an infant is eating properly to maintain growth, especially from child care providers feeding children much of what they eat in a day.
Teacher Practices	
Best Practice	Why is this important?
Television or videos are never on during meal or snack times.	<ul style="list-style-type: none"> Having a TV on during a meal can distract children from their fullness and hunger cues, and children are more likely to overeat if they are eating in front of a television.
When in classrooms during meal and snack times, teachers and staff always eat and drink the same foods and beverages as children.	<ul style="list-style-type: none"> Eating and drinking the same foods and beverages is a form of role modeling, which helps children learn healthy eating behaviors by watching you as a child care provider eat meals and snacks.
Teachers enthusiastically role model eating healthy foods served at every meal and snack time.	<ul style="list-style-type: none"> Not only is eating the same foods and drinking the same beverages important, but teachers should also help children learn what foods are good for them by enthusiastically eating these foods. This can include saying something as simple as “yum!” while eating vegetables.
Teachers and staff rarely or never eat or drink unhealthy foods or beverages in front of children.	<ul style="list-style-type: none"> Eating or drinking unhealthy foods in front of children teaches them that it is okay to eat these foods. While okay every now and then, this should be limited to make sure children focus on eating the healthiest foods and avoiding unhealthy food.
Teachers rarely or never require that children sit at the table until they clean their plates.	<ul style="list-style-type: none"> Requiring a child to sit at a table and finish his or her plate overrides a child’s ability to listen to their fullness cues. This can cause a child to overeat and consume more calories than they need to in a day.

Your Baby at 2 Months



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 2 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Babies Do at this Age:

Social/Emotional

- ☐ Begins to smile at people
- ☐ Can briefly calm himself (may bring hands to mouth and suck on hand)
- ☐ Tries to look at parent

Language/Communication

- ☐ Coos, makes gurgling sounds
- ☐ Turns head toward sounds

Cognitive (learning, thinking, problem-solving)

- ☐ Pays attention to faces
- ☐ Begins to follow things with eyes and recognize people at a distance
- ☐ Begins to act bored (cries, fussy) if activity doesn't change

Movement/Physical Development

- ☐ Can hold head up and begins to push up when lying on tummy
- ☐ Makes smoother movements with arms and legs

Act Early by Talking to Your Child's Doctor if Your Child:

- ☐ Doesn't respond to loud sounds
- ☐ Doesn't watch things as they move
- ☐ Doesn't smile at people
- ☐ Doesn't bring hands to mouth
- ☐ Can't hold head up when pushing up when on tummy

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO.

Adapted from *CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5*, Fifth Edition, edited by Steven Shellen and Tanya Berrier Altmann © 1991, 1993, 1998, 2004, 2009 by the American Academy of Pediatrics and *BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS*, Third Edition, edited by Joseph Rogers, Jr., Judith S. Shaw, and Paula M. Dawson, 2006, EA, Grove Village, IL: American Academy of Pediatrics. This milestone checklist is not a substitute for a standardized, validated developmental screening tool.

Your Baby at 4 Months



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 4 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Babies Do at this Age:

Social/Emotional

- ☐ Smiles spontaneously, especially at people
- ☐ Likes to play with people and might cry when playing stops
- ☐ Copies some movements and facial expressions, like smiling or frowning

Language/Communication

- ☐ Begins to babble
- ☐ Babbles with expression and copies sounds he hears
- ☐ Cries in different ways to show hunger, pain, or being tired

Cognitive (learning, thinking, problem-solving)

- ☐ Lets you know if she is happy or sad
- ☐ Responds to affection
- ☐ Reaches for toy with one hand
- ☐ Uses hands and eyes together, such as seeing a toy and reaching for it
- ☐ Follows moving things with eyes from side to side
- ☐ Watches faces closely
- ☐ Recognizes familiar people and things at a distance

Movement/Physical Development

- ☐ Holds head steady, unsupported
- ☐ Pushes down on legs when feet are on a hard surface
- ☐ May be able to roll over from tummy to back
- ☐ Can hold a toy and shake it and swing at dangling toys
- ☐ Brings hands to mouth
- ☐ When lying on stomach, pushes up to elbows

Act Early by Talking to Your Child's Doctor if Your Child:

- ☐ Doesn't watch things as they move
- ☐ Doesn't smile at people
- ☐ Can't hold head steady
- ☐ Doesn't coo or make sounds
- ☐ Doesn't bring things to mouth
- ☐ Doesn't push down with legs when feet are placed on a hard surface
- ☐ Has trouble moving one or both eyes in all directions

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/askdrc or call 1-800-CDC-INFO.

Reprinted from *GUIDE FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5*, 4th Edition, edited by Steven Parker and Tracy Farmer-McCoy © 1997, 1999, 1999, 2004, 2008 by the American Academy of Pediatrics and *WISCONSIN PEDIATRIC GUIDELINES FOR MONITORING SUPERVISED CHILDREN*, 4th Edition, 2007, 2008, edited by Joseph Hagan, Jr., Judith S. Shaw, and Mark B. Duncan, 2008, 16 Green Village, IL: American Academy of Pediatrics. This material should not be substituted for a standardized validated developmental screening tool.

Your Baby at 6 Months



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 6 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Babies Do at this Age:

Social/Emotional

- ☐ Knows familiar faces and begins to know if someone is a stranger
- ☐ Likes to play with others, especially parents
- ☐ Responds to other people's emotions and often seems happy
- ☐ Likes to look at self in a mirror

Language/Communication

- ☐ Responds to sounds by making sounds
- ☐ Strings vowels together when babbling ("ah," "uh," "eh") and likes taking turns with parent while making sounds
- ☐ Responds to own name
- ☐ Makes sounds to show joy and displeasure
- ☐ Begins to say consonant sounds (gibbering with "m," "n")

Cognitive (learning, thinking, problem-solving)

- ☐ Looks around at things nearby
- ☐ Brings things to mouth
- ☐ Shows curiosity about things and tries to get things that are out of reach
- ☐ Begins to pass things from one hand to the other

Movement/Physical Development

- ☐ Rolls over in both directions (front to back, back to front)
- ☐ Begins to sit without support
- ☐ When standing, supports weight on legs and might bounce
- ☐ Rocks back and forth, sometimes crawling backward before moving forward

Act Early by Talking to Your Child's Doctor if Your Child:

- ☐ Doesn't try to get things that are in reach
- ☐ Shows no affection for caregivers
- ☐ Doesn't respond to sounds around him
- ☐ Has difficulty getting things to mouth
- ☐ Doesn't make vowel sounds ("ah," "uh," "eh")
- ☐ Doesn't roll over in either direction
- ☐ Doesn't laugh or make squealing sounds
- ☐ Seems very stiff, with tight muscles
- ☐ Seems very floppy, like a rag doll

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO.

Adapted from: UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS). (2001). *CHILD DEVELOPMENT: A PARENT'S GUIDE*. Edited by Steven Berkley and Susan Kerner Aberson. © 2001, 1999, 2004, 2009 by the American Academy of Pediatrics and BRIGHT PICTURES. COURTESY FOR HEALTH INFORMATION OF PARENTS, CHILDREN, AND ADULTS/CHILDREN. Third Edition, edited by Joseph Pagani, J., Judith S. Stone, and Paula M. Dunlap, 2009. DHHS (HHS) 2009. U.S. American Academy of Pediatrics. This information provided is not a substitute for a doctor's advice, individual developmental screening tool.

Your Baby at 9 Months



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 9 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Babies Do at this Age:

Social/Emotional

- ☐ May be afraid of strangers
- ☐ May be clingy with familiar adults
- ☐ Has favorite toys

Language/Communication

- ☐ Understands "no"
- ☐ Makes a lot of different sounds like "ma-ma-ma" and "ba-ba-ba"
- ☐ Copies sounds and gestures of others
- ☐ Uses fingers to point at things

Cognitive (learning, thinking, problem-solving)

- ☐ Watches the path of something as it falls
- ☐ Looks for things he sees you hide
- ☐ Plays peek-a-boo
- ☐ Puts things in her mouth
- ☐ Moves things smoothly from one hand to the other
- ☐ Picks up things like cereal with thumb and index finger

Movement/Physical Development

- ☐ Stands, holding on
- ☐ Can get into sitting position
- ☐ Sits without support
- ☐ Pulls to stand
- ☐ Crawls

Act Early by Talking to Your Child's Doctor if Your Child:

- ☐ Doesn't bear weight on legs with support
- ☐ Doesn't sit with help
- ☐ Doesn't babble ("ma-ma", "ba-ba", "da-da")
- ☐ Doesn't play any games involving back-and-forth play
- ☐ Doesn't respond to own name
- ☐ Doesn't seem to recognize familiar people
- ☐ Doesn't look where you point
- ☐ Doesn't transfer toys from one hand to the other

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO.

The American Academy of Pediatrics recommends that children be screened for general development at the 9-month visit. Ask your child's doctor about your child's developmental screening.

Adapted from *GUIDE FOR YOUR CHILD'S DEVELOPMENT*, 1993, 1995, 1998, 2000 by the American Academy of Pediatrics and *GUIDE FOR PARENTS: CHILDREN'S DEVELOPMENTAL SCREENING*, 1993, 1995, 1998, 2000 by the American Academy of Pediatrics. This edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula W. Duncan, 2000, The Green Village. © American Academy of Pediatrics. This information (G2000) is not a substitute for a standardized, validated developmental screening tool.

Your Child at 1 Year



Child's Name

Children's Age

Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 1st birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- ☐ Is shy or nervous with strangers
- ☐ Cries when mom or dad leaves
- ☐ Has favorite things and people
- ☐ Shows fear in some situations
- ☐ Hands you a book when he wants to hear a story
- ☐ Repeats sounds or actions to get attention
- ☐ Pulls out arm or leg to help with dressing
- ☐ Plays games such as "peek-a-boo" and "pat-a-cake"

Language/Communication

- ☐ Responds to simple spoken requests
- ☐ Uses simple gestures, like shaking head "no" or waving "bye-bye"
- ☐ Makes sounds with changes in tone (sounds more like speech)
- ☐ Says "mama" and "dada" and exclamations like "uh-oh"
- ☐ Likes to say words you say

Cognitive (learning, thinking, problem-solving)

- ☐ Explores things in different ways, like shaking, banging, throwing
- ☐ Finds hidden things easily
- ☐ Looks at the right picture or thing when it's named
- ☐ Copies gestures
- ☐ Starts to use things correctly: for example, drinks from a cup, brushes hair
- ☐ Bangs two things together
- ☐ Puts things in a container, takes things out of a container
- ☐ Lets things go without help
- ☐ Plays with index (pointer) finger
- ☐ Follows simple directions like "pick up the toy"

Movement/Physical Development

- ☐ Gets to a sitting position without help
- ☐ Pulls up to stand, walks holding on to furniture ("cruising")
- ☐ May take a few steps without holding on
- ☐ May stand alone

Act Early by Talking to Your Child's Doctor if Your Child:

- ☐ Doesn't crawl
- ☐ Can't stand when supported
- ☐ Doesn't search for things that she sees you hide
- ☐ Doesn't say single words like "mama" or "dada"
- ☐ Doesn't learn gestures like waving or shaking head
- ☐ Doesn't point to things
- ☐ Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO.

ingested from GAMING FOR YOUR BODY AND MIND (PUBLISHED BY THE AUTHOR, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005) by the American Academy of Pediatrics and the UNITED STATES GOVERNMENT FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, Third Edition, edited by Joseph Hager, Jr., Judith S. Stone and Paula W. Swanson, 2006, The Green Village, U. American Academy of Pediatrics. This publication is neither a text nor a substitute for a representative, and/or, individual developmental screening tool.

Your Child at 18 Months (1½ Yrs)



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 18 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- ☐ Likes to hand things to others as play
- ☐ May have temper tantrums
- ☐ May be afraid of strangers
- ☐ Shows affection to familiar people
- ☐ Plays simple pretend, such as feeding a doll
- ☐ May cling to caregivers in new situations
- ☐ Points to show others something interesting
- ☐ Explores alone but with parent close by

Language/Communication

- ☐ Says several single words
- ☐ Says and shakes head "no"
- ☐ Points to show someone what he wants

Cognitive (learning, thinking, problem-solving)

- ☐ Knows what ordinary things are for, for example, telephone, brush, spoon
- ☐ Points to get the attention of others
- ☐ Shows interest in a doll or stuffed animal by pretending to feed
- ☐ Points to one body part
- ☐ Scribbles on his own
- ☐ Can follow 1-step verbal commands without any gestures, for example, sits when you say "sit down"

Movement/Physical Development

- ☐ Walks alone
- ☐ May walk up steps and run
- ☐ Pulls toys while walking
- ☐ Can help undress herself
- ☐ Drinks from a cup
- ☐ Eats with a spoon

Act Early by Talking to Your Child's Doctor if Your Child:

- ☐ Doesn't point to show things to others
- ☐ Can't walk
- ☐ Doesn't know what familiar things are for
- ☐ Doesn't copy others
- ☐ Doesn't gain new words
- ☐ Doesn't have at least 6 words
- ☐ Doesn't notice or mind when a caregiver leaves or returns
- ☐ Loves skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO.

The American Academy of Pediatrics recommends that children be screened for general development and autism at the 18-month visit. Ask your child's doctor about your child's developmental screening.

Adapted from *CRIB-18 FOR FOUR- AND FIVE-YEAR-OLD CHILDREN* (1991, 1993, 1996, 2000) by the American Academy of Pediatrics and *CRIB-18* (1991, 1993, 1996, 2000) by the American Academy of Pediatrics. © 2006 by the American Academy of Pediatrics. All rights reserved. Reproduction of this document is permitted for personal use only. For more information, contact the American Academy of Pediatrics, 505 North Dearborn Street, Elk Grove Village, IL 60007, (708) 438-7000, www.aap.org.

www.cdc.gov/actearly | 1-800-CDC-INFO



Learn the Signs. Act Early.

Your Child at 3 Years



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 3rd birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- ☐ Copies adults and friends
- ☐ Shows affection for friends without prompting
- ☐ Takes turns in games
- ☐ Shows concern for a crying friend
- ☐ Understands the idea of "mine" and "his" or "hers"
- ☐ Shows a wide range of emotions
- ☐ Separates easily from mom and dad
- ☐ May get upset with major changes in routine
- ☐ Dresses and undresses self

Language/Communication

- ☐ Follows instructions with 2 or 3 steps
- ☐ Can name most familiar things
- ☐ Understands words like "in," "on," and "under"
- ☐ Says first name, age, and sex
- ☐ Names a friend
- ☐ Says words like "I," "me," "we," and "you" and some plurals (cars, dogs, cats)
- ☐ Talks well enough for strangers to understand most of the time
- ☐ Carries on a conversation using 2 to 3 sentences

Cognitive (learning, thinking, problem-solving)

- ☐ Can work toys with buttons, levers, and moving parts
- ☐ Plays make-believe with dolls, animals, and people
- ☐ Does puzzles with 3 or 4 pieces
- ☐ Understands what "two" means
- ☐ Copies a circle with pencil or crayon
- ☐ Turns book pages one at a time
- ☐ Builds towers of more than 6 blocks
- ☐ Screws and unscrews jar lids or turns door handle

Movement/Physical Development

- ☐ Climbs well
- ☐ Runs easily
- ☐ Pedals a tricycle (3-wheel bike)
- ☐ Walks up and down stairs, one foot on each step

Act Early by Talking to Your Child's Doctor if Your Child:

- ☐ Falls down a lot or has trouble with stairs
- ☐ Drops or has very unclear speech
- ☐ Can't work simple toys (such as peg boards, simple puzzles, turning handles)
- ☐ Doesn't speak in sentences
- ☐ Doesn't understand simple instructions
- ☐ Doesn't play pretend or make-believe
- ☐ Doesn't want to play with other children or with toys
- ☐ Doesn't make eye contact
- ☐ Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your local public school. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO.

Adapted from "CHECK FOR YOUR CHILD AND YOUNG CHILD BIRTH TO AGE 5, 1996 EDITION," edited by Steven Straker and Tracy Flynn. Reprinted from: CDC, 1995, 1996, 1998 by the American Academy of Pediatrics and UNITED STATES, SOURCES: FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, 7th Edition, edited by Joseph Fagan, Jr., Judith E. Glaser, and Paula M. Gorman, 2000. 176 Stone Village, S. American Academy of Pediatrics. This material provided is not a substitute for a standardized, validated developmental screening tool.

Your Child at 4 Years



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 4th birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- ☐ Enjoys doing new things
- ☐ Plays "Mom" and "Dad"
- ☐ Is more and more creative with make-believe play
- ☐ Would rather play with other children than by himself
- ☐ Cooperates with other children
- ☐ Often can't tell what's real and what's make-believe
- ☐ Talks about what she likes and what she is interested in

Language/Communication

- ☐ Knows some basic rules of grammar, such as correctly using "he" and "she"
- ☐ Sings a song or says a poem from memory such as the "Itsy Bitsy Spider" or the "Wheels on the Bus"
- ☐ Tells stories
- ☐ Can say first and last name

Cognitive (learning, thinking, problem-solving)

- ☐ Names some colors and some numbers
- ☐ Understands the idea of counting
- ☐ Starts to understand time
- ☐ Remembers parts of a story
- ☐ Understands the idea of "same" and "different"
- ☐ Draws a person with 2 to 4 body parts
- ☐ Uses scissors
- ☐ Starts to copy some capital letters
- ☐ Plays board or card games
- ☐ Tells you what he thinks is going to happen next in a book

Movement/Physical Development

- ☐ Hops and stands on one foot up to 2 seconds
- ☐ Catches a bounced ball most of the time
- ☐ Pours, cuts with supervision, and makes own food

Act Early by Talking to Your Child's Doctor if Your Child:

- ☐ Can't jump in place
- ☐ Has trouble scribbling
- ☐ Shows no interest in interactive games or make-believe
- ☐ Ignores other children or doesn't respond to people outside the family
- ☐ Resists dressing, sleeping, and using the toilet
- ☐ Can't retell a favorite story
- ☐ Doesn't follow 3-part commands
- ☐ Doesn't understand "same" and "different"
- ☐ Doesn't use "me" and "you" correctly
- ☐ Speaks unclearly
- ☐ Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your local public school. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO.

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www.cdc.gov/actearly

1-800-CDC-INFO



Learn the Signs. Act Early.

Your Child at 5 Years



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 5th birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- ☐ Wants to please friends
- ☐ Wants to be like friends
- ☐ More likely to agree with rules
- ☐ Likes to sing, dance, and act
- ☐ Is aware of gender
- ☐ Can tell what's real and what's make-believe
- ☐ Shows more independence (for example, may visit a next-door neighbor by himself (adult supervision is still needed))
- ☐ Is sometimes demanding and sometimes very cooperative

Language/Communication

- ☐ Speaks very clearly
- ☐ Tells a simple story using full sentences
- ☐ Uses future tense; for example, "Grandma will be here."
- ☐ Says name and address

Cognitive (learning, thinking, problem-solving)

- ☐ Counts 10 or more things
- ☐ Can draw a person with at least 6 body parts
- ☐ Can print some letters or numbers
- ☐ Copies a triangle and other geometric shapes
- ☐ Knows about things used every day, like money and food

Movement/Physical Development

- ☐ Stands on one foot for 10 seconds or longer
- ☐ Hops; may be able to skip
- ☐ Can do a somersault
- ☐ Uses a fork and spoon and sometimes a table knife
- ☐ Can use the toilet on her own
- ☐ Swings and climbs

Act Early by Talking to Your Child's Doctor if Your Child:

- ☐ Doesn't show a wide range of emotions
- ☐ Shows extreme behavior (unusually fearful, aggressive, shy or sad)
- ☐ Unusually withdrawn and not active
- ☐ Is easily distracted, has trouble focusing on one activity for more than 5 minutes
- ☐ Doesn't respond to people, or responds only superficially
- ☐ Can't tell what's real and what's make-believe
- ☐ Doesn't play a variety of games and activities
- ☐ Can't give first and last name
- ☐ Doesn't use plurals or past tense properly
- ☐ Doesn't talk about daily activities or experiences
- ☐ Doesn't draw pictures
- ☐ Can't brush teeth, wash and dry hands, or get undressed without help
- ☐ Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your local public school. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO.

Adapted from *GUIDE FOR PARENTS AND YOUNG CHILD DOCTORS TO ACT EARLY*, edited by David Wake and Tonya Roman Wilson © 1997, 1999, 1999, 2000, 2002 by the American Academy of Pediatrics and NATIONAL PARENT GUIDANCE FOR HEALTH COMMUNITIES OF AMERICANS, CHILDREN AND ADULTS (NACHA). This edition, edited by Joseph Hagan, Jr., Jeffrey L. Shaw, and Paula W. Duncan, 2008, for David Wake, A. American Academy of Pediatrics. This information should not be considered for individualized, individualized developmental screening tool.

www.cdc.gov/actearly

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Learn the Signs. Act Early.

Fun Ideas for Using Play Things Indoor and Outdoors

HULA HOOPS

Inside:

- Use for target practice (wall, floor, held).
- Play musical hoops.
- Practice motor skills.
- Practice movement concepts.
- Use as personal space or "homebase".
- Use as a steering wheel.
- Play partner games.

Outside:

- Roll and chase them.
- Spin them.
- Twist them around body parts.
- Use as target practice (tree, fence, held).



BILIBOS

(dome shaped open-ended toy that encourages imagination and creativity)

Inside:

- Jump off of them.
- Spin them.
- Toss balls or other items into bilibo as a low target.
- Use as stepping stones.
- Use for scolding.

Outside:

- Use as stepping stones.
- Use as a carrying container (individual, partners, small group).
- Connect them to a rope to pull people.
- Connect them to a rope to carry loose parts, water or mud.
- Hang them from trees as a target.
- Do teamwork activities (holding hands, move the hoop around the circle without letting go of hands).
- Use as personal space or "homebase".

2 PERSON PARACHUTE

Inside:

- Create a tent, cave or fort.
- Use as a target or backdrop.
- Use as a ball retriever/return.
- Pretend it is a popcorn maker or pan and make to make food.
- Define a space to perform locomotor movements around.
- Find out how many (stuffed animals, children...) can fit under around or on the parachute.
- Experiment with light/heavy and big/ little things to bounce on the parachute.
- Use it to practice movement concepts such as levels.

Outside:

- Use it as a sail on a ship.
- Use it to practice movements concepts such as levels.
- Use as a kite to catch the wind.
- Collect loose parts and carry them around.
- Use as a privacy barrier.
- Use as a target or backdrop.
- Use it as a ball retriever/return.
- Use as a hammock.
- Use as a sled.
- Create a tent, cave or fort.



JUMP ROPES

Inside:

- Use to hang targets.
- Create shapes (letters, circles, square, body image, etc).
- Place one or more on floor and practice motor skills.
- Suspend off the ground and practice motor skills.
- Practice movement concepts.
- Use it to play limbo.
- Use to hang sheets over to create fort/tent/tunnel.

Outside:

- Practice individual or partner jumping.
- Pull other objects.
- Use to hang targets.
- Place one or more on floor to practice motor skills.
- Suspend off the ground and practice motor skills.
- Use it to play limbo.
- Use to hang sheets over to create fort/tent/tunnel.



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Fun Ideas for Using Play Things Indoor and Outdoors

FRISBEEES

Inside:

- Create an obstacle course.
- Use for target practice.
- Secure to shoes and use as skates to practice sliding.
- Secure to hands and use as paddles.
- Secure to rope and use as moving target.
- Use as personal space or "homebase" markers.
- Use for treasure hunts or relays.
- Use as a steering wheel.
- Balance on body parts.
- Use as stepping stones, fly path, etc.



Outside:

- Throw and chase.
- Hang from trees as targets (can add bells for auditory reinforcement).
- Carry water, sand or mud.
- Use as water skis.
- Use for treasure hunts or relays.
- Roll, spin or flip them.
- Use as steering wheels.
- Secure to sticks to use as long handled paddle.

FOAM POOL NOODLES

Inside:

- Secure to the ground and use as balance beams (may need to assist the children).
- Secure to the floor to practice motor skills.
- Suspend off the ground to practice motor skills.
- Practice movement concepts.
- Use to pull objects.
- Use as weights and lift them like you are exercising.
- Use it to play limbo.
- Cut them into small pieces and practice motor skills.
- Cut them in half and use them like drum sticks.
- Use them to hang sheets over to create fort/hut/tunnel.

Outside:

- Use them as hurdles to jump over.
- Use them to practice striking objects (stationary, suspended, tossed).
- Have a pirate sword battle.
- Use as paddles on a boat and row.
- Use to build forts.
- Use it to play limbo.
- Ride them like a horse.
- Throw them like a javelin in the Olympics.
- If hollow, use them like a hose to pour water.
- If hollow, put a rope through them and use as boundaries, hang sheets from, balance on and more.

SCARVES

Inside:

- Use them to practice motor skills.
- Suspend off ground and practice motor skills.
- Practice movement concepts.
- Play peek-a-boo.
- Use as puppets.
- Use them for directed movement during storytime.
- Use as spot markers.
- Create a scarf rope.
- Play throw and chase.
- Use to practice rhythm.



Outside:

- Use them to practice motor skills.
- Practice movement concepts.
- Tie them to a pole or tree as a spot marker or target.
- Use them as a flag.
- Play tag with them.
- Use them for directed movement or as a signal.
- Collect and carry loose parts in them.
- Suspend off the ground and practice motor skills.
- Practice pre-juggling skills.
- Tie them to a tree or pole and have a scavenger hunt.
- Create a scarf rope with them.
- Tie them to a fence for art.

* Be cautious when using equipment as floor markers. Some will prove very heated. Use proper supervision to ensure safety, but allow for creativity, risk and exploration.

* Movement concepts include body awareness, space awareness, effort awareness, and relationship (examples: directions, pathways, speeds, levels).

* Motor skills include locomotor, manipulative, non-locomotor skills (examples: throwing, catching, kicking, rolling, crawling, jumping, running).



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Understand the Weather

Wind-Chill



- 30° is chilly and generally uncomfortable
- 15° to 30° is cold
- 0° to 15° is very cold
- -20° to 0° is bitter cold with significant risk of frostbite
- -20° to -60° is extreme cold and frostbite is likely
- -60° is frigid and exposed skin will freeze in 1 minute

Heat Index



- 80° or below is considered comfortable
- 90° beginning to feel uncomfortable
- 100° uncomfortable and may be hazardous
- 110° considered dangerous

All temperatures are in degrees Fahrenheit

Child Care Weather Watch

Wind-Chill Factor Chart (in Fahrenheit)										
Air Temperature	Wind Speed in mph									
	Calm	5	10	15	20	25	30	35	40	
40	40	36	34	32	30	29	28	28	27	
30	30	25	21	19	17	16	15	14	13	
20	20	13	9	6	4	3	1	0	-1	
10	10	1	-4	-7	-9	-11	-12	-14	-15	
0	0	-11	-16	-19	-22	-24	-26	-27	-29	
-10	-10	-22	-28	-32	-35	-37	-39	-41	-43	



Comfortable for out door play



Caution



Danger

Heat Index Chart (in Fahrenheit %)																
Air Temperature (F)	Relative Humidity (Percent)															
	40	45	50	55	60	65	70	75	80	85	90	95	100			
80	80	80	81	81	82	82	83	84	84	85	86	86	87			
84	83	84	85	86	88	89	90	92	94	96	98	100	103			
90	91	93	95	97	100	103	106	109	113	117	122	127	132			
94	97	100	103	106	110	114	119	124	129	135						
100	109	114	118	124	129	136										
104	119	124	131	137												

Child Care Weather Watch

Watching the weather is part of a child care provider's job. Planning for playtime, field trips, or weather safety is part of the daily routine. The changes in weather require the child care provider to monitor the health and safety of children. What clothing, beverages, and protections are appropriate? Clothe children to maintain a comfortable body temperature (warmer months - lightweight cotton, colder months - wear layers of clothing). Beverages help the body maintain a comfortable temperature. Water or fruit juices are best. Avoid high-sugar content beverages and soda pop. Sunscreen may be used year around. Use a sunscreen labeled as SPF-15 or higher. Read and follow all label instructions for the sunscreen product. Look for sunscreen with UVB and UVA ray protection. Shaded play areas protect children from the sun.

Condition GREEN - Children may play outdoors and be comfortable. Watch for signs of children becoming uncomfortable while playing. Use precautions regarding clothing, sunscreen, and beverages for all child age groups.

INFANTS AND TODDLERS are unable to tell the child care provider if they are too hot or cold. Children become fussy when uncomfortable. Infants/toddlers will tolerate shorter periods of outdoor play. Dress infants/toddlers in lightweight cotton or cotton-like fabrics during the warmer months. In cooler or cold months dress infants in layers to keep them warm. Protect infants from the sun by limiting the amount of time outdoors and playing in shaded areas. Give beverages when playing outdoors.

YOUNG CHILDREN remind children to stop playing, drink a beverage, and apply more sunscreen. **OLDER CHILDREN** need a firm approach to wearing proper clothing for the weather (they may want to play without coats, hats or mittens). They may resist applying sunscreen and drinking beverages while outdoors.

Condition YELLOW - use caution and closely observe the children for signs of being too hot or cold while outdoors. Clothing, sunscreen, and beverages are important. Shorten the length of outdoor time.

INFANTS AND TODDLERS use precautions outlined in Condition Green. Clothing, sunscreen, and beverages are important. Shorten the length of time for outdoor play.

YOUNG CHILDREN may insist they are not too hot or cold because they are enjoying playtime. Child care providers need to structure the length of time for outdoor play for the young child. **OLDER CHILDREN** need a firm approach to wearing proper clothing for the weather (they may want to play without coats, hats or mittens), applying sunscreen and drinking liquids while playing outdoors.

Condition RED - most children should not play outdoors due to the health risk. **INFANTS/TODDLERS** should play indoors and have ample space for large motor play. **YOUNG CHILDREN** may ask to play outside and do not understand the potential danger of weather conditions. **OLDER CHILDREN** may play outdoors for very short periods of time if they are properly dressed, have plenty of fluids. Child care providers must be vigilant about maximum protection of children.

Understand the Weather

The weather forecast may be confusing unless you know the meaning of the words.

Blizzard Warning: There will be snow and strong winds that produce a blinding snow, deep drifts, and life threatening wind chills. Seek shelter immediately.

Heat Index Warning: How hot it feels to the body when the air temperature (in Fahrenheit) and relative humidity are combined.

Relative Humidity: The percent of moisture in the air.

Temperature: The temperature of the air in degrees Fahrenheit.

Wind: The speed of the wind in miles per hour.

Wind Chill Warning: There will be sub-zero temperatures with moderate to strong winds expected which may cause hypothermia and great danger to people, pets and livestock.

Winter Weather Advisory: Weather conditions may cause significant inconveniences and may be hazardous. If caution is exercised, these situations should not become life threatening.

Winter Storm Warning: Severe winter conditions have begun in your area.

Winter Storm Watch: Severe winter conditions, like heavy snow and ice are possible within the next day or two.

This booklet can be downloaded at:

https://www.nwf.org/pdf/Be%20Out%20There/BOT_WeatherReport_3d_forWeb2.pdf

The Forecast Calls for Play



Feel Confident
Outdoors
No Matter
The Weather

Outdoor Activity Handout

Structured learning opportunities: Planned lessons and activities including circle time, art projects, and reading time.

1. Look at Outdoor Play Setting Pictures and talk about what activities can be done and where

Seasonal outdoor activities: Activities that are unique to the season or the weather, including gardening, water play, collecting fallen leaves, and playing in the snow.

1. Mud Play
2. Leaf Play
3. Water Play
4. Pumpkin Play
5. Snow Play
6. Gardening

Walking trips: Activities, like nature walks and neighborhood tours, which let children explore the outdoors nearby your program, but beyond the regular play space.

Outdoor field trips: Opportunities for children to take part in outdoor activities around the community.

1. Farms
2. Gardens
3. Nature centers
4. Local parks
5. Creamery

Nutrition and Physical Activity Curricula for Classroom Use



<http://www.colormehealthy.com/>



http://www.sesamestreet.org/lms/_services/_services/action/download.php?id=38a3880c-ca0e-45a1-9aaf-9a6688c5e557



<http://healthnews.ca.gov/docs/000/000000/MODER-Health.pdf>



<http://www.fns.usda.gov/fns/grow-it-try-it-like-it>

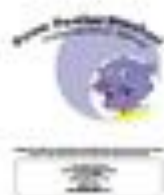
Teacher guides:
<http://kidshealth.org/classroom/index.asp?Grade=K&Section=HTH>



<http://growing-minds.org/preschool-lesson-plans/>



<http://www.potterthebear.com/#!/main>



http://www.karnashtammytricks.org/TRY_Ours/PDF/school/2011_freshcollaps_lamentationManual.pdf



<http://hsa.dpi.wi.gov/files/hsa/hsa/hsa.pdf>



https://www.education.gov.uk/files/default/documents/1212_ng_fm_h_flandreck_v2.pdf



<http://www.floridhealth.gov/programs-and-services/childrens-health/child-care-food-programs/nutrition/preschool-lesson-plans.html>

Nutrition and Physical Activity Curricula

	Color Me Healthy	http://www.colormehealthy.com/
	Sesame Street: Healthy Habits for Life	http://kidshealth.org/teachroom/index.js?Grade=cc&Section=fff
	Model Health!	http://healthmeabi.nal.usda.gov/fsmrs/Maryland/MOCEHealth.pdf
	USDA Team Nutrition: Grow It, Try It, Like It!	http://www.fns.usda.gov/fns/grow-it-try-it-it
	Potter the Otter: A Tale about Water	http://www.pottertheotter.com/#/main
	Growing Minds: ASAP's Farm to School Program	http://growing-minds.org/preschool-lesson-plans/
	Power Panther Preschool: Implementation Manual	http://www.kansasteamnutrition.org/TN_Docs/PPPreschool/2011_PreschoolImplementationManual.pdf
	Healthy Snacks & Physical Activities, for early childhood programs	https://www.education.gov/sites/files/ed/documents/1213_ny_tn_h_PlanetSnack_v2.pdf
	Healthy Movement & Active Play	http://fns.dpi.wi.gov/files/fns/pdf/hmap.pdf
	A Dozen Ways to Be Healthy: Preschool Lesson Plans for the Child Care Food Program	http://www.floridahealth.gov/programs-and-services/childrens-health/child-care-food-program/nutrition/preschool-lesson-plans.html

COMMON FEEDING ISSUES

Infants

- a. Nipple confusion. Relevant for breastfed babies. The rubber nipple on bottles leads infants to nurse very differently than from the breast.
 - i. Child experience: Introducing bottles or pacifiers within the first three to four weeks of life to an infant can confuse him/her about latching on and successfully feeding from the breast.
 - ii. Provider response: Infants will have passed this age by the time they enter care. However; it is important that child care recommend parents to get a child used to bottle feeding or being fed by someone other than mom before starting child care.
- b. Introducing complementary foods. Signs that infants are ready to begin complimentary foods are they can sit and hold their head up unassisted, open their mouth for a spoon, seem interested in eating, move foods to the back of the mouth with the tongue, and swallow foods thicker than breast milk. Developmental readiness is more important than age, but it is recommended to wait to introduce complimentary foods until around six months.
 - i. Child experience: Infants' digestive systems become mature enough to accept foods other than formula or breast milk around six months. Introducing them too soon can put infants at risk of inhaling food, cause them to get too much or too little food, and put them at risk of obesity. Infants will be more interested in complementary foods when they are ready for them, and enjoy eating more.
 - ii. Provider response: Always follow the family's lead in introducing new foods to infants. Encourage them to avoid introducing complimentary foods before the infant shows developmental readiness. Avoid practices like adding cereal to bottles.
- c. Colic: Defined as an infant in pain, crying for more than three hours a day.
 - i. Child experience: A colicky infant may clench his fists or pull her knees into her chest and seem to truly be in pain. Colic is still not completely understood, but research has found differences in colicky infants' gut bacteria, gut hormones, reaction to cow's milk, and immaturity of infant's nervous/digestive system. Maternal diet may be related to colic in breastfed babies. Foods such as onions, broccoli, chocolate, cow's milk, eggs, wheat, soy, peanuts, tree nuts, and fish have been identified to be related to colic. Formula fed babies may also experience colic.
 - ii. Provider response: Let parents know of the infant's colic while in care (they are likely already aware of it at home) and offer support in this difficult stage. For all babies, try feeding the infant smaller quantities at a slower pace more frequently. Try different ways to hold the infant, and movement up and down, side to side, and forward and backward. Wearing infants in a sling for about three hours is another tactic to help calm colicky babies. Breastfeeding mothers may remove common allergens from their diets. For formula-fed babies, a special formula or hydrolyzed formula could help. Another option is to offer infants oral probiotics.

- d. Baby bottle tooth decay: Putting an infant to sleep with a bottle allows sugar in beverages (breast milk, formula, or juice) to pool around the teeth and set them up for severe tooth decay. Dipping pacifiers in sugar or syrup can have the same effect.
- i. Child experience: The child can get more cavities in baby teeth as a toddler than one not put to sleep with a bottle. Baby teeth may need to be removed, causing feeding and speech problems. Adult teeth can also be damaged.
 - ii. Provider response: Avoid giving babies bottles when putting them to sleep. Talk to parents about the risks of the practice and other ways to calm infants before bed. They may sleep better since they will not have a large amount of urine in their diaper overnight. Encourage weaning children to a cup starting at 6 months with no bottles by 12 months. Giving children a bottle with water inside may help them wean, as they typically lose interest in it.
- e. Failure to thrive: An infant does not gain weight or height at a healthy rate due to a lack of calories. Most critical is the brain growth in the first 2–3 years of life, so calories are especially critical as well as positive relationships with food and mealtime. Failure to thrive (FTT) may be based on a medical diagnosis, such as an infant who does not eat enough calories due to developmental problems (especially swallowing), frequent reflux, or ear/other infections. Infants with cystic fibrosis or celiac disease may get enough calories but are not able to digest the food given. With no medical reason, failure to thrive can be due to environmental factors such as a lack of response to infant cues resulting in feeding going poorly. Formula may be mixed incorrectly and provide inadequate calories. Other risk factors are poverty, depression or mental illness in the mother, or drug or alcohol abuse in the household. Failure to thrive may also be diagnosed after infancy.
- i. Child experience: The child does not grow at the expected rate. He or she may also be easily tired, irritable, sleepy, and slow in motor and social development. Children should be examined for anemia since a low blood iron level can cause those very same symptoms. An additional environmental risk factor can be lead poisoning from an environmental cause; routine screening for low hemoglobin and elevated lead in the blood is done at well child check-ups, so all families should be advised to follow the recommended schedule for check-ups, screening tests and immunizations.
 - ii. Provider response: Share this information with the director and encourage her/him to speak with the parents to encourage them to check in with their health care provider or at a local health clinic. Speak with the director if any signs of abuse are present; children with FTT are four times more likely to be abused than children without FTT.

Toddlers

- f. Food jags. Toddlers may show strong food likes and dislikes. It is normal for toddlers to refuse a food for long periods of time that they previously liked.
 - i. Child experience. Tastes develop over time, even before birth. Toddlers are also learning to exert their independence, and may do so over food.
 - ii. Provider response. Be patient and avoid pressuring children to eat a food they do not want to eat. Continue to offer the new foods alongside familiar foods.
- g. Appetite and Food intake. When an infant becomes a toddler, the growth rate slows down and they tend to eat less.
 - i. Child experience. Toddlers can have less of an appetite or interest in food. They can be distracted by learning new social, speech or gross and fine motor skills. Offer toddlers small snacks of nutritious foods several times a day. Let them learn to take food for themselves and pass food to others. They may go on “food jags” where they only want to eat a small variety of foods. Avoid making food into a negative experience or power struggle and find ways to make food attractive (i.e. little sandwiches cut in shapes, vegetables that are interesting and fun to eat)
 - ii. Provider response. Offer toddlers toddler-sized portions. Avoid labeling a child a picky eater, since what we say has an impact on children. When we consider a toddler’s diet over a week instead of just one day, we will see more variety.
- h. Safe and pleasant mealtimes. As toddlers continue to feed themselves, they are still at risk for choking. It is also a time to learn how to be at a table together at mealtimes and use good manners.
 - i. Child experience. Toddlers have a strong need for independence and will often want to do things, including feeding, for themselves.
 - ii. Provider response. Sit with children at mealtimes and support the toddler’s independence in self-feeding, especially with utensils. Supervise for any signs of choking. Common choking hazards are grapes (cut them in half), hot dog slices, peanut butter, or any substance that could block the airway. Food pieces should be soft and small. Mealtime atmosphere should be pleasant and relaxing, without TV or other technology. Teach and model good manners at the table.
- i. Excessive fluids. When a child consumes too many calories from juice, it can cause them to miss out on other important foods and calories. Toddlers can also drink too much cow’s, goat’s, or soy milk. This is actually a medical condition and can displace other iron-rich foods, which results in anemia. They need no more than 16–24 ounces of milk daily, and if they have dairy through cheese or yogurt that amount of milk can be reduced.
 - i. Child experience. Children may prefer drinking to food (especially during food jags). Drinking too much juice can cause diarrhea.
 - ii. Provider response. Limit juice intake to one 4- to 6-ounce serving two times per week in child care. Serve milk with meals. Make water available throughout the day, but avoid allowing children to carry a sippy cup of juice with them. Limit beverages other than water to mealtimes.

- j. Autism. The effects of autism spectrum disorder (ASD) can impact a child's eating patterns. They may have strong food dislikes that limit the variety of foods they eat, not get enough food to meet their needs, be constipated, or have medication interactions.
- i. Child experience. Children may be sensitive to taste, smell, color, and textures and accept a narrow range of foods—especially fruits, vegetables, or slippery, soft foods.
 - ii. Provider response. Accept guidance from parents about the child's likes and dislikes and mealtime routines. Encourage children with ASD to try a variety of foods, but never pressure. Children may have difficulty concentrating and need special assistance focusing on eating at mealtimes. Although research does not support gluten-free, dairy-free diets to treat ASD symptoms, some people report success with them. Be aware of this potential request from parents. Get advice from dietitians and other health professionals so that children receive all the help possible. They are eligible for the school district Early Intervention Programs through each county, and typically clinics will also provide families with consultations to experts in children's behaviors and nutrition.

Preschoolers

- k. Appetite and food intake. Preschoolers' growth rate slows more than toddlers, so appetite may continue to be variable.
 - i. Child experience. Familiar foods can be comforting to preschoolers. They are also an area where children may try to exert control in life.
 - ii. Provider response. Serve children appropriate serving sizes of foods. Avoid power struggles with food. Allow the child to decide whether to eat foods and how much to eat. Avoid pressuring children to eat; even one bite. Unless a child's normal growth is disrupted, there is no cause for alarm.
- l. Transitioning to healthier foods/Introducing new foods. Children may need to be exposed to a new food 12–15 times before accepting it. However, they develop preferences for foods that are familiar to them so it is worthwhile to expose children to a wide range of healthy foods.
 - i. Child experience. Children can experience *neophobia*, or fear of new foods. They can display a spectrum of accepting foods, starting with looking, smelling, touching, or holding it to their lips. It is normal for children to put a food in his/her mouth and take it out again. The next step is for a child to swallow a bite of the food, and eventually, to enjoy it.
 - ii. Provider response. Avoid overreacting to children's responses to new foods. Providers can help children by encouragement, role modelling sitting and eating the same food, talking about healthy foods, and teaching lessons on food. Consistently timed meals and snacks in child care without grazing the rest of the day help children feel hungry at meals and ready to eat.
- m. Cerebral palsy and muscle coordination problems. Children with cerebral palsy may have low fat stores or muscle mass on their bodies. They will have an assessment that will let caregivers know of restrictions in types of foods the child can eat, and whether coordinating muscles for chewing, swallowing, and/or using a spoon or fork are working well. Special utensils are available, including bottles, nipples, cups, etc. Children should be encouraged to feed themselves in ways that are typical for their ages.
 - i. Child experience. A child who needs extra energy to coordinate his/her muscles may be able to tolerate more limited variety of foods. Raw foods may take so much energy to eat that the child does better with softer foods. These take less energy to eat, so the child gets more calories. These children may need to have high caloric food supplements, such as Pediasure or Carnation Instant Breakfast, for example. Adding butter to their foods may be advised to increase their fat/caloric intake. Puddings and ice cream can be sources of dense calories; small amounts of powdered milk can be added to foods to increase the calories for some children with special health needs.
 - ii. Provider response. Become familiar with the feeding plan for these children, and talk with the parents about special instructions for feeding based on their health provider's instructions.

n. Gastrostomy tube feeding

- i. Child experience. Children with gastrostomy tubes get their nutrition in the form of special formulas poured through their tube directly into the stomach. They may or may not also eat solid food through the mouth. Sometimes they might receive tube feedings using a pump during night time hours. However, if they do they will typically be less hungry during waking hours. Feeding plans need to be adjusted often to be developmentally appropriate and for growth rate changes and stages.
- ii. Provider response. Note: This condition may require more specialized child care. Coordinate with parents, health care provider, and other pediatric experts for this condition.

2. Allergies

- a. True food allergies can result in anaphylaxis, a life-threatening response of the immune system. Signs include trouble breathing, a rapid weak pulse, a skin rash, or nausea and vomiting.
 - i. Milk, eggs, wheat, peanuts, walnuts, soy, fish are most common food allergens
 - ii. Allergic responses to any of these foods can cause serious, potentially fatal, reactions in children that could require an epinephrine injection.
 - iii. Milder allergic responses can show up as skin rashes, wheezing, or other symptoms.
 - iv. Children under four are more likely to have food allergies than older children

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