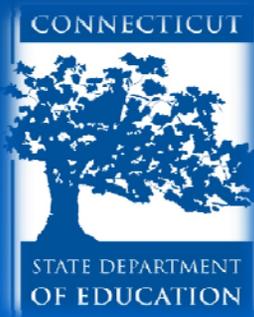
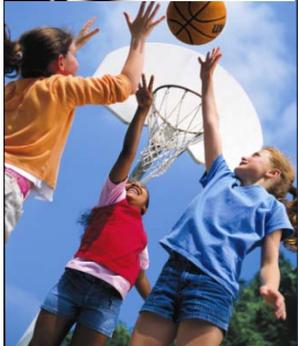


Creating a Healthy Child Care Environment

Developing Nutrition and Physical
Activity Policies in the CACFP

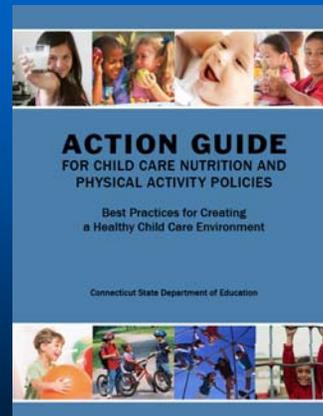


Connecticut State Department of Education
Revised May 2011



This PowerPoint was presented at the Connecticut State Department of Education's (CSDE) June 2010 annual training workshops for the Child and Adult Care Food Program (CACFP). It provides an orientation to the CSDE's *Action Guide for Child Care Nutrition and Physical Activity Policies*. The action guide and supporting resources are available on the CSDE Web site (Child Care Nutrition and Physical Activity Policies page) at <http://www.sde.ct.gov/sde/cwp/view.asp?a=2678&Q=322562>.

The page numbers listed on some slides refer to the action guide.



The Action Guide for Child Care Nutrition and Physical Activity Policies was developed through a 2007 Team Nutrition grant from the U.S. Department of Agriculture (USDA) Food and Nutrition Service to the Connecticut State Department of Education. This project has been partially funded with federal funds from the USDA Food and Nutrition Service. The content of this publication does not necessarily reflect the views or policies of the USDA, nor does mention of trade names, commercial products or organizations imply endorsement by the U.S. government.

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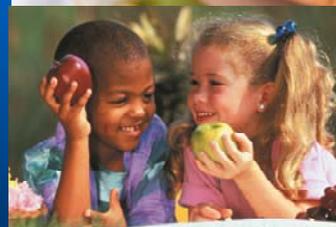
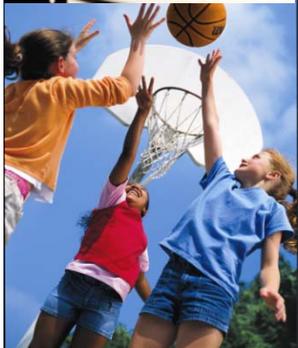
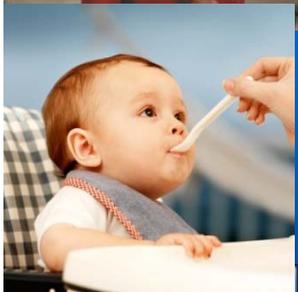
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Abbreviations

CACFP	Child and Adult Care Food Program
CSDE	Connecticut State Department of Education
DPH	Department of Public Health
FDA	Food and Drug Administration
NAEYC	National Association for the Education of Young Children
NAFCC	National Association for Family Child Care
USDA	U.S. Department of Agriculture

Workshop Overview

- CACFP updates
- Rationale for policy development
- Introduction to the *Action Guide for Child Care Nutrition and Physical Activity Policies*
- How to use the action guide
- Policy development steps
- Connecticut Child Care Nutrition Standards



Civil Rights

- Complete forms annually and maintain on file
 - ▶ *Civil Rights Potential Beneficiary Data Determination Form*
 - ▶ *Civil Rights Data Collection Form*
- Hang posters in a central location
 - ▶ *Building for the Future* poster
 - ▶ *And Justice for All* poster
- Annual Public Release issued by the State agency

Building for the Future

This child care receives
Federal cash assistance to
serve healthy meals to your children.
Good nutrition today means
a stronger tomorrow!

Meals served here must meet
nutrition requirements established by USDA's
Child and Adult Care Food Program.

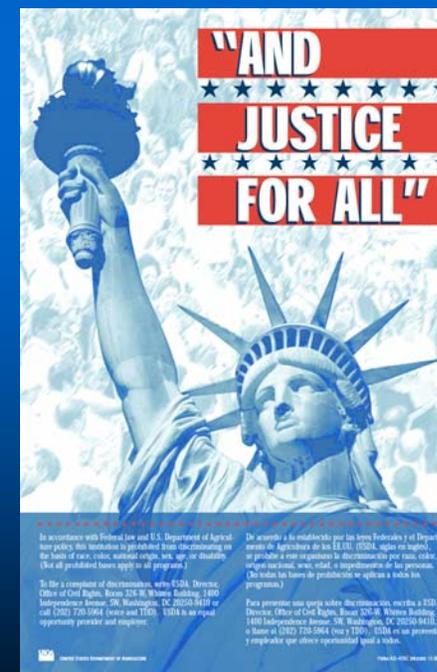
Questions? Concerns?

Call USDA toll free: **1-866-USDA CND**
(1-866-873-2263)

Visit USDA's website: www.fns.usda.gov/cnd

 United States Department of Agriculture
Food and Nutrition Service
1902-211
June 2009
Revised June 2009

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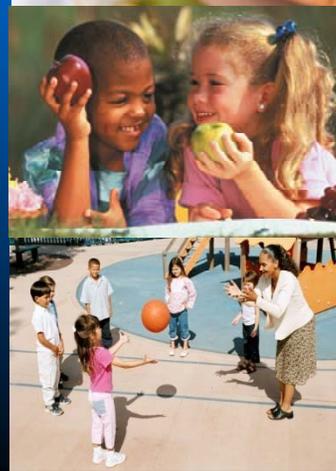
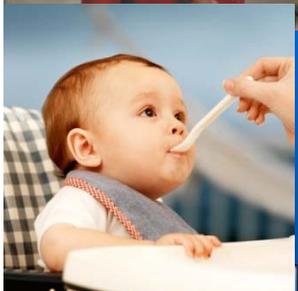
Civil Rights

- **Conduct annual Civil Rights training for frontline staff and their supervisors**
 - ▶ document with agenda, date and sign-in sheets

- **Annual Civil Rights training topics must include**
 - ▶ collection and use of data
 - ▶ effective public notification systems
 - ▶ complaint procedures
 - ▶ compliance review techniques
 - ▶ resolution of noncompliance
 - ▶ requirements for reasonable accommodation of persons with disabilities
 - ▶ requirements for language assistance
 - ▶ conflict resolution
 - ▶ customer service

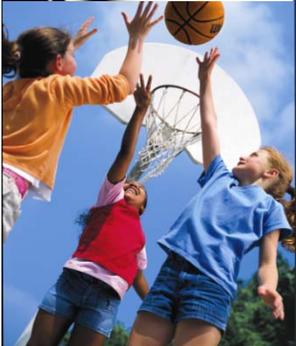
Workshop Overview

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- How to use the action guide
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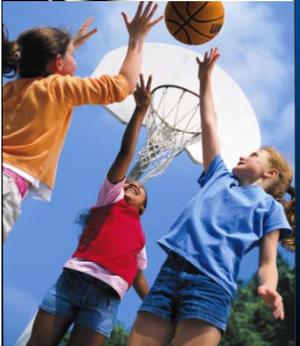
Why is Policy Important?

Strong policies can create a healthy environment that changes children's eating and physical activity behaviors



Why is Policy Important?

- Children's nutrition and physical activity behaviors are poor
- Children's health affects learning and academic achievement
- Child care environments can influence children's nutrition and physical activity behaviors



Proper Nutrition is Critical for Good Health

- Promotes normal growth and development
- Reduces risk for many diseases, including the three leading causes of death
 - ▶ heart disease
 - ▶ cancer
 - ▶ stroke

U.S. Department of Health and Human Services. (2010). *The Surgeon General's Vision for a Healthy and Fit Nation*. Rockville, MD: U.S. Department of Health and Human Services, Office of the Surgeon General.



Proper Nutrition is Critical for Good Health

- Helps maintain healthy weight
- Can prevent health problems such as obesity, dental cavities, and iron deficiency anemia
- Improves learning and academic performance

U.S. Department of Health and Human Services. (2010). *The Surgeon General's Vision for a Healthy and Fit Nation*. Rockville, MD: U.S. Department of Health and Human Services, Office of the Surgeon General.



Nutrition Guidelines

www.mypyramid.gov

- Preschoolers 2-5
- Children 6-11

MyPyramid For Kids
Eat Right. Exercise Have Fun.
MyPyramid.gov

Grains
Make half your grains whole

Vegetables
Vary your veggies

Fruits
Focus on fruits

Milk
Get your calcium-rich foods

Meat & Beans
Go lean with protein

Oils
Oils are not a food group, but you need some for good health. Get your oils from fish, nuts, and liquid oils such as corn oil, soybean oil, and canola oil.

★ Find your balance between food and fun

★ Fats and sugars — know your limits

USDA

MyPyramid For Kids
Eat Right. Exercise Have Fun.
MyPyramid.gov

Grains
Make half your grains whole

Start smart with breakfast. Look for whole-grain cereals.

Just because bread is brown doesn't mean it's whole-grain. Search the ingredients list to make sure the first word is "whole" (like "whole wheat").

Vegetables
Vary your veggies

Color your plate with all kinds of great-tasting veggies.

What's green and orange and tastes good? Veggies! Go dark green with broccoli and spinach, or try orange ones like carrots and sweet potatoes.

Fruits
Focus on fruits

Fruits are nature's treats — sweet and delicious.

Go easy on juice and make sure it's 100%.

Milk
Get your calcium-rich foods

Move to the milk group to get your calcium. Calcium builds strong bones.

Look at the carton or container to make sure your milk, yogurt, or cheese is lowfat or fat-free.

Meat & Beans
Go lean with protein

Eat lean or lowfat meat, chicken, turkey, and fish. Ask for it baked, broiled, or grilled — not fried.

It's nutty, but true. Nuts, seeds, peas, and beans are all great sources of protein, too.

For an 1,800-calorie diet, you need the amounts below from each food group. To find the amounts that are right for you, go to MyPyramid.gov.

Eat 6 oz. every day: at least half should be whole	Eat 2 1/2 cups every day	Eat 1 1/2 cups every day	Get 3 cups every day: for kids ages 2 to 8, it's 2 cups	Eat 5 oz. every day
--	---------------------------------	---------------------------------	---	----------------------------

Oils
Oils are not a food group, but you need some for good health. Get your oils from fish, nuts, and liquid oils such as corn oil, soybean oil, and canola oil.

Find your balance between food and fun

- Move more. Aim for at least 60 minutes everyday, or most days.
- Walk, dance, bike, rollerblade — it all counts. How great is that!

Fats and sugars — know your limits

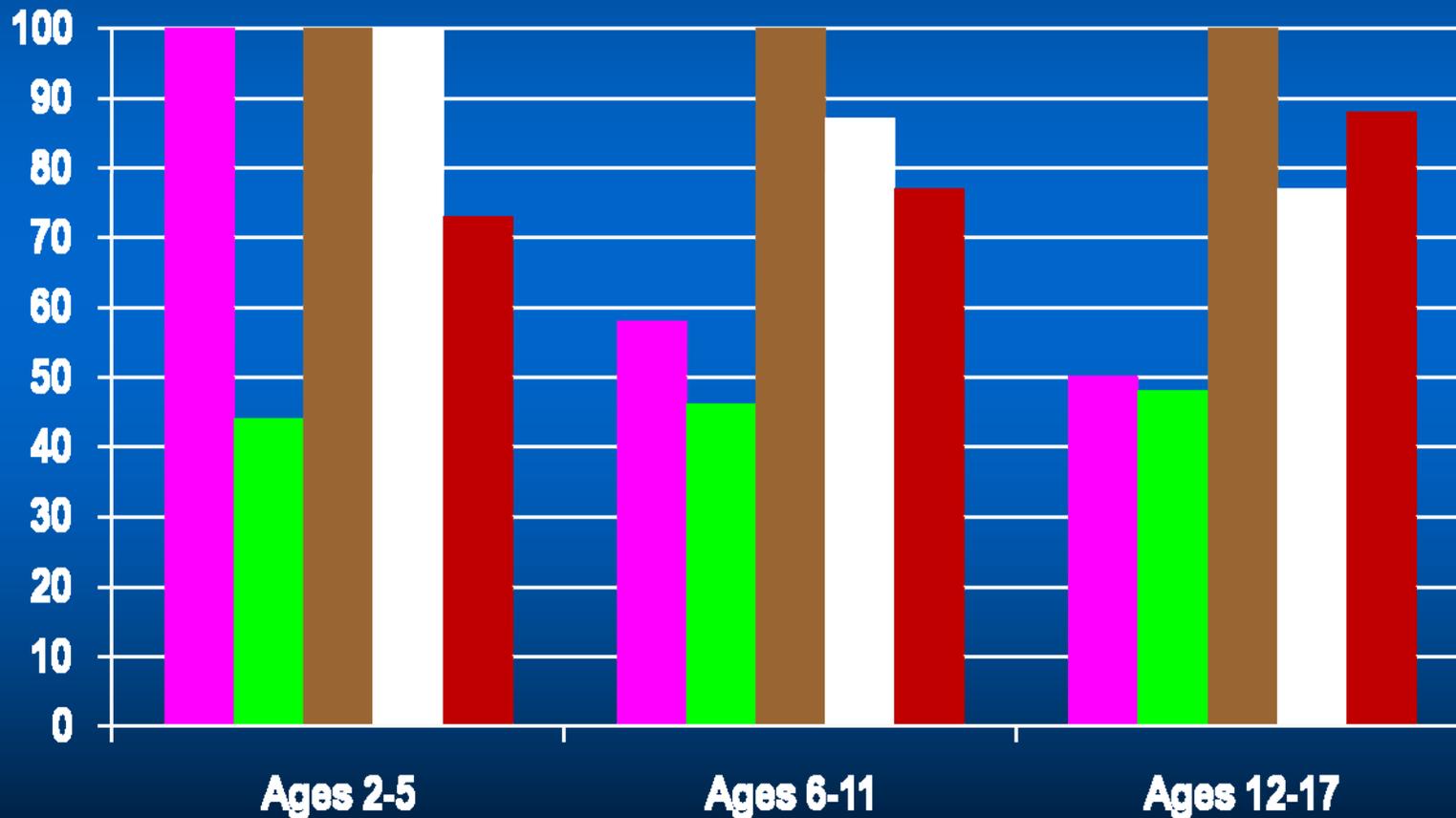
- Get your fat facts and sugar smarts from the Nutrition Facts label.
- Limit solid fats as well as foods that contain them.
- Choose food and beverages low in added sugars and other caloric sweeteners.

USDA

Percentage of Children and Adolescents Meeting Total *Healthy Eating Index* Scores* Food Groups

*A score of 100 means that recommendations are being met

Fruit **Vegetables** **Grains** **Milk** **Meat and Beans**



U.S. Department of Agriculture Center for Nutrition Policy and Promotion. (2009). The quality of children's diets in 2003-04 as measured by the Healthy Eating Index - 2005. *Nutrition Insight*, 43. <http://www.cnpp.usda.gov/Publications/NutritionInsights/Insight43.pdf>

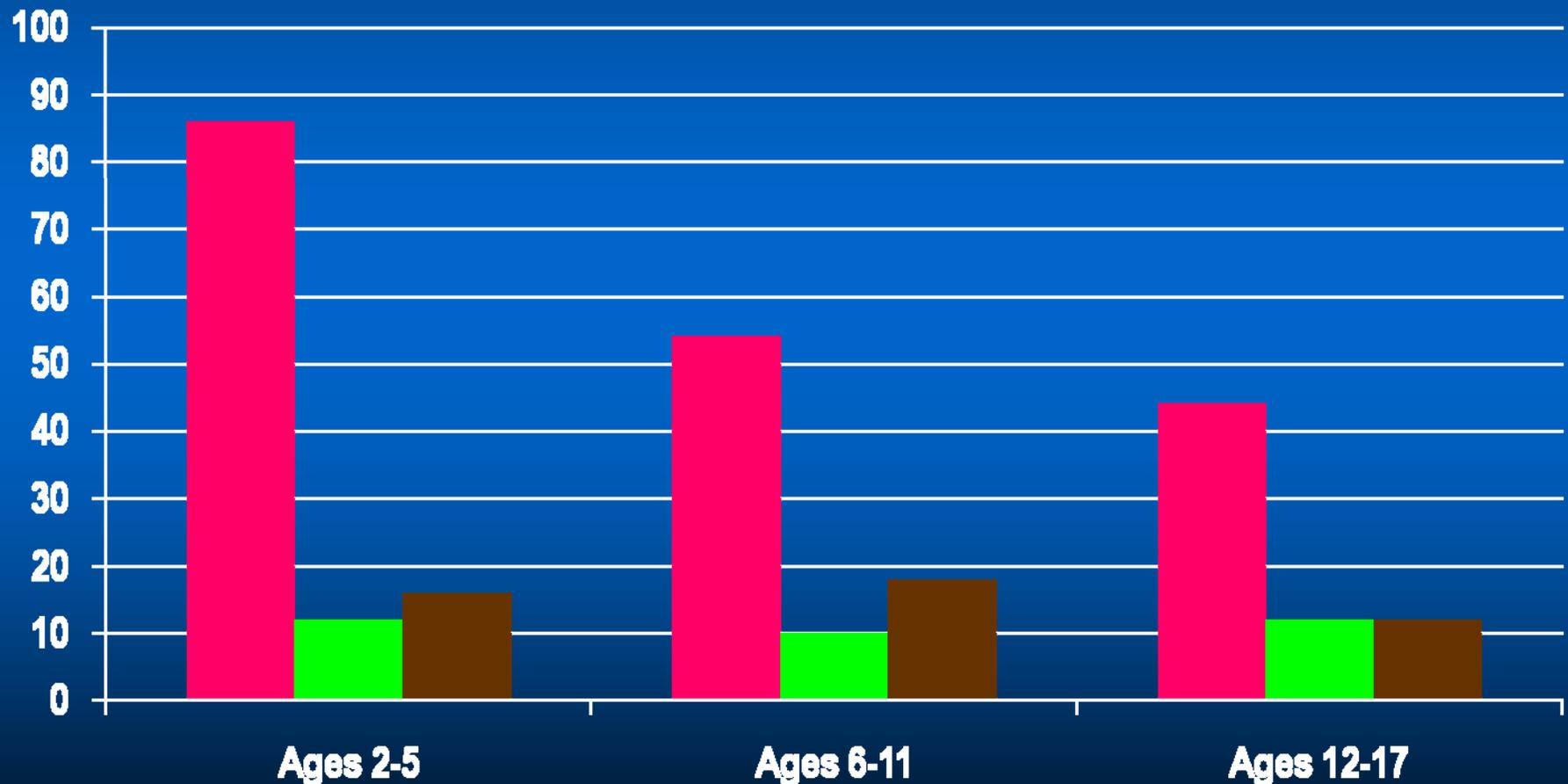
Connecticut State Department of Education • May 2011

Percentage of Children and Adolescents Meeting Total *Healthy Eating Index* Scores*

Whole Fruit, Dark Green and Orange Vegetables, Legumes and Whole Grains

*A score of 100 means that recommendations are being met

■ Whole Fruit ■ Dark Green and Orange Vegetables, Legumes ■ Whole Grains



U.S. Department of Agriculture Center for Nutrition Policy and Promotion. (2009). The quality of children's diets in 2003-04 as measured by the Healthy Eating Index – 2005. *Nutrition Insight*, 43. <http://www.cnpp.usda.gov/Publications/NutritionInsights/Insight43.pdf>

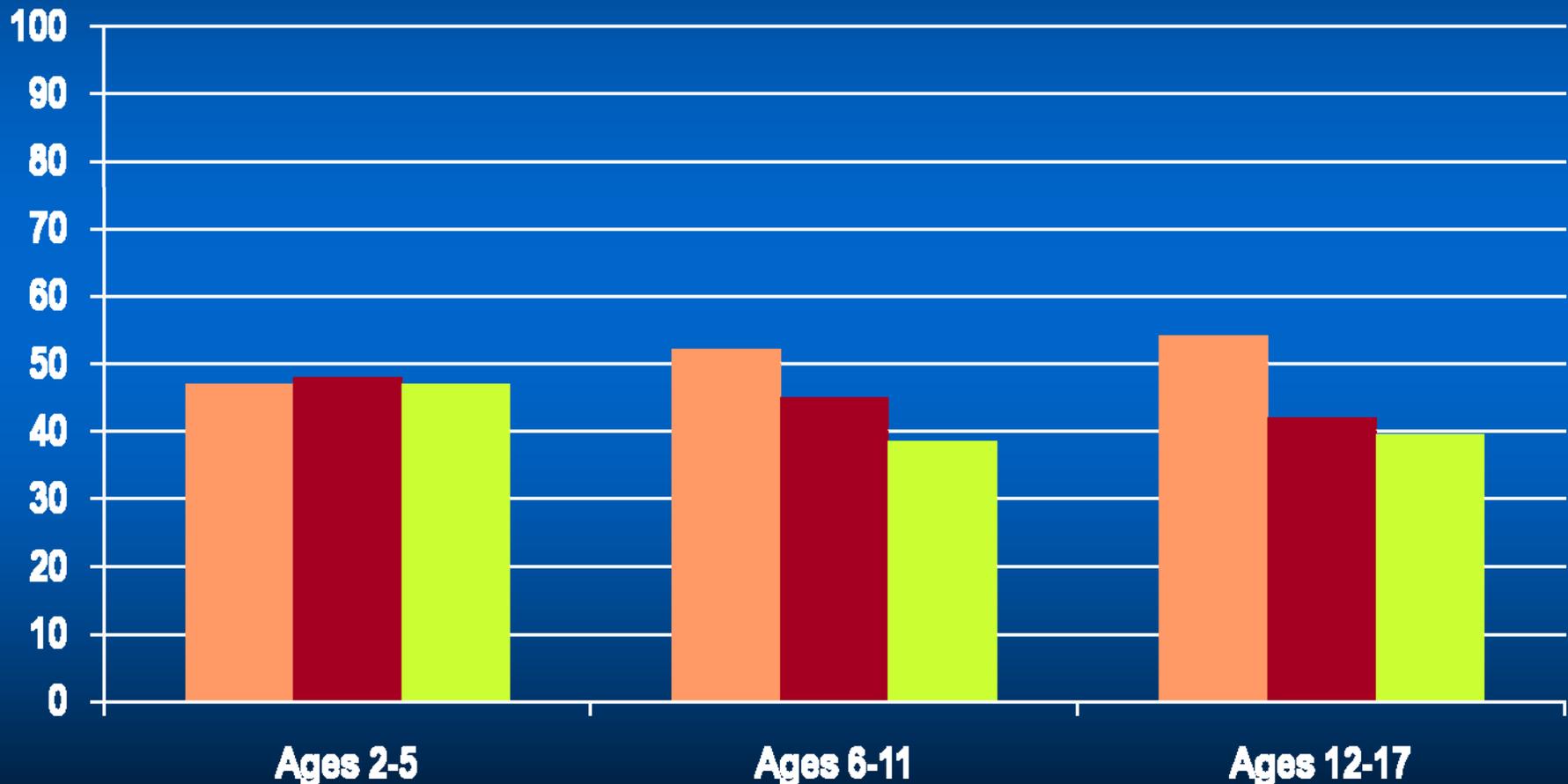
Connecticut State Department of Education • May 2011

Percentage of Children and Adolescents Meeting Total *Healthy Eating Index* Scores*

Saturated Fat, Sodium and Extra Calories

*A score of 100 means that recommendations to lower saturated fat, sodium and extra calories are being met

■ Saturated Fat ■ Sodium ■ Extra Calories (Fat and Sugars)



U.S. Department of Agriculture Center for Nutrition Policy and Promotion. (2009). The quality of children's diets in 2003-04 as measured by the Healthy Eating Index – 2005. *Nutrition Insight*, 43. <http://www.cnpp.usda.gov/Publications/NutritionInsights/Insight43.pdf>

Connecticut State Department of Education • May 2011

Children's Diets Need Improvement

- Increase consumption of
 - ▶ whole fruit
 - ▶ whole grains
 - ▶ dark green and orange vegetables
 - ▶ legumes
- Decrease consumption of
 - ▶ saturated fat
 - ▶ sodium
 - ▶ extra calories from solid fats and added sugars



U.S. Department of Agriculture Center for Nutrition Policy and Promotion. (2009). The quality of children's diets in 2003-04 as measured by the Healthy Eating Index – 2005. *Nutrition Insight*, 43. <http://www.cnpp.usda.gov/Publications/NutritionInsights/Insight43.pdf>

Nutrition Impacts Learning and Behavior

- Food-insufficient children (ages 6-11) are more likely to
 - ▶ receive lower math scores
 - ▶ repeat a grade
 - ▶ visit a psychologist
 - ▶ have difficulty getting along with other children



Alaimo, K., Olson, C.M., & Frongillo, E.A. (2001). Food insufficiency and American school-aged children's cognitive, academic, and psychosocial development, 108(1),44-53.

Nutrition Impacts Learning and Behavior

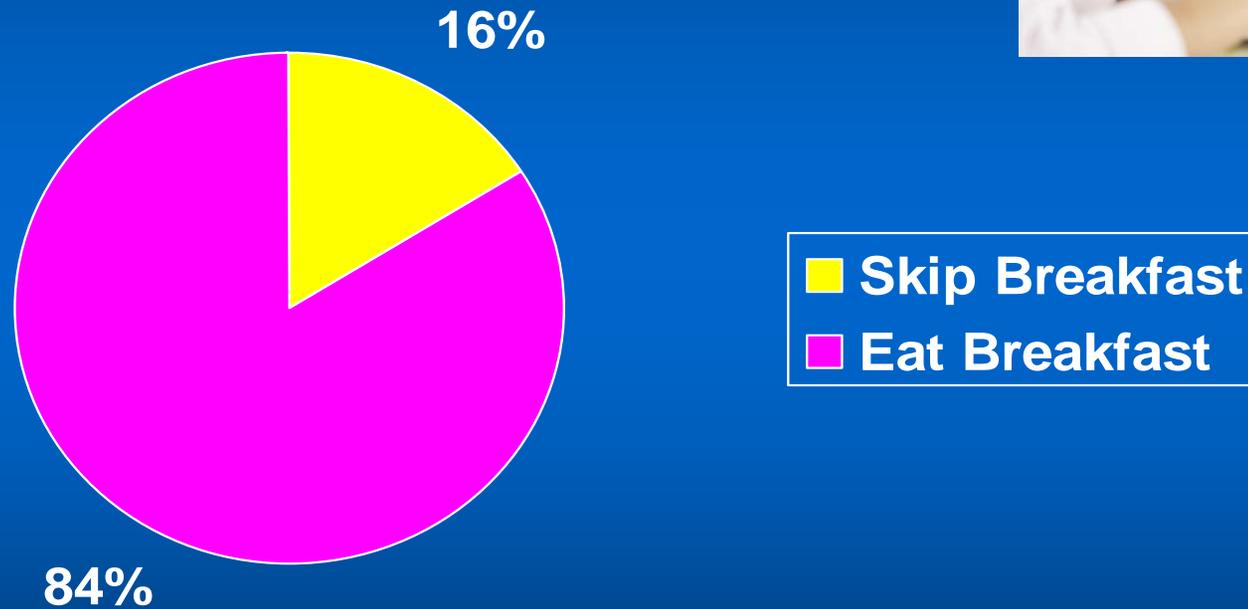
- Well-nourished children who skip breakfast perform worse on tests and have poor concentration
- Children who eat breakfast
 - ▶ learn better
 - ▶ behave better

Murphy, J. Pagano, M., Nachmani, J., Sperling, P., Kane, S., & Kleinman, R. (1998). The relationship of school breakfast to psychosocial and academic functioning. *Archives of Pediatric Adolescent Medicine*, 152,899-907.
Minnesota Department of Children, Families and Learning. (1998). *School Breakfast Programs: Energizing the Classroom*. St Paul, MN: Author.



Breakfast Consumption

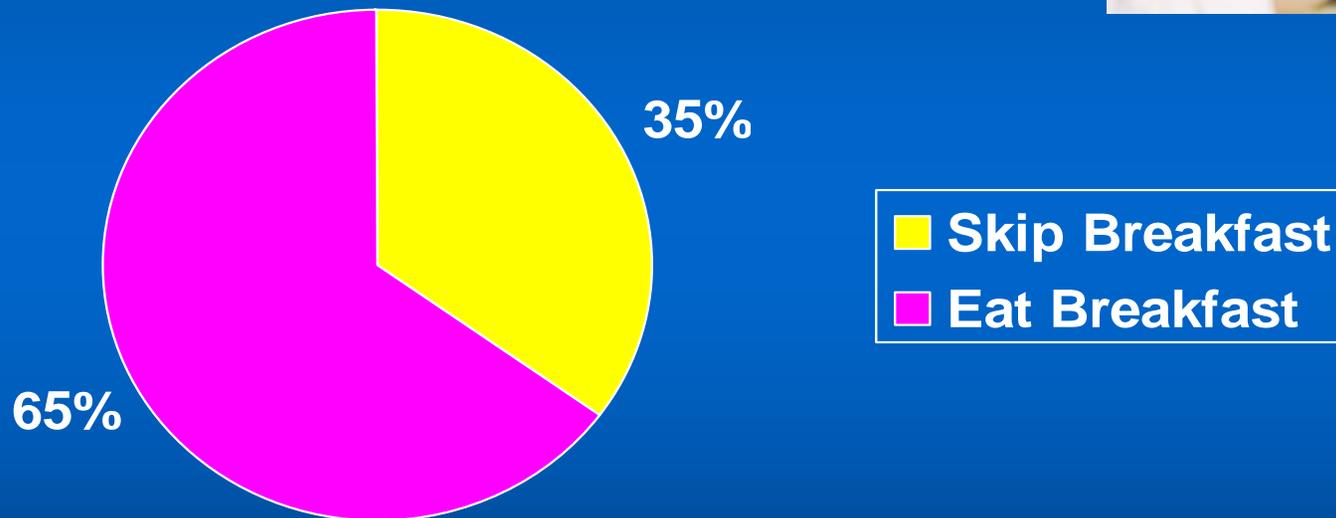
Ages 6-18



U.S. Department of Agriculture (2001). Changes in Children's Diets: 1989-1991 to 1994-1996, CN-01-CD2, by Phil Gleason and Carol Suitor. Alexandria, VA: 2001. <http://www.fns.usda.gov/ora/menu/Published/CNP/FILES/Changes.pdf>

Breakfast Consumption

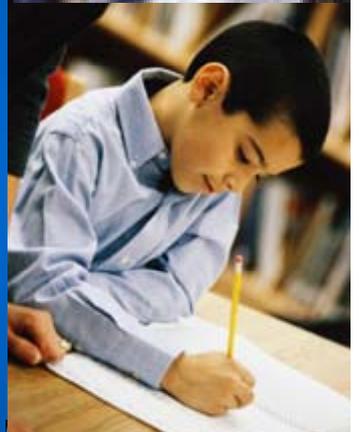
Girls Ages 6-18



U.S. Department of Agriculture (2001). Changes in Children's Diets: 1989-1991 to 1994-1996, CN-01-CD2, by Phil Gleason and Carol Suitor. Alexandria, VA: 2001. <http://www.fns.usda.gov/ora/menu/Published/CNP/FILES/Changes.pdf>

Benefits of Physical Activity

- Increases muscle and bone strength
- Helps maintain healthy weight
- Enhances psychological well-being
- Reduces risk of chronic diseases
 - ▶ heart disease
 - ▶ hypertension
 - ▶ type 2 diabetes
 - ▶ osteoporosis
- Improves learning and academic performance

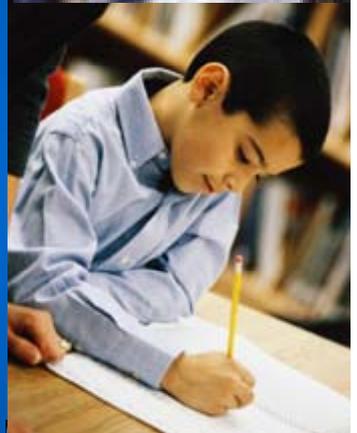


Physical Activity Impacts Learning and Behavior

Physical activity is positively associated with academic performance

- Sacrificing physical education for classroom time does not improve academic performance

Robert Wood Johnson Foundation. (Summer 2009). *Active Education: Physical Education, Physical Activity and Academic Performance*. [Research Brief]. <http://www.rwjf.org/files/research/20090925alractiveeducation.pdf>

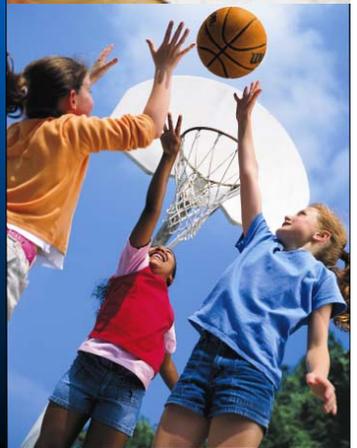
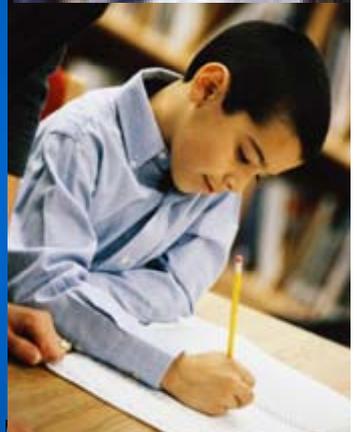


Physical Activity Impacts Learning and Behavior

Schools offering intensive physical activity programs see *positive effects on academic achievement* even when time is taken from academic day

- ▶ increased concentration
- ▶ improved mathematics, reading and writing scores
- ▶ reduced disruptive behaviors

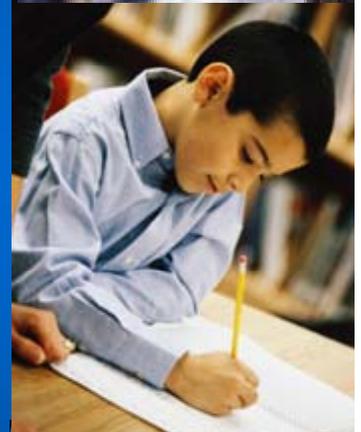
Shepard R.J. (1997). Curricular physical activity and academic performance. *Pediatric Exercise Science*, 9:113-126 .
Sallis J.F., McKenzie T.L., Kolody B., Lewis M., Marshall S., & Rosengard P. (1999). Effects of health-related physical education on academic achievement: Project SPARK. *Research Quarterly for Exercise and Sport*, 70:127-134.



Physical Activity Impacts Learning and Behavior

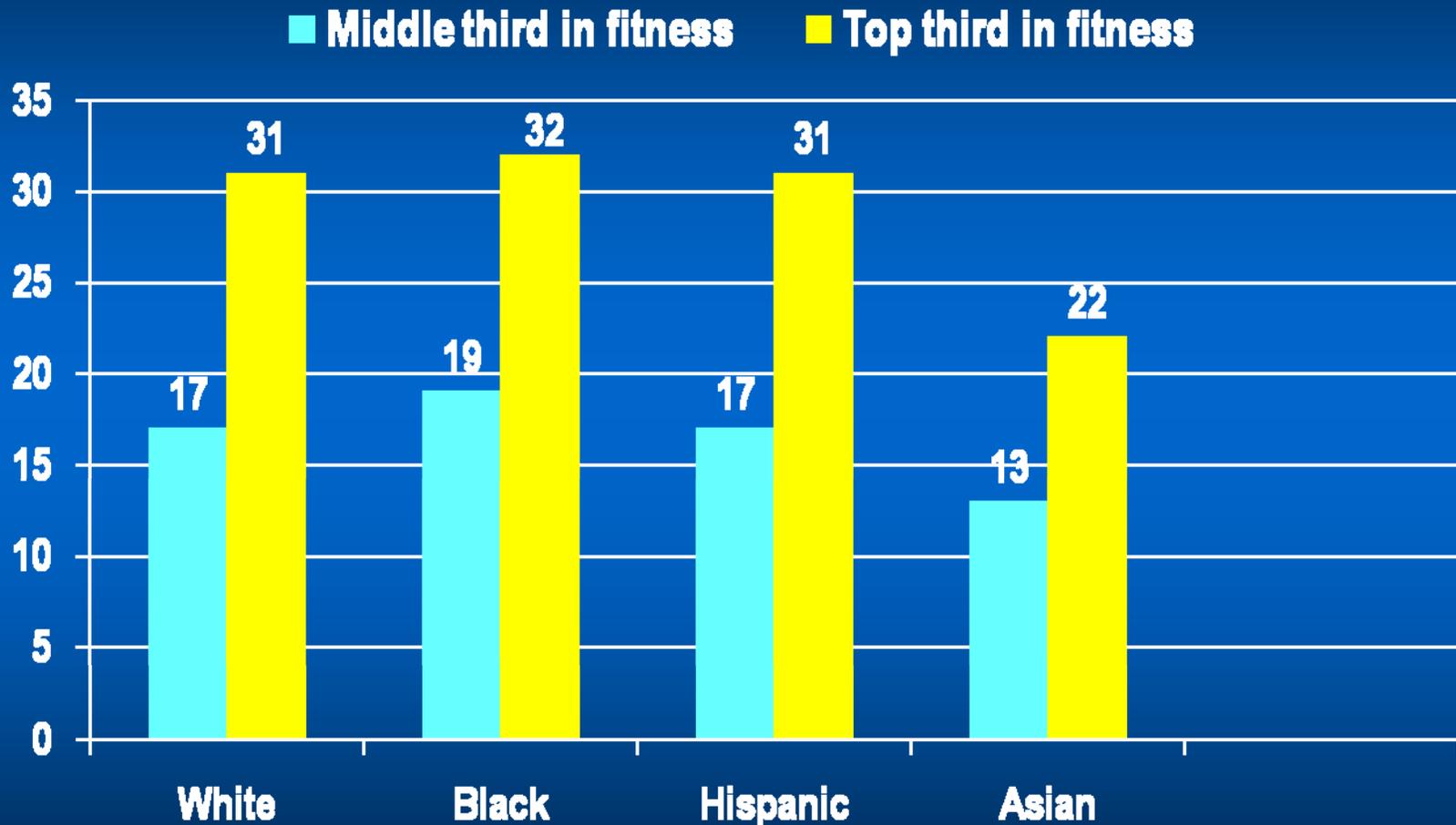
Physical activity is positively associated with academic performance

- Children who are more physically **active** tend to perform better academically
- Children who are physically **fit** are likely to have stronger academic performance



Robert Wood Johnson Foundation. (Summer 2009). *Active Education: Physical Education, Physical Activity and Academic Performance*. [Research Brief]. <http://www.rwjf.org/files/research/20090925alractiveeducation.pdf>

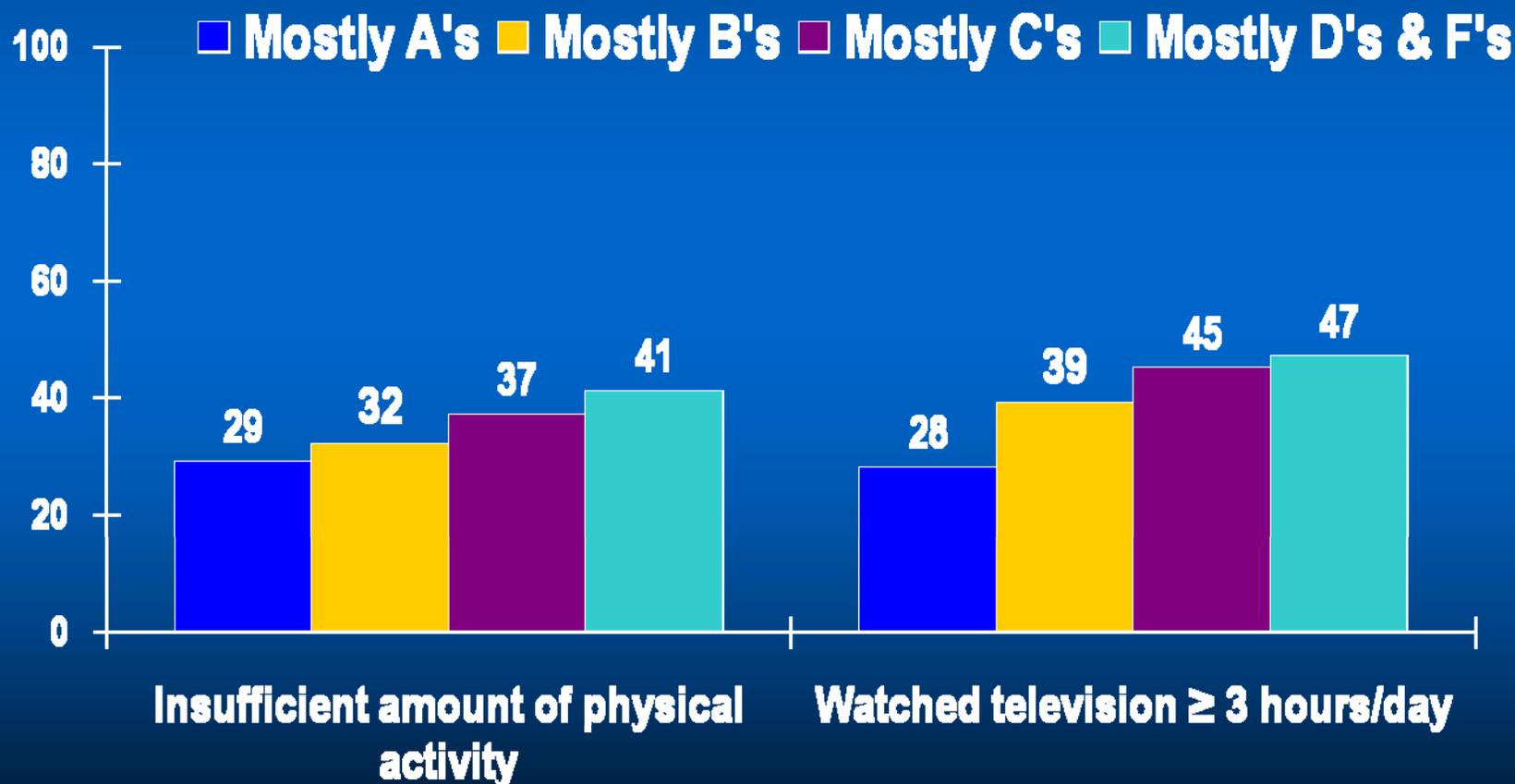
Percent Improvement in Academic Test Score by NYC FITNESSGRAM Score (Grades 4-8, 2007-08)



New York City Department of Health and Mental Hygiene. (2009). Higher levels of fitness associated with better academic performance. *NYC Vital Signs*, 8(1):1-4.

Percentage of U.S. High School Students Getting Mostly A's, Mostly B's, Mostly C's and Mostly D's and F's* Who Engage in Selected Health Risk Behaviors

***As reported by students**



Source: Analyses of CDC, National Youth Risk Behavior Survey, 2003.

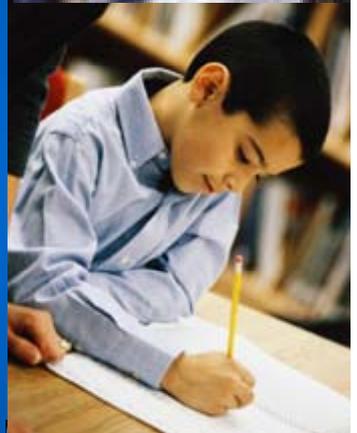
Physical Activity Impacts Learning and Behavior

Physical activity is positively associated with academic performance

- Activity breaks can improve cognitive performance and classroom behavior

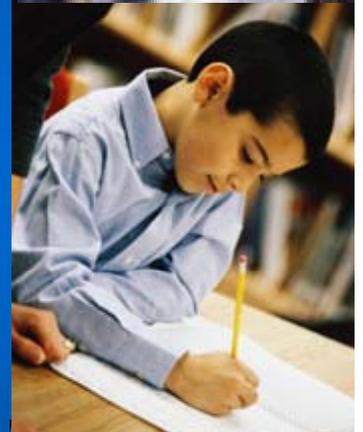
Jarrett, O.S., Maxwell, D.M., Dickerson, C., Hoge, P., Davies, G., & Yetley, A. (1998). Impact of recess on classroom behavior group effects and individual differences. *The Journal of Educational Research*, 92(2):121-126.

Mahar, M.T., Murphy, S.K., Rowe, D.A., Golden, J., Shields, A.T., & Raedeke, T.D. (2006). Effects of a classroom-based program on physical activity and on-task behavior. *Medicine and Science in Sports and Exercise*, 38 (12):2086-2094.



Physical Activity Guidelines for Ages 6-17

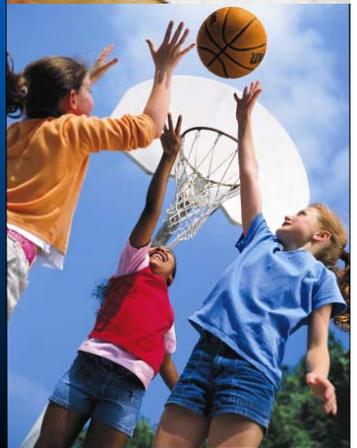
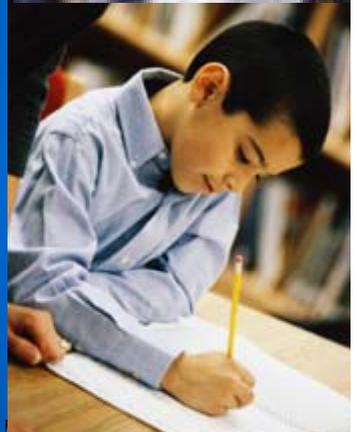
- At least 60 minutes of daily physical activity, mostly aerobic
- At least 3 days per week of
 - ▶ vigorous-intensity physical activity (running, biking, jumping rope)
 - ▶ muscle-strengthening physical activity (climbing, tug-of-war)
 - ▶ bone-strengthening physical activity (running, jumping)
- Physical activities should be age appropriate, enjoyable and offer variety



Physical Activity Guidelines for Preschoolers

- At least 60 minutes of structured physical activity each day
- At least 60 minutes and up to several hours of unstructured physical activity each day,
- Not sedentary for more than 60 minutes at a time, except when sleeping

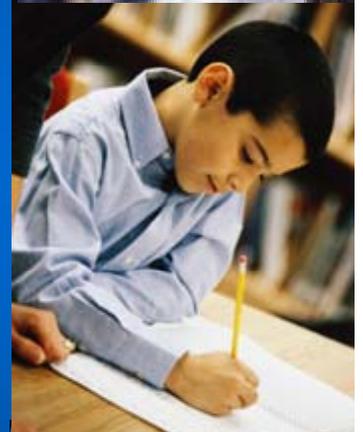
National Association for Sport and Physical Education. (2009). *Active Start: A Statement of Physical Activity Guidelines for Children Birth to Age 5, 2nd edition.*



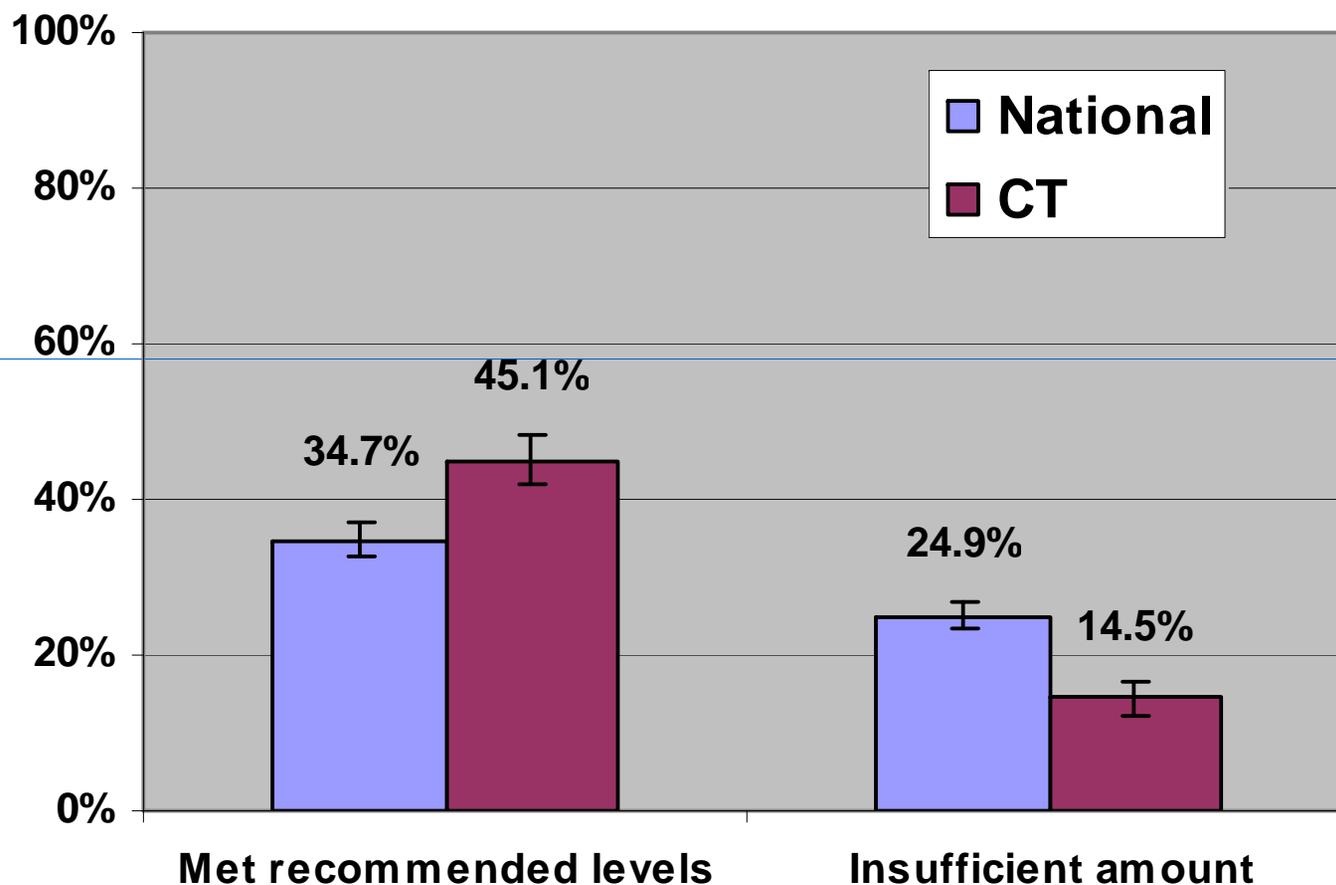
Children's Physical Activity

- Most children do not get enough physical activity
- Physical activity declines as children get older
 - ▶ begins to decrease between ages 3-5
 - ▶ by high school, 65 percent do not meet daily physical activity recommendations

Taylor, R.W., Murdoch, L. Carter, P., Gerrard, D.F., Williams, S.M., & Taylor, B.J. (2009). Longitudinal study of physical activity and inactivity in preschoolers: The FLAME study. *Medicine & Science in Sports & Exercise*, 41(1): 96-102.
Centers for Disease Control and Prevention. (June 6, 2008). Youth Risk Behavior Surveillance — United States, 2007. Surveillance Summaries. *Morbidity and Mortality Weekly Report*, 57(SS-4):1-131.



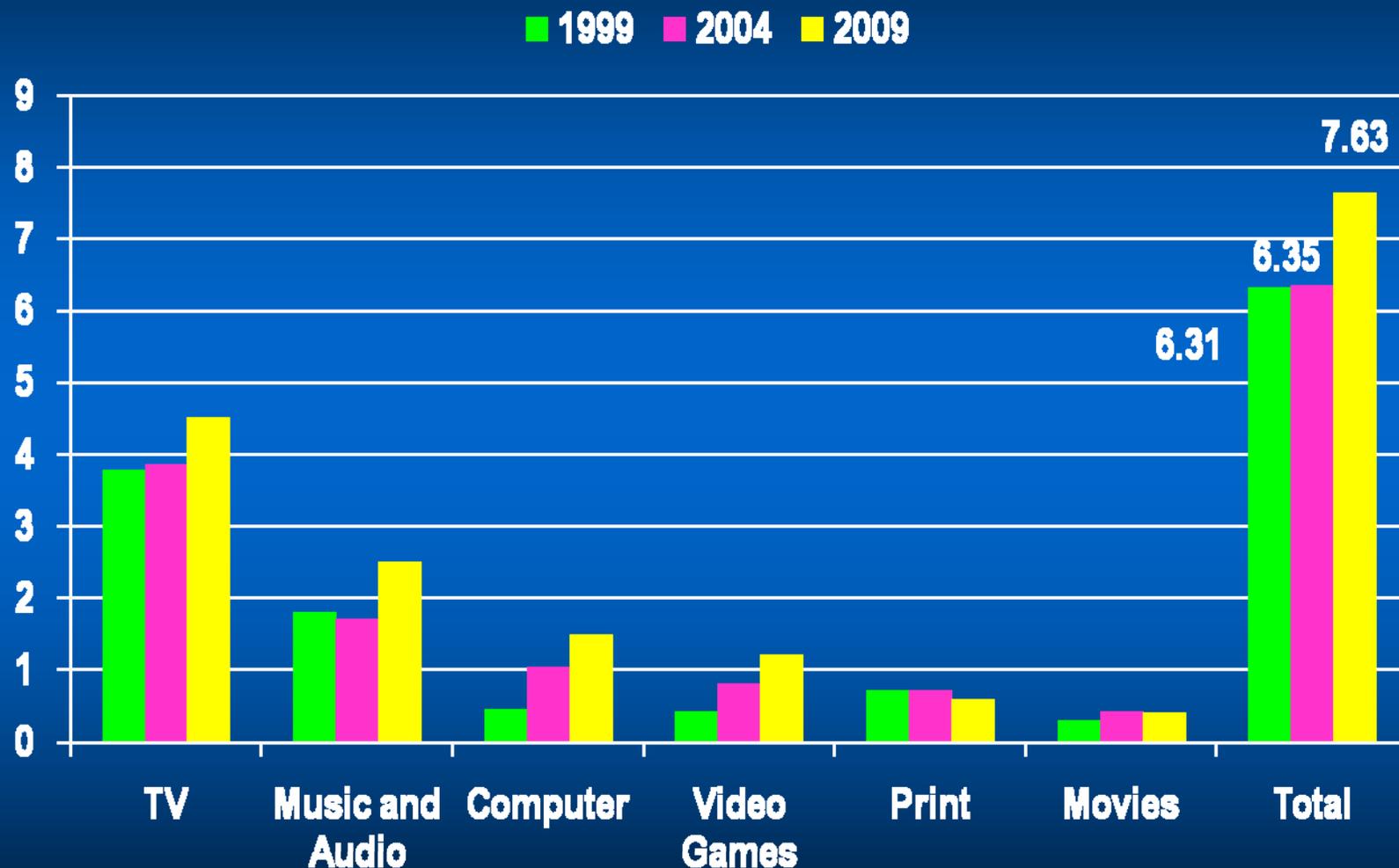
Percentage of High School Students Meeting Recommended Physical Activity Levels



Connecticut Department of Public Health. (2007). Connecticut School Health Survey.
http://www.ct.gov/dph/cwp/view.asp?a=3132&q=388104&dphNav_GID=1832

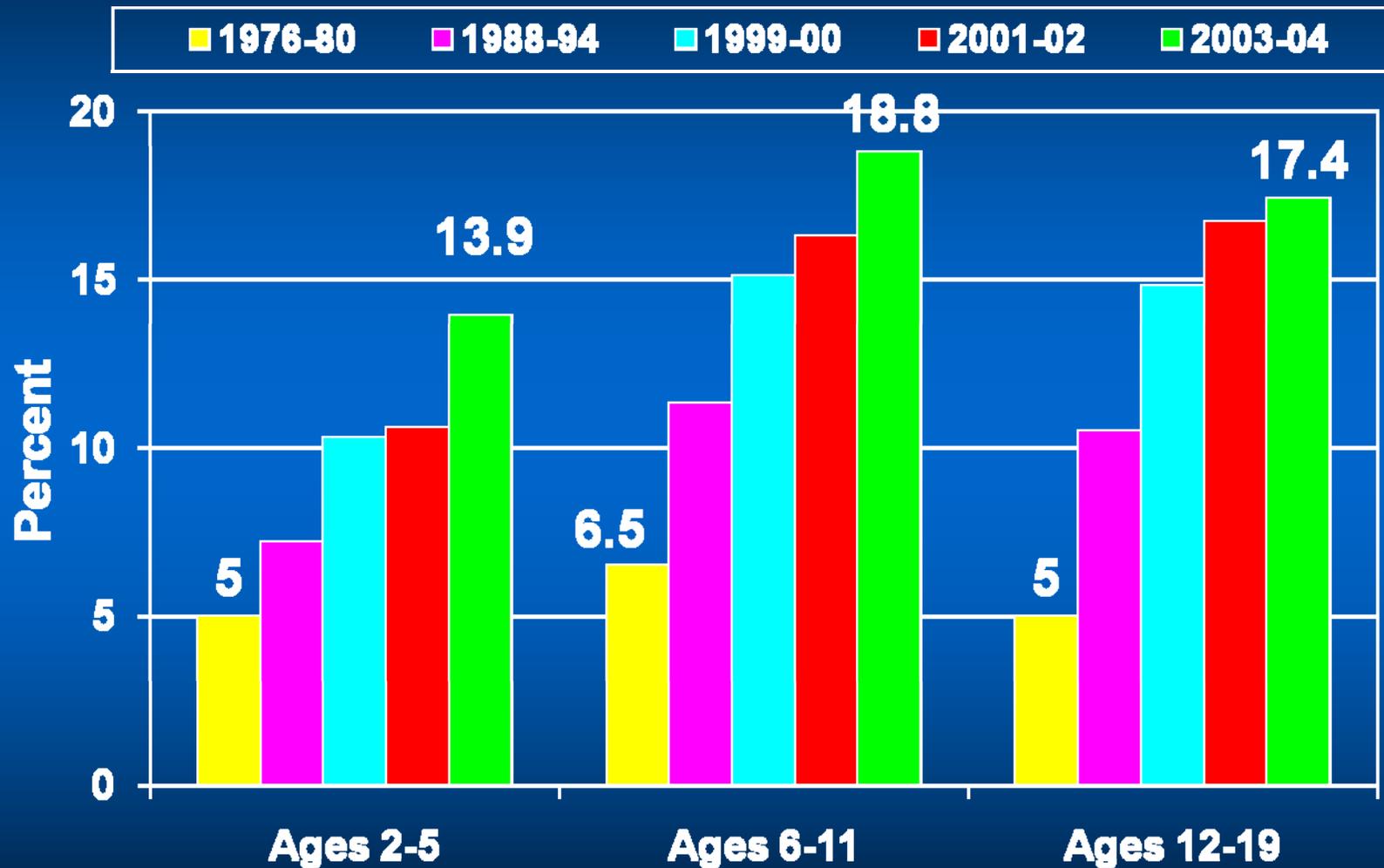
Media Use by 8- to 18-year-olds (Hours per Day)*

* Does not include computer use or reading for school work or time spent talking on the phone or text messaging



Rideout, V.J., Foehr, U.G. & Roberts, D.F. (2010). *Generation M2: Media in the Lives of 8- to 18-Year Olds*, Menlo Park, CA: Henry J. Kaiser Family Foundation. <http://www.kff.org/entmedia/8010.cfm>

Percentage of Overweight Children and Adolescents Ages 2-19 Years



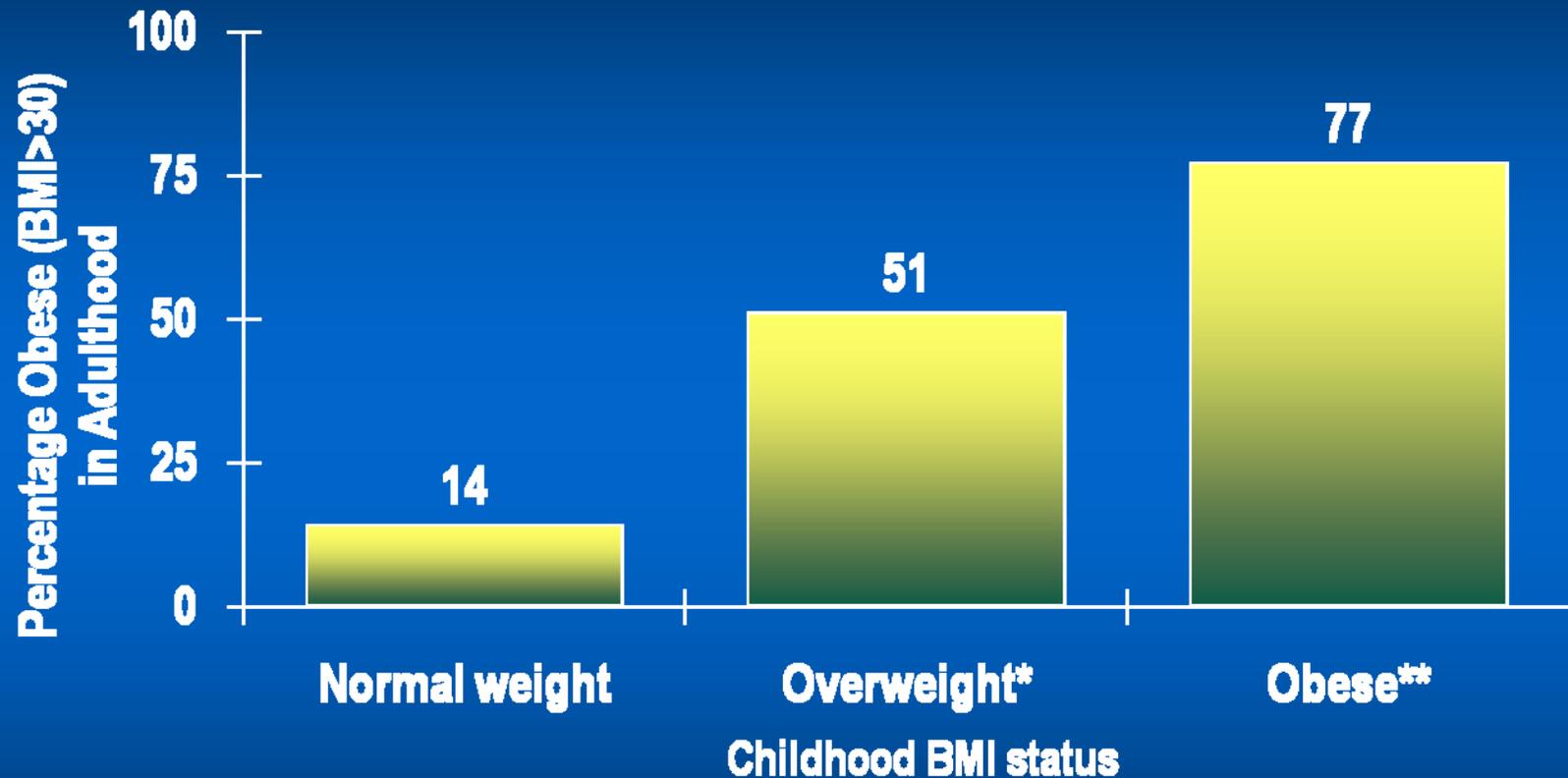
Centers for Disease Control and Prevention, National Center for Health Statistics. (2006). *Prevalence of Overweight Among Children and Adolescents: United States, 2003-2004*. http://www.cdc.gov/nchs/data/hestat/overweight/overweight_child_03.htm

Risks Associated with Overweight and Obesity

- Hypertension (high blood pressure)
- Type 2 diabetes
- Shortened lifespan
- Lower quality of life
- Sleep apnea
- Asthma
- Psychosocial consequences
- Adult overweight
 - ▶ 70-80 percent increased risk



Association Between Body Mass Index (BMI) in Childhood and Adult Obesity



* BMI at or above the 85th percentile and lower than the 95th percentile

** BMI at or above the 95th percentile

Freedman D.S., Khan L.K., Dietz W.H., Srinivasan S.R., & Berenson G.S. (2001). Relationship of childhood obesity to coronary heart disease risk factors in adulthood: the Bogalusa Study. *Pediatrics*, 108(3):712-718.

U. S. Children Born in 2000



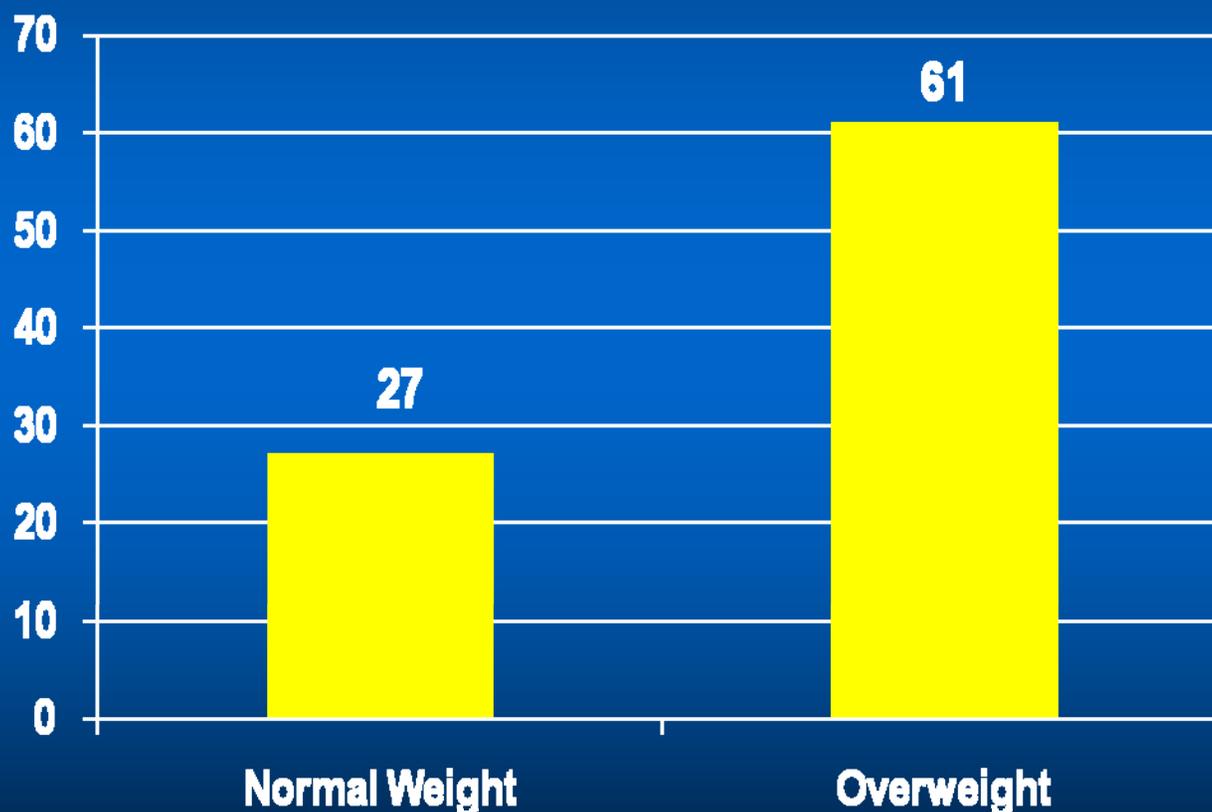
1 in 3

will develop diabetes during lifetime

Narayan K.M., Boyle J.P., Thompson T.J., Sorensen S.W., & Williamson D.F. (2003). Lifetime risk for diabetes mellitus in the United States. *Journal of the American Medical Association*, 290:1884-1890.

Percentage of 5- to 10-year-olds with 1 or more heart disease risk factors*

*e.g., high cholesterol, blood pressure, insulin

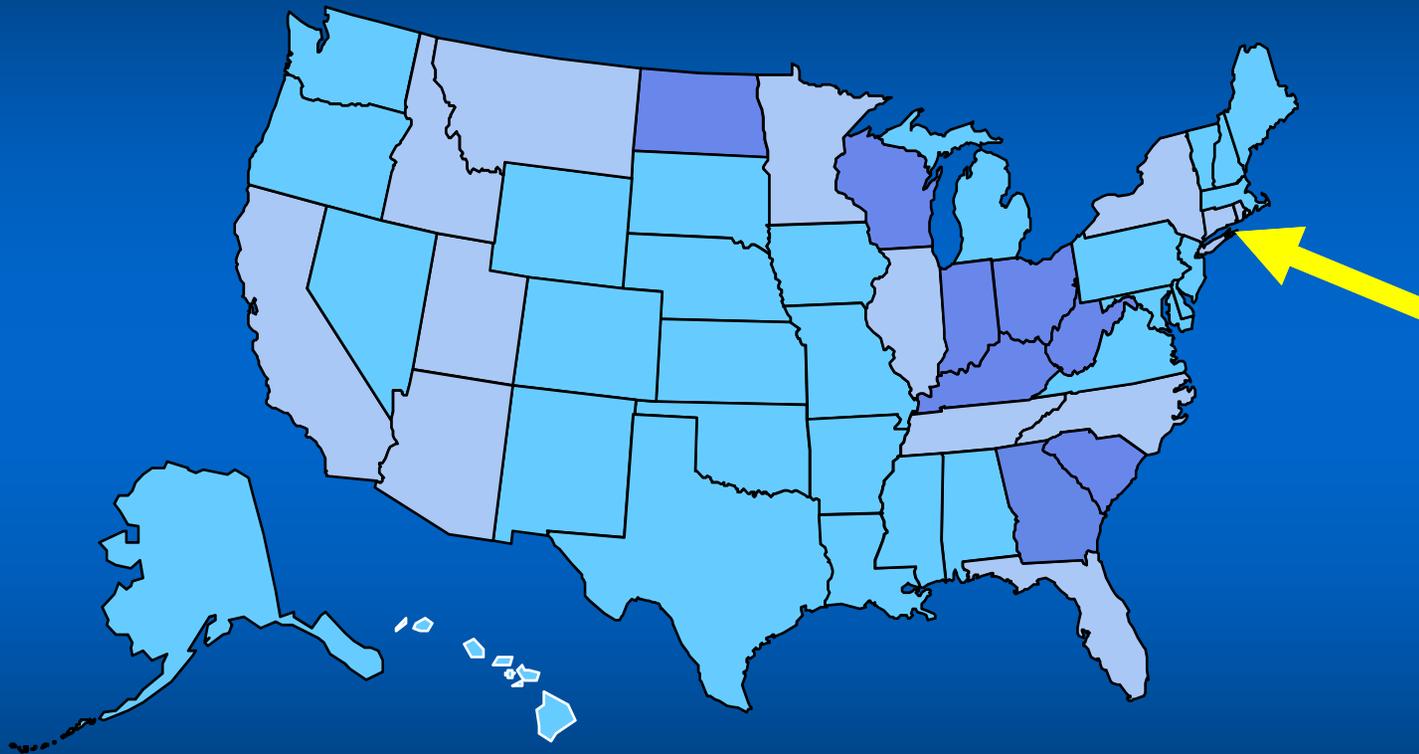


Freedman D.S., Dietz W.H., Srinivasan S.R., & Berenson G.S. (1999). The relation of overweight to cardiovascular risk factors among children and adolescents: The Bogalusa Heart Study. *Pediatrics*, 103(6):1175-1182.

Obesity Trends* Among U.S. Adults

BRFSS, 1985

(*BMI ≥ 30 , or about 30 pounds overweight for 5' 4" person)

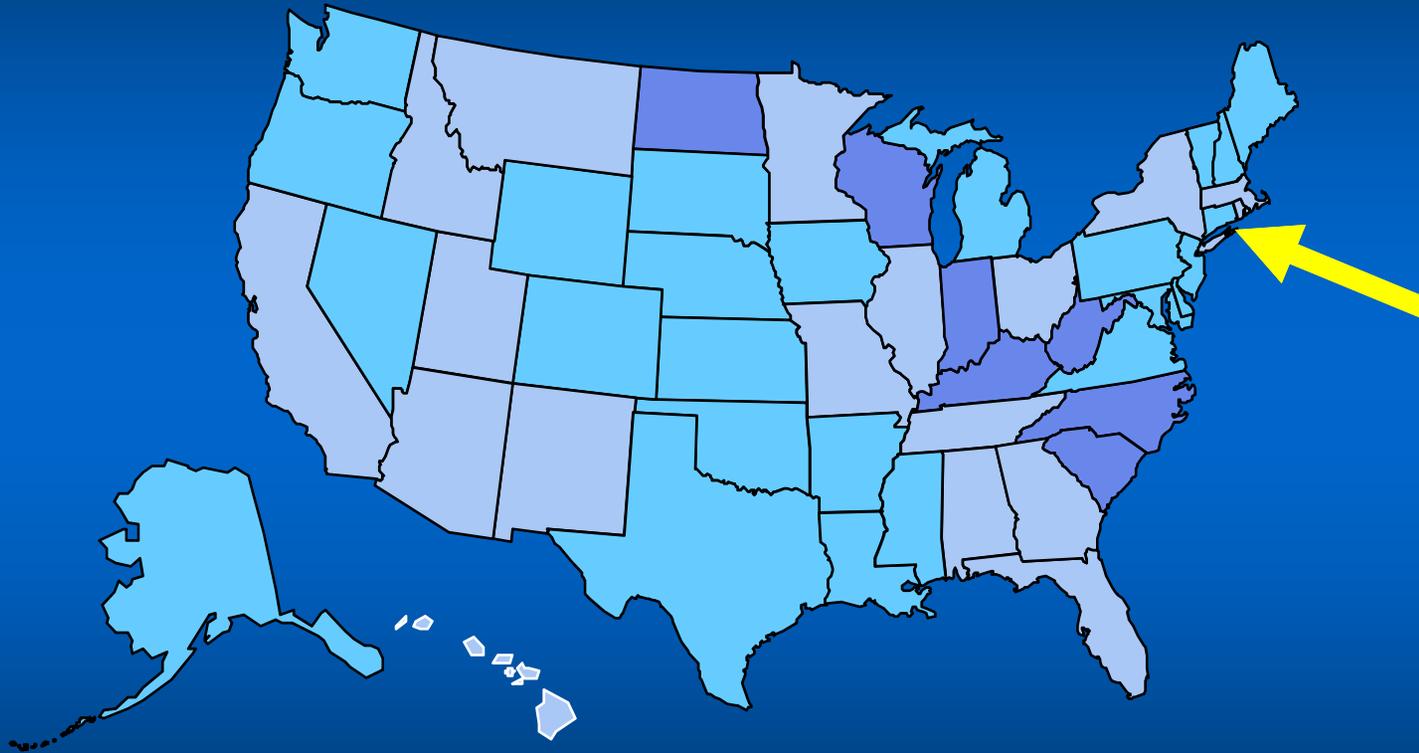


Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System (BRFSS). <http://www.cdc.gov/obesity/data/trends.html>

Obesity Trends* Among U.S. Adults

BRFSS, 1986

(*BMI ≥ 30 , or about 30 pounds overweight for 5' 4" person)

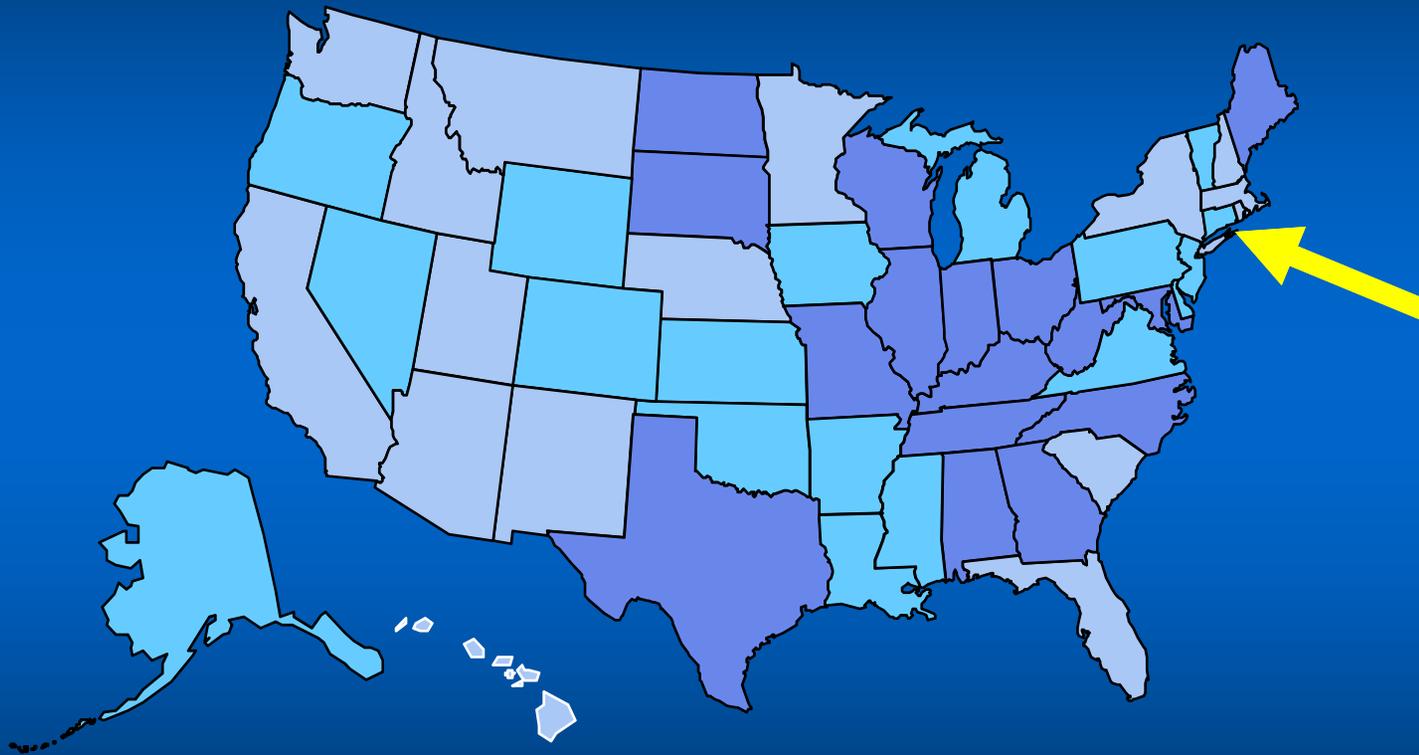


Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System (BRFSS). <http://www.cdc.gov/obesity/data/trends.html>

Obesity Trends* Among U.S. Adults

BRFSS, 1987

(*BMI ≥ 30 , or about 30 pounds overweight for 5' 4" person)

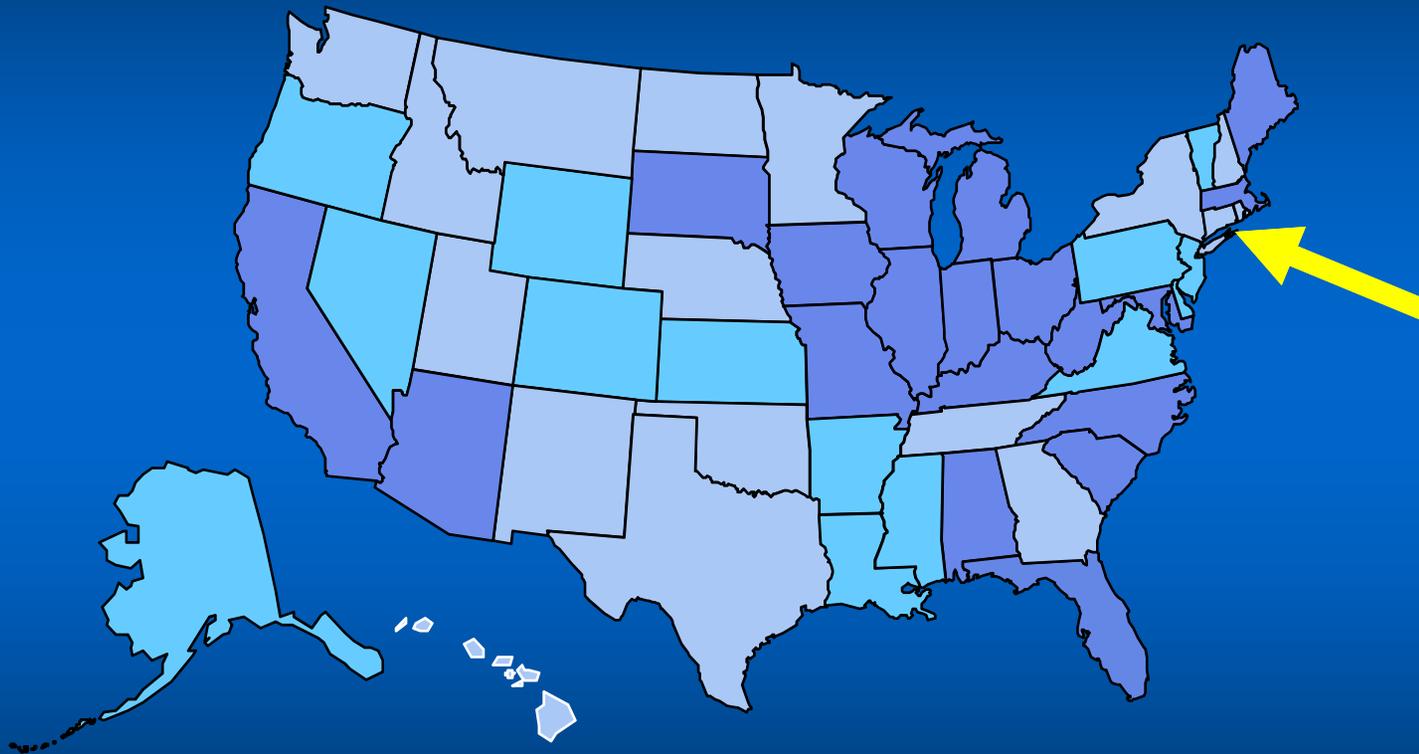


Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System (BRFSS). <http://www.cdc.gov/obesity/data/trends.html>

Obesity Trends* Among U.S. Adults

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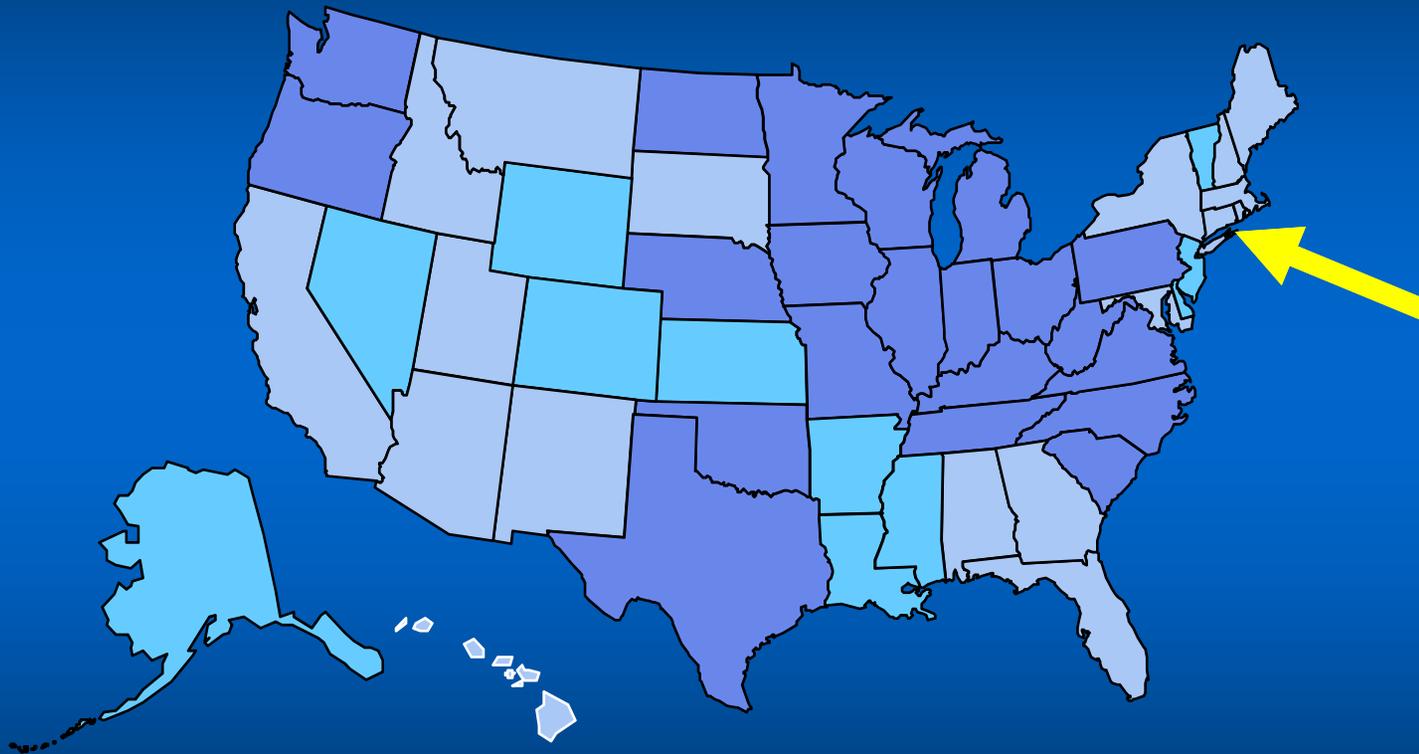


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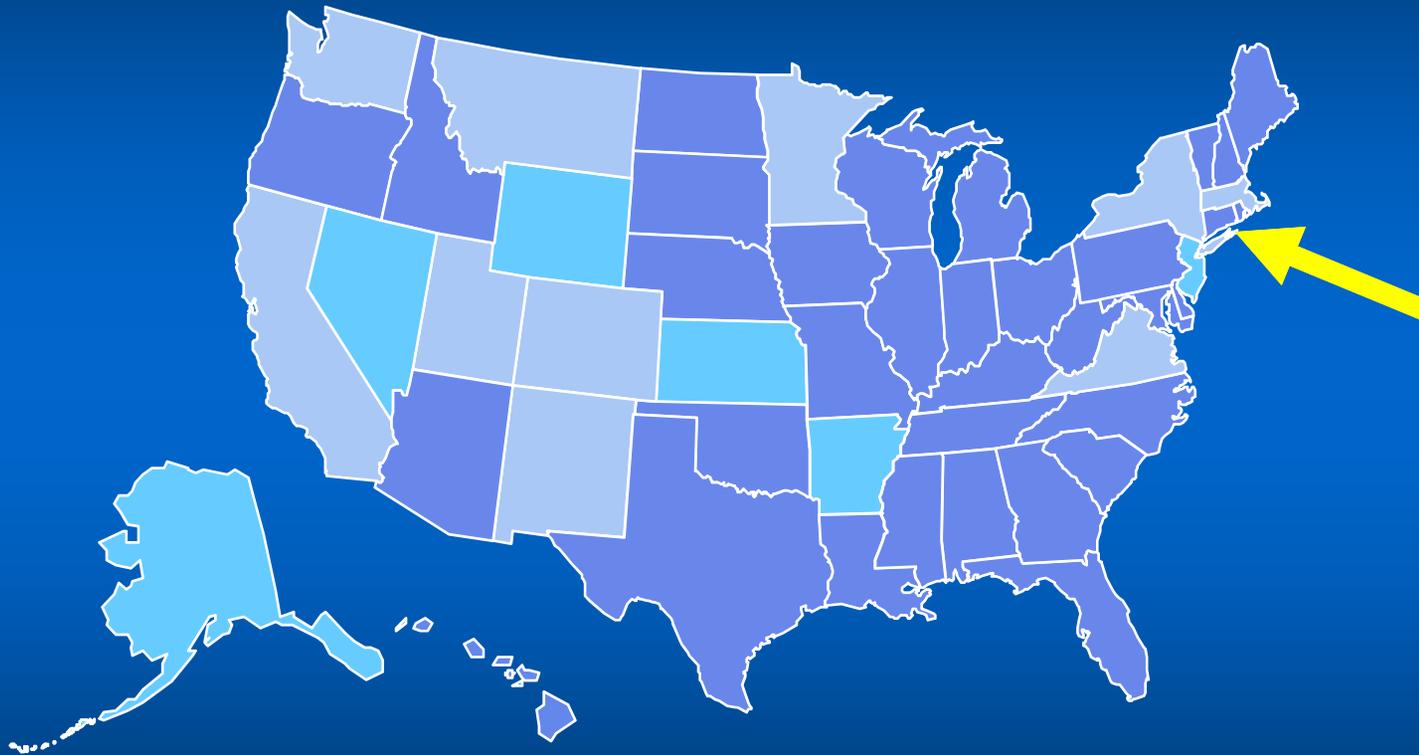


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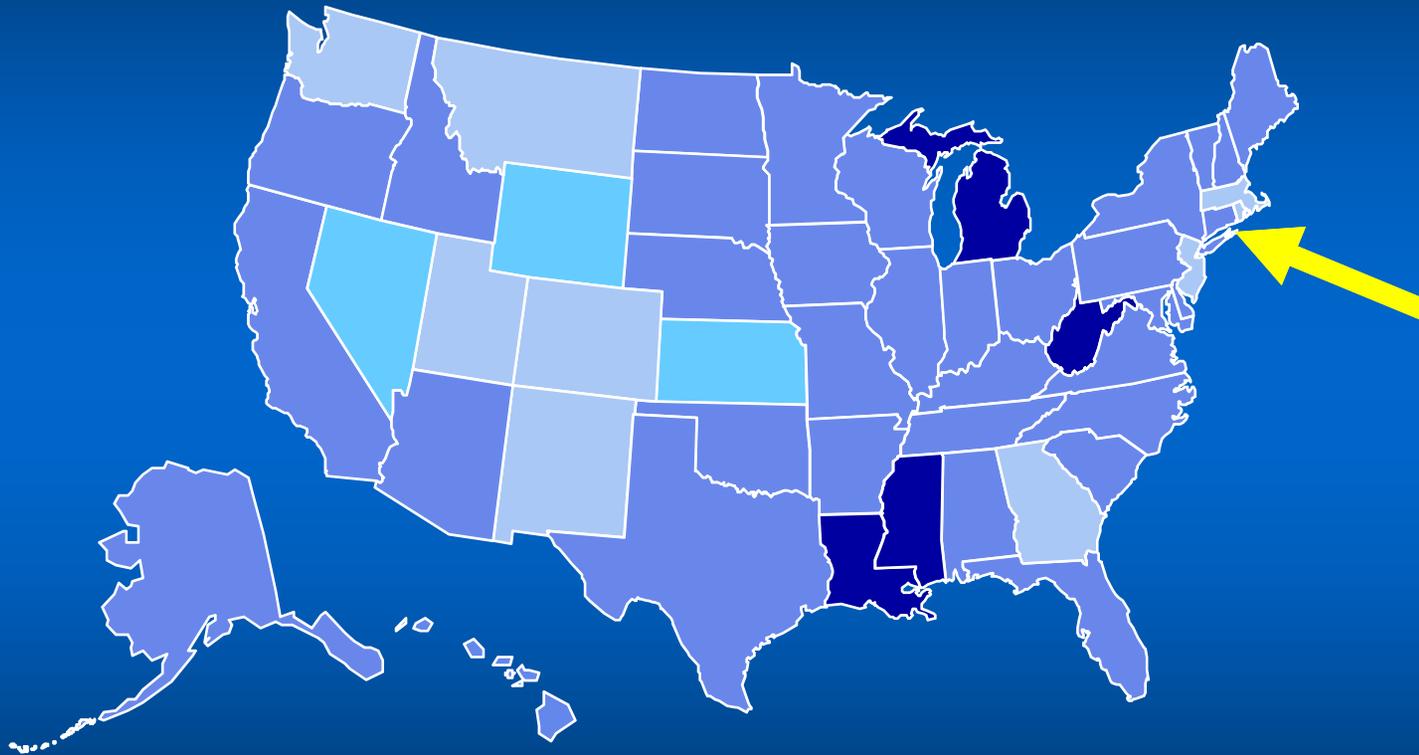


Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System (BRFSS). <http://www.cdc.gov/obesity/data/trends.html>

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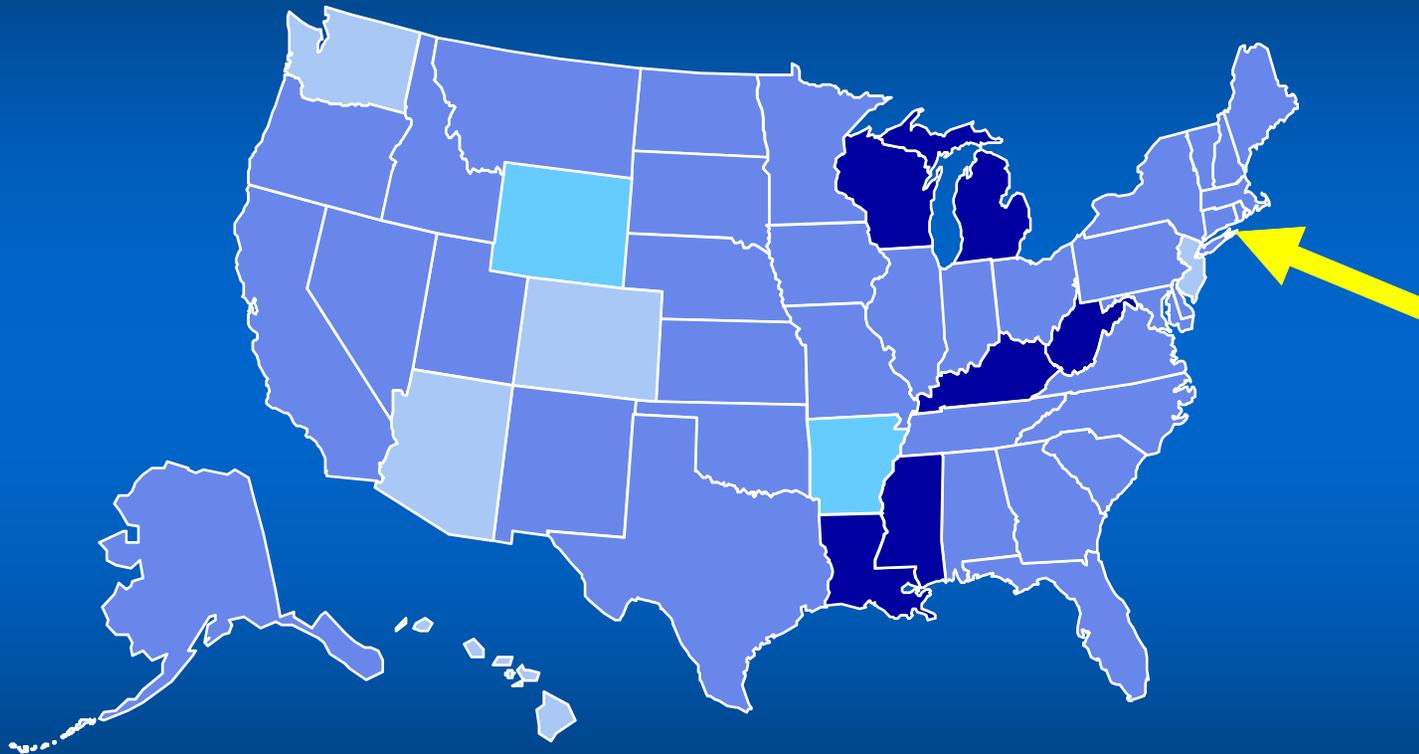


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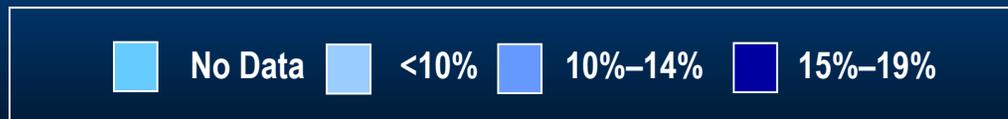
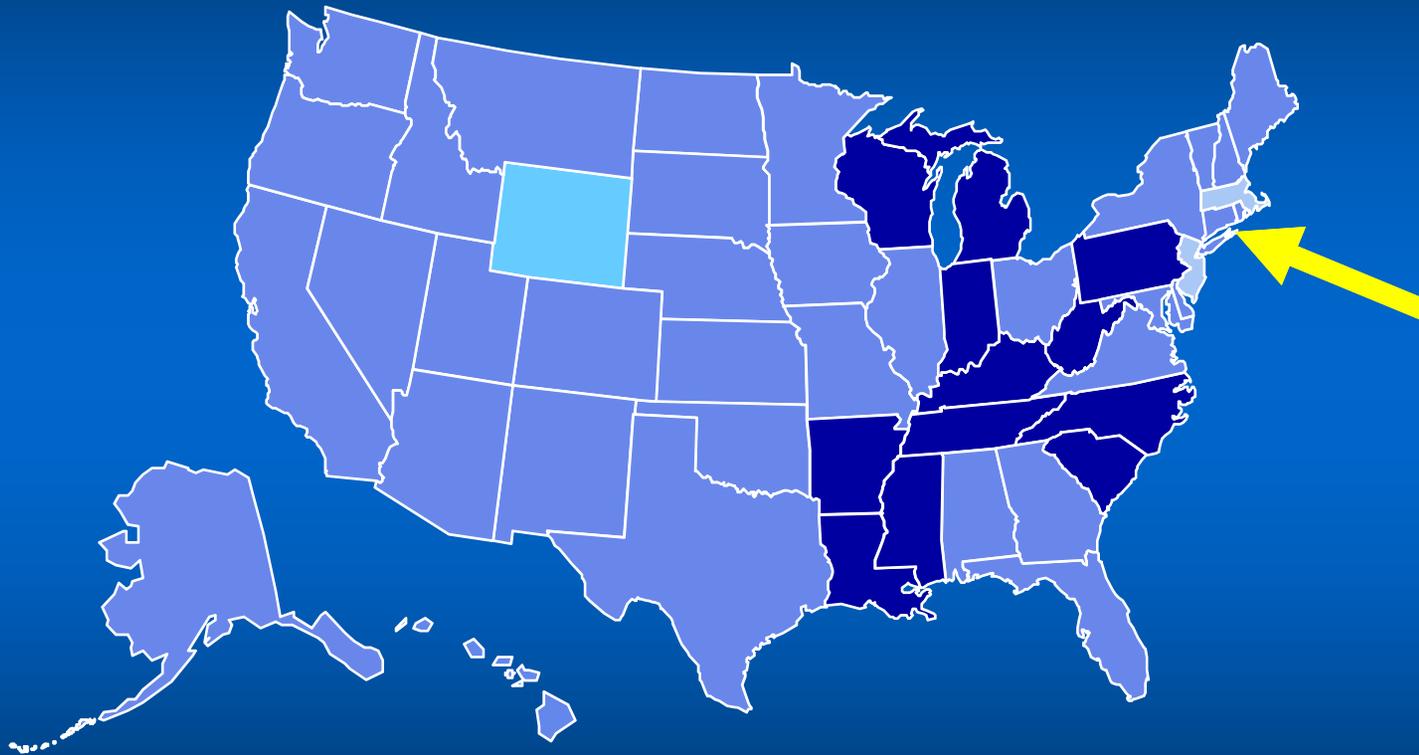


Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System (BRFSS). <http://www.cdc.gov/obesity/data/trends.html>

Obesity Trends* Among U.S. Adults

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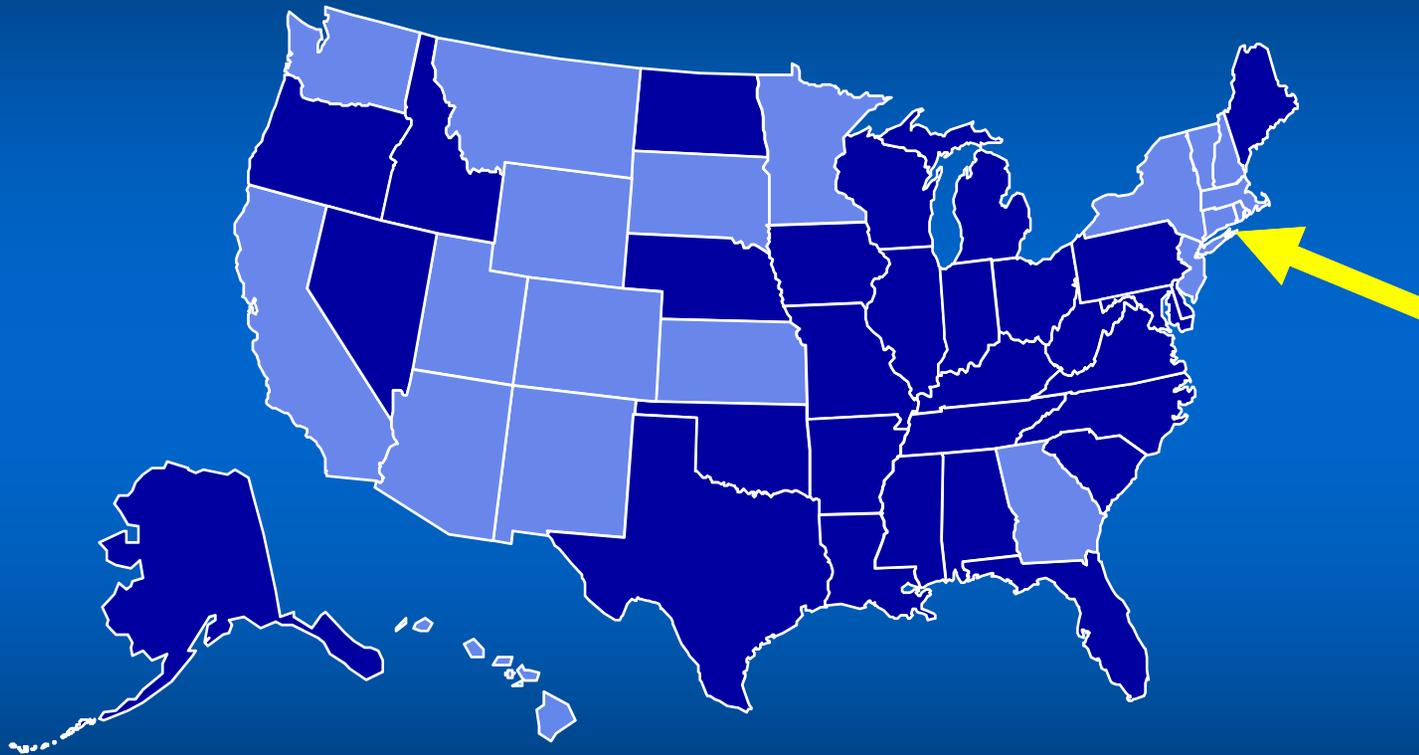


Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System (BRFSS). <http://www.cdc.gov/obesity/data/trends.html>

Obesity Trends* Among U.S. Adults

BRFSS, 1996

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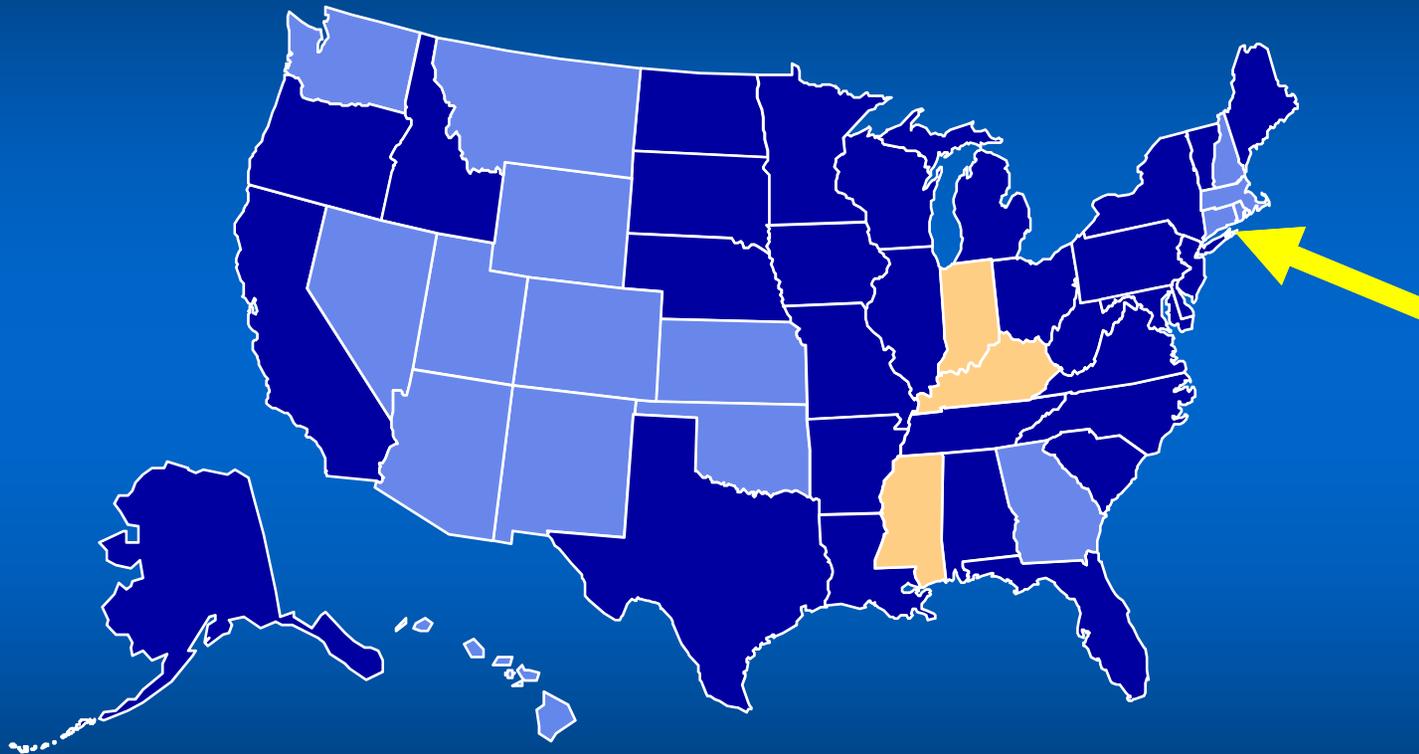


Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System (BRFSS). <http://www.cdc.gov/obesity/data/trends.html>

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BRFSS, 1997

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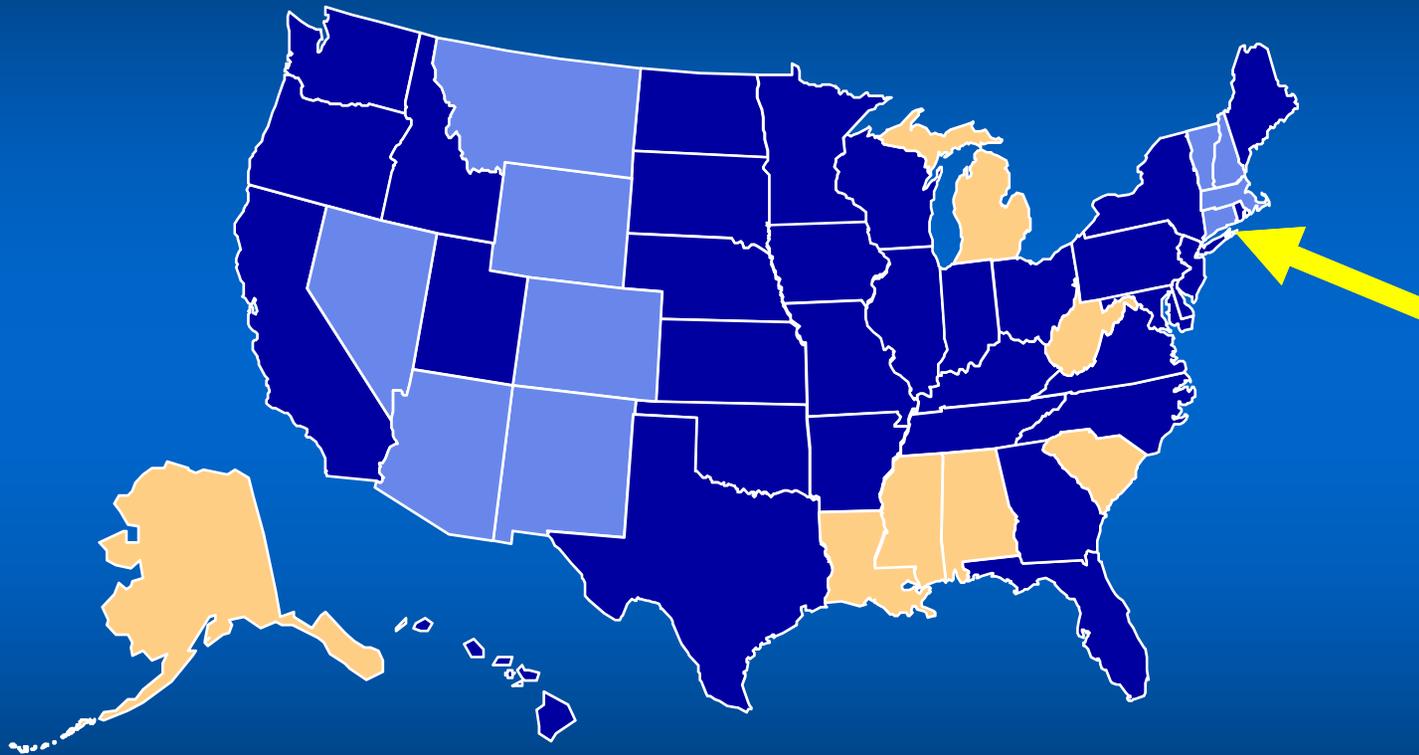


Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System (BRFSS). <http://www.cdc.gov/obesity/data/trends.html>

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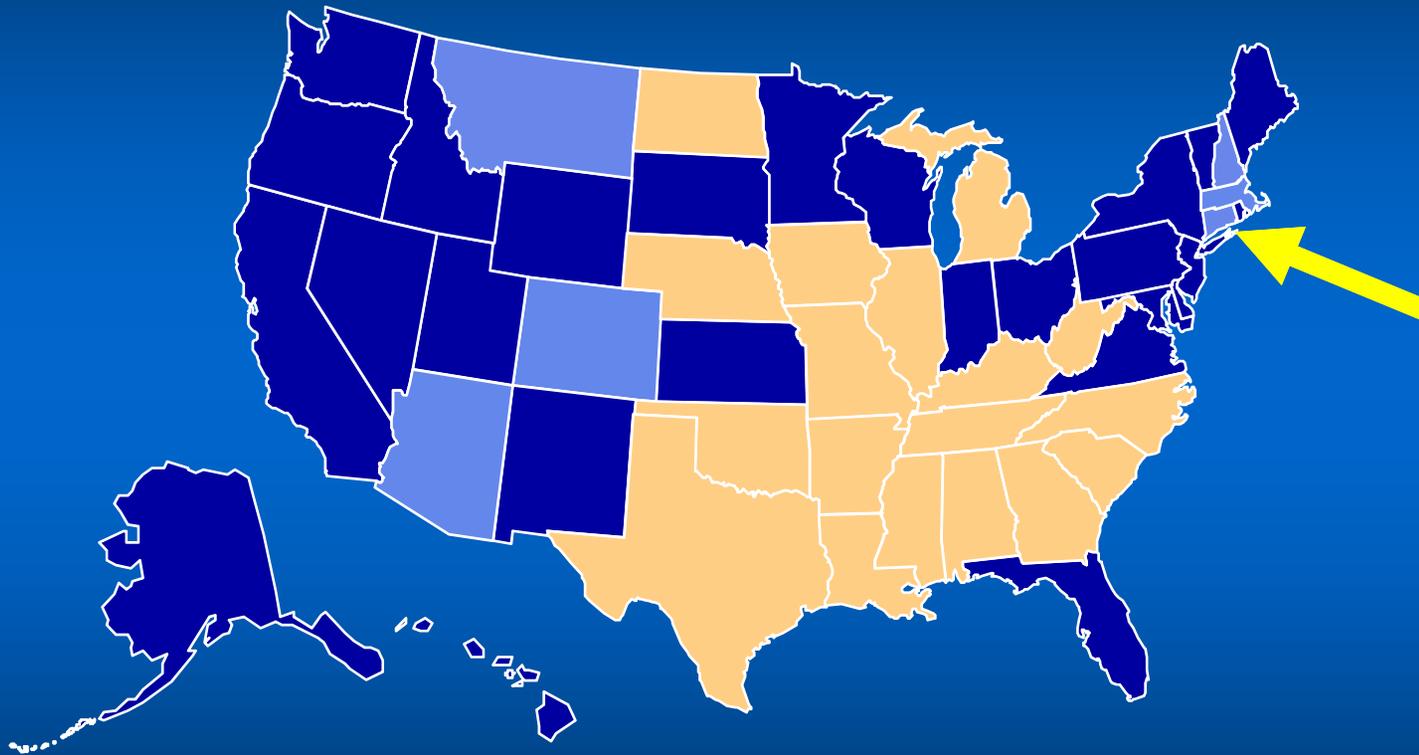


Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System (BRFSS). <http://www.cdc.gov/obesity/data/trends.html>

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BRFSS, 1999

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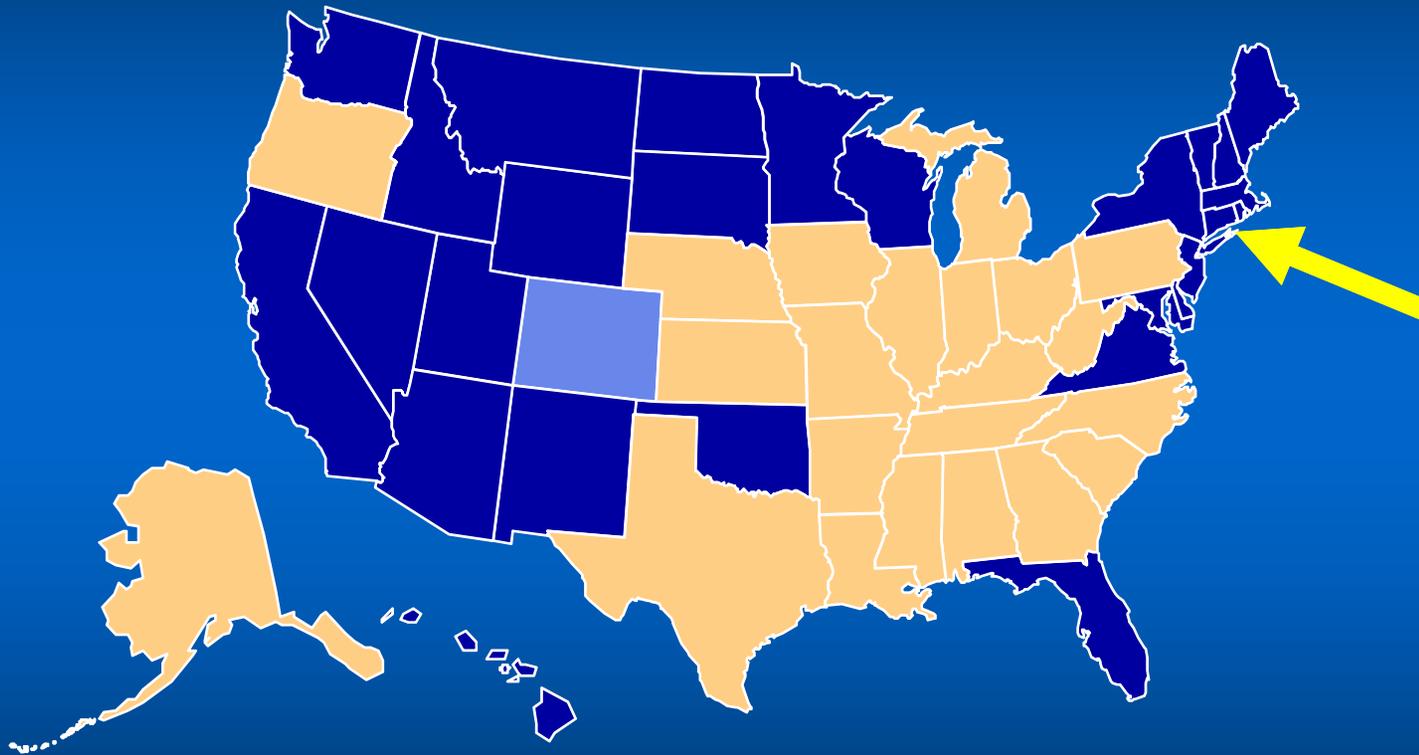


Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System (BRFSS). <http://www.cdc.gov/obesity/data/trends.html>

Obesity Trends* Among U.S. Adults

BRFSS, 2000

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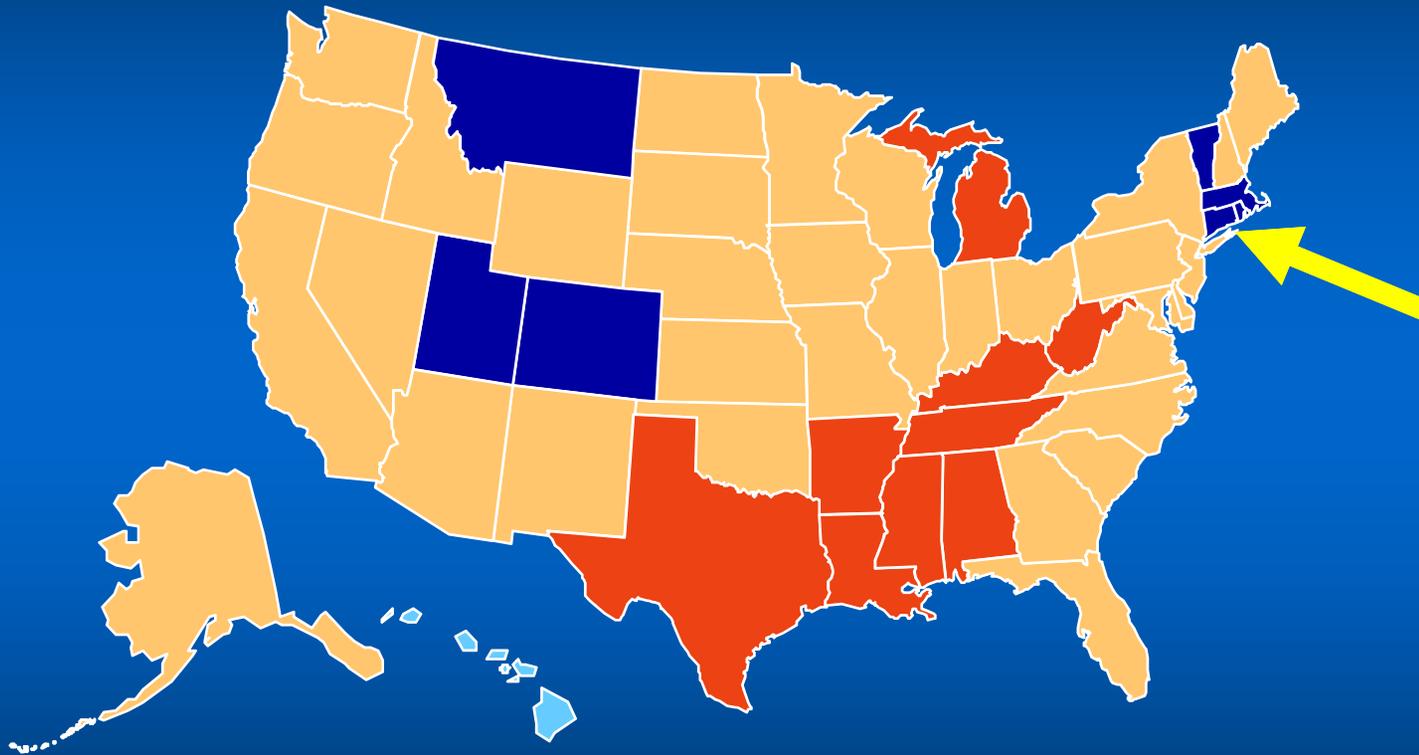


Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System (BRFSS). <http://www.cdc.gov/obesity/data/trends.html>

Obesity Trends* Among U.S. Adults

BRFSS, 2004

(*BMI ≥ 30 , or about 30 pounds overweight for 5' 4" person)

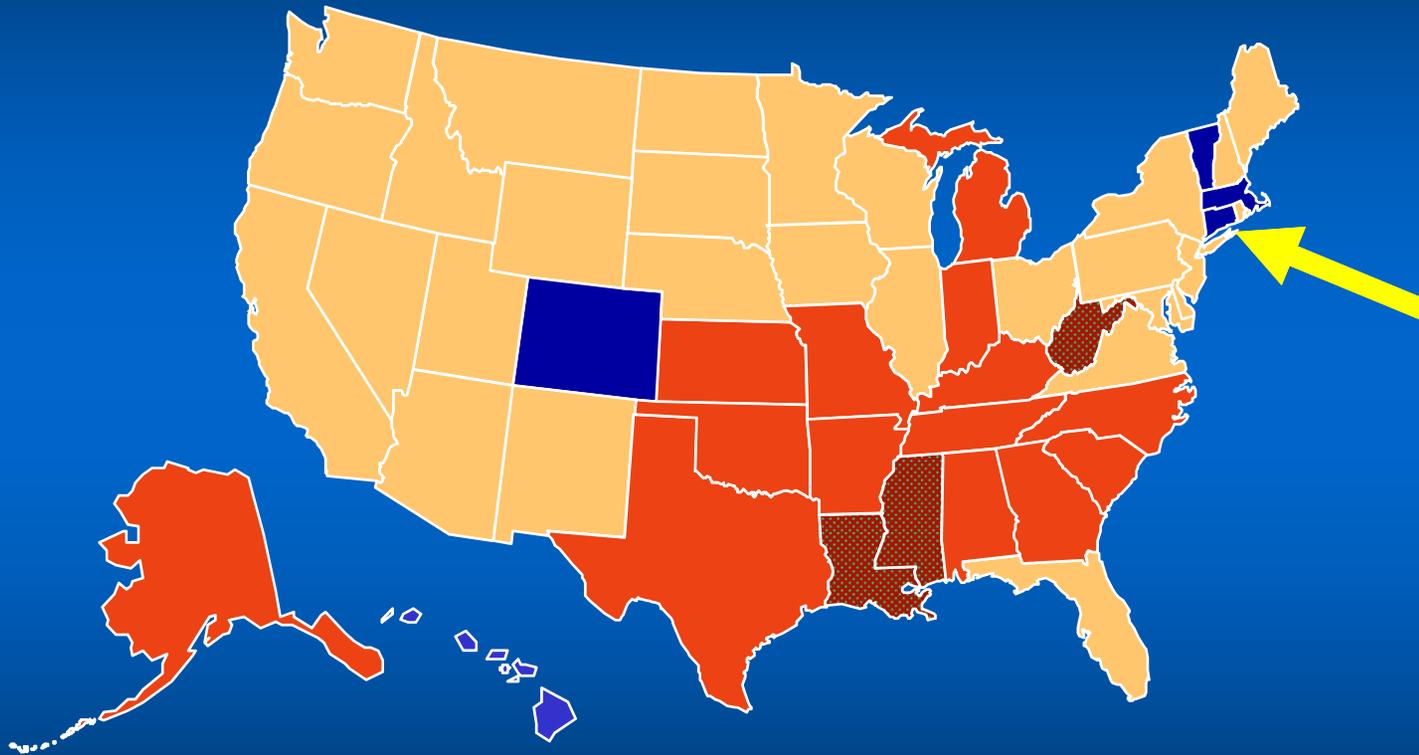


Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System (BRFSS). <http://www.cdc.gov/obesity/data/trends.html>

Obesity Trends* Among U.S. Adults

BRFSS, 2005

(*BMI ≥ 30 , or about 30 pounds overweight for 5' 4" person)



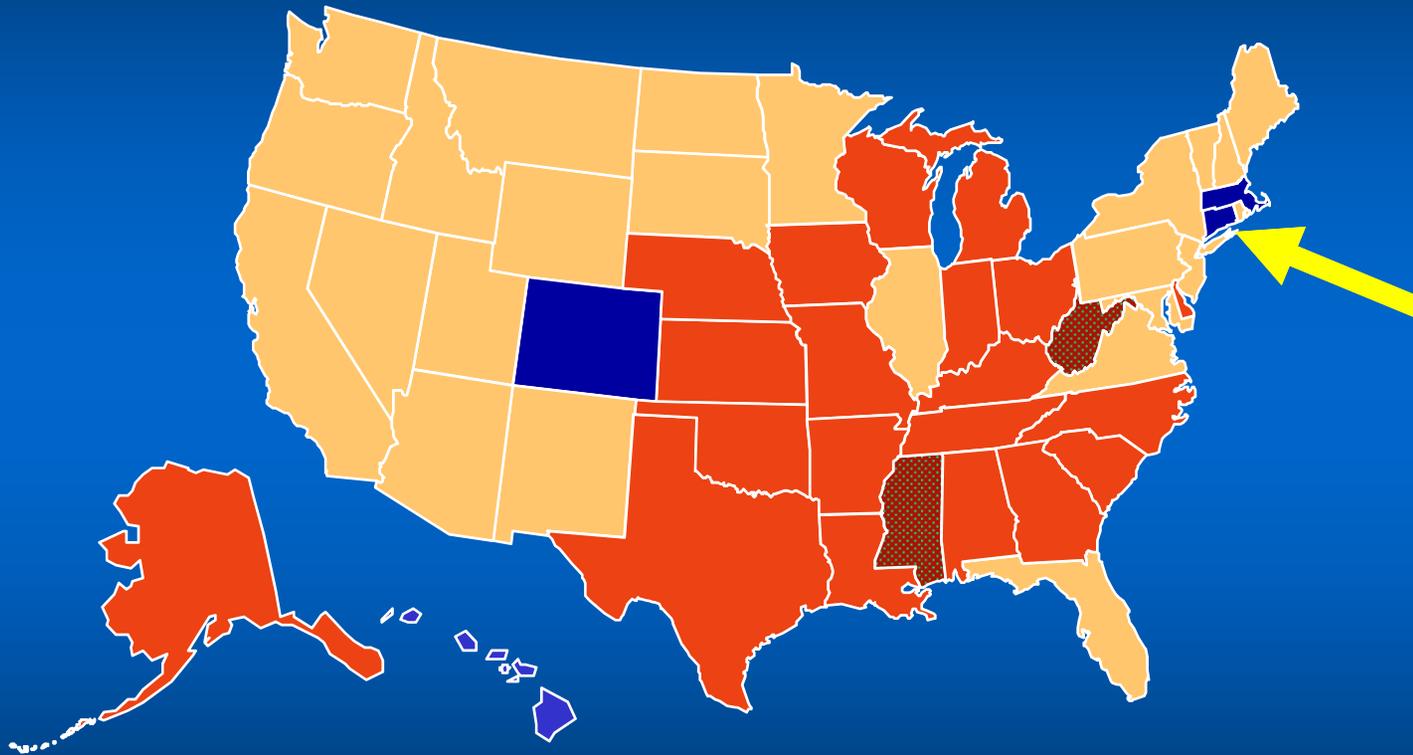
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Obesity Trends* Among U.S. Adults

BRFSS, 2006

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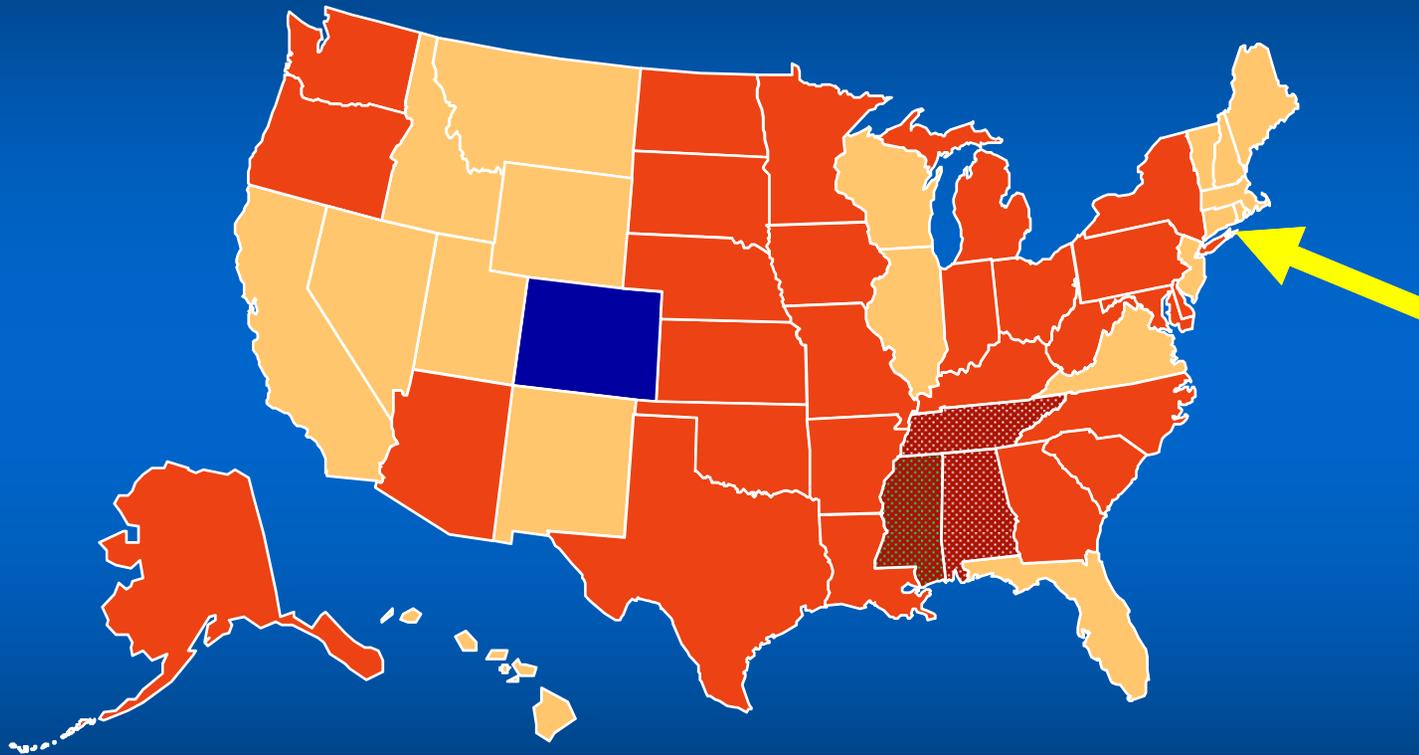
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BRFSS, 2007

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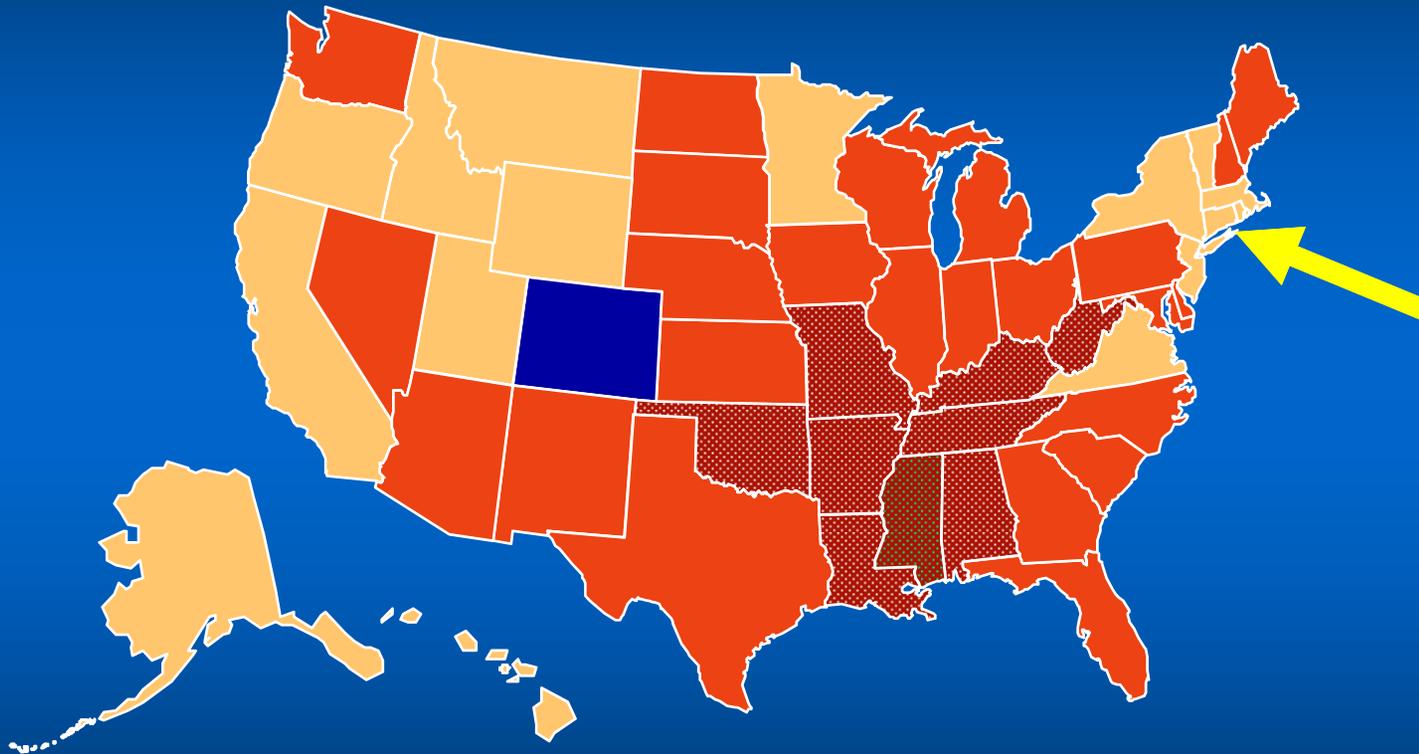
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Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System (BRFSS). <http://www.cdc.gov/obesity/data/trends.html>

Obesity Trends* Among U.S. Adults

BRFSS, 2009

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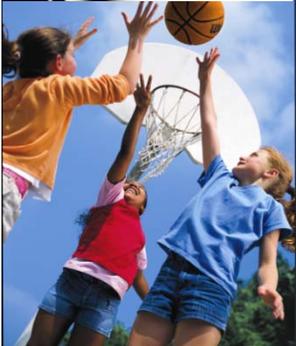
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Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System (BRFSS). <http://www.cdc.gov/obesity/data/trends.html>

Policies Make a Difference

Strong policies can

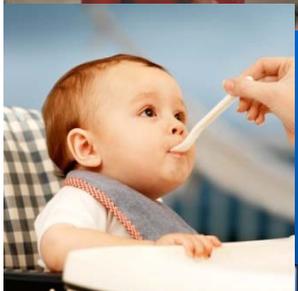
- ▶ change the child care environment
- ▶ help children develop healthy behaviors
- ▶ encourage children's learning
- ▶ improve children's health



Policy

An official written statement that provides guidance to all staff members and families regarding the child care program's vision and operating practices

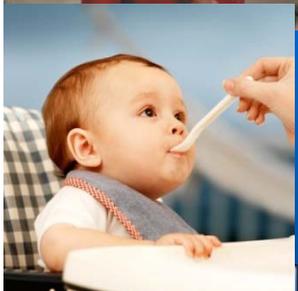
- ▶ communicates the program's intent, objectives, requirements, responsibilities and standards
- ▶ guides the actions of staff members, families and children in the child care program



Practices

The habitual or customary actions or ways of doing something, e.g., the ways of performing daily tasks either with the children or throughout the child care environment

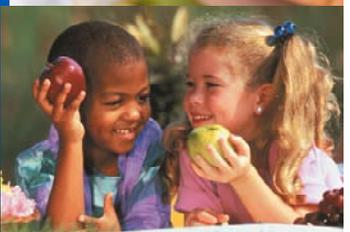
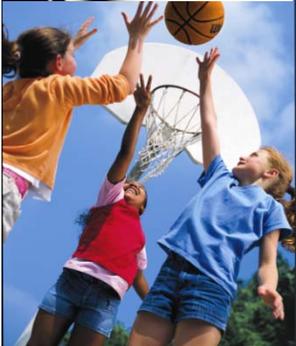
- ▶ can either support or undermine the child care program's nutrition and physical activity policies



Policy Goals

To create a child care environment that consistently supports children's health and learning by

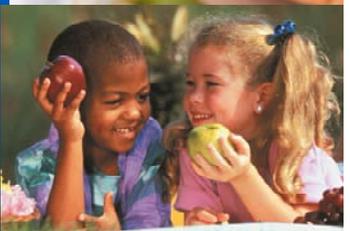
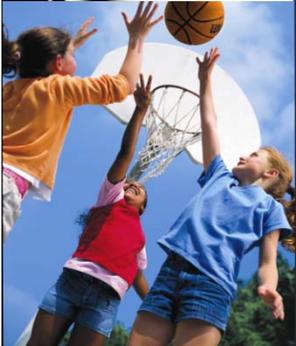
- ▶ providing *clear and consistent messages* that explain and reinforce healthy eating and physical activity habits
- ▶ helping children learn to make *healthy lifestyle choices*



Policy Goals

To create a child care environment that consistently supports children's health and learning by

- ▶ providing developmentally appropriate and culturally relevant *nutrition education*
- ▶ providing quality *physical education* and daily opportunities for developmentally appropriate *physical activity*
- ▶ supporting and engaging *families* in promoting healthy habits



Benefits to Child Care Program

- Demonstrate program's commitment to children's health and well-being
- Educate families regarding nutrition and physical activity practices
- Ensure compliance with best practices based on current science, public health research and national health recommendations



Benefits to Child Care Program

- Identify program's plan for quality nutrition and physical activity programs
- Document applicable federal and state requirements and accreditation standards
- Provide clear guidelines for staff members and families



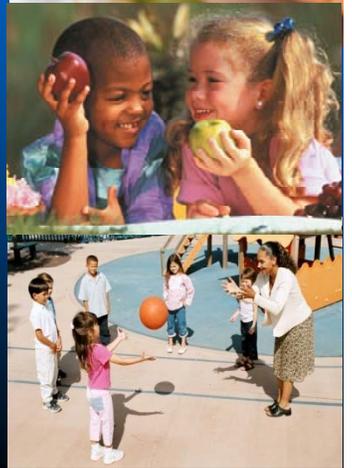
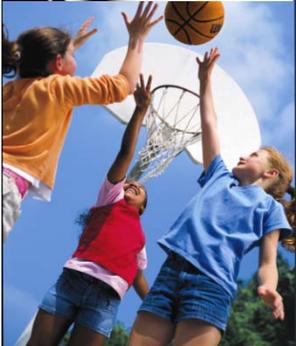
Benefits to Child Care Program

- Standardize consistent practices between classrooms and among all staff members
- Communicate program benefits to potential families
- Provide a basis to evaluate program activities and staff members



Workshop Overview

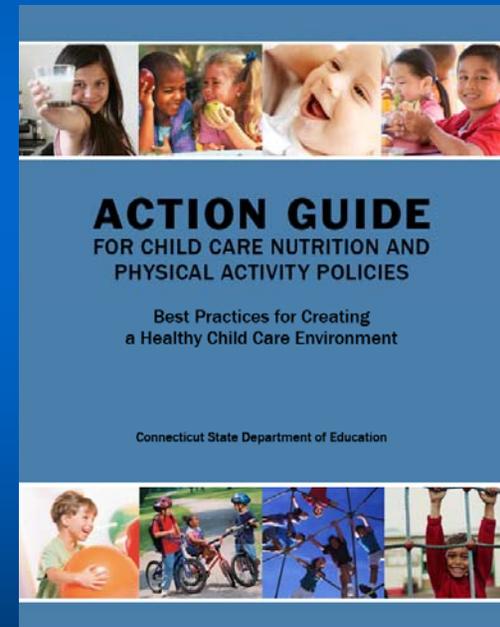
- CACFP updates
- Rationale for policy development
- Introduction to the *Action Guide for Child Care Nutrition and Physical Activity Policies*
- How to use the action guide
- Policy development steps
- Connecticut Child Care Nutrition Standards



Action Guide for Child Care Nutrition and Physical Activity Policies

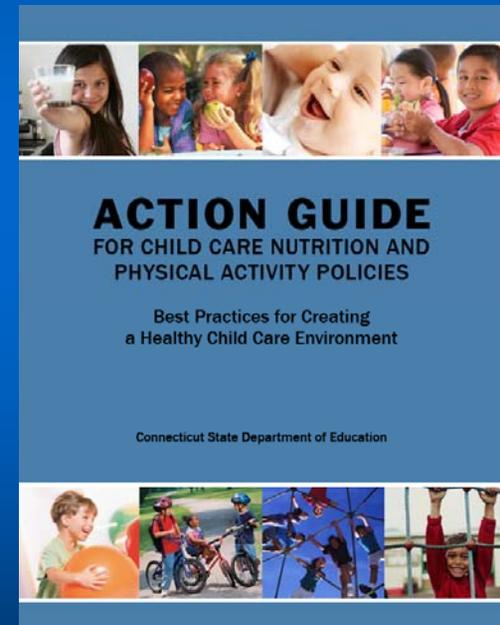
Purpose

To help child care programs and communities encourage healthy lifestyles in children by developing and implementing comprehensive nutrition and physical activity policies



Action Guide for Child Care Nutrition and Physical Activity Policies

- Includes best practices for promoting healthy eating and physical activity
 - ▶ recommendations not requirements
 - ▶ some practices are required due to federal or state regulations or accrediting requirements



Action Guide for Child Care Nutrition and Physical Activity Policies

- Based on current science, public health research and national recommendations and standards, for example
 - ▶ American Academy of Pediatrics
 - ▶ American Dietetic Association
 - ▶ Centers for Disease Control and Prevention
 - ▶ Dietary Guidelines for Americans
 - ▶ National Academy of Sciences Institute of Medicine
 - ▶ National Association for Sport and Physical Education
 - ▶ U.S. Department of Agriculture
 - ▶ U.S. Department of Health and Human Services



Action Guide for Child Care Nutrition and Physical Activity Policies

- Funded by a U.S. Department of Agriculture (USDA) Team Nutrition grant to the Connecticut State Department of Education
- Reviewed by a committee of 61 individuals from early childhood education, nutrition, physical education and health
- Supported by 45 state health and education organizations in Connecticut



Supporting Organizations

- 211 Child Care
- All Our Kin
- American Cancer Society, New England Division
- American Heart Association
- Association of School Nurses of Connecticut
- Child Health and Development Institute (CHDI)
- Connecticut Action for Healthy Kids
- Connecticut After School Network
- Connecticut Association for the Education of Young Children (CTAEYC)
- Connecticut Association of Directors of Health (CADH)
- Connecticut Association for Health, Physical Education, Recreation and Dance (CTAHPERD)
- Connecticut Chapter of the American Academy of Pediatrics
- Connecticut Cancer Partnership
- Connecticut Charts-A-Course
- Connecticut Child and Adult Care Food Program (CACFP)
- Connecticut Child Day Care Council
- Connecticut Commission on Children
- Connecticut Coordinated School Health
- Connecticut Dietetic Association (CDA)
- Connecticut Early Childhood Alliance
- Connecticut Even Start Family Literacy Programs
- Connecticut Family Resource Center Alliance
- Connecticut Food Policy Council
- Connecticut Head Start State Collaboration Office (HSSCO)
- Connecticut Nurses Association
- Connecticut Parent Information and Resource Center (CT PIRC)
- Connecticut Parent Teacher Association (PTA)
- Connecticut School Family Community Partnerships Project
- Connecticut School Readiness Grant Program
- Connecticut Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- Connecticut State Department of Public Health Child Care Licensing
- Connecticut State Department of Public Health Supplemental Nutrition Assistance Program — Education (SNAP-Ed)
- Connecticut State Department of Social Services
- Connecticut State Alliance of YMCAs
- Eastern Connecticut State University, Health and Physical Education Department, Center for Early Childhood Education
- Education Development Center Inc., Connecticut State Training and Technical Assistance Center
- End Hunger Connecticut!
- Expanded Food and Nutrition Education Program (EFNEP), University of Connecticut, College of Agriculture and Natural Resources Cooperative Extension System
- Hartford Area Child Care Collaborative
- Hartford Office for Young Children
- National Association of State Boards of Education (NASBE)
- New England Dairy & Food Council
- Opportunity Knocks for Middletown's Young Children Collaborative, Middlesex Hospital
- Rudd Center for Food Policy and Obesity, Yale University
- State Education Resource Center (SERC)

Action Guide for Child Care Nutrition and Physical Activity Policies

- Intended for a variety of settings
 - ▶ Child and Adult Care Food Program (CACFP) facilities (child care centers, family day care homes, at-risk afterschool centers and emergency shelters)
 - ▶ Head Start centers
 - ▶ School Readiness sites
 - ▶ child care programs
 - ▶ early care and education programs
 - ▶ licensed centers
 - ▶ school-based preschool programs
 - ▶ afterschool programs



Action Guide for Child Care Nutrition and Physical Activity Policies

- Can also be used by
 - ▶ sponsoring agencies
 - ▶ community organizations
 - ▶ local early childhood coordinating councils
 - ▶ municipalities
 - ▶ other groups interested in improving local nutrition and physical activity practices



Action Guide for Child Care Nutrition and Physical Activity Policies

- Online at <http://www.sde.ct.gov/sde/cwp/view.asp?a=2678&Q=322562>
 - ▶ Updates and additional materials
- 5,850 guides mailed to 2,692 child care sites
 - ▶ Afterschool programs
 - ▶ CACFP centers
 - ▶ CACFP family day care home sponsors
 - ▶ DPH licensed centers
 - ▶ Family Resource Centers
 - ▶ Learn and Serve communities
 - ▶ School Readiness Programs (contacts, liaisons, council chairs, superintendents)
 - ▶ School-based preschool programs
 - ▶ Youth Service Bureaus
 - ▶ Review committee and supporting organizations



Action Guide Contents

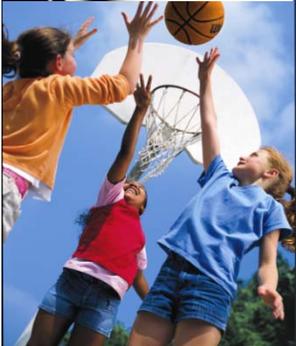
Policy Components

- 1– How to Use This Guide (page 1)
- 2– Introduction (page 5)
- 3 – Eight Steps for Creating Local Policy (page 9)
- 4 – Nutrition Standards (page 17)
- 5 – Eating Environment (page 41)
- 6 – Nutrition Education (page 57)
- 7 – Physical Activity (page 69)
- 8 – Communication and Promotion (page 83)
- 9 – Evaluation (page 93)
- 10 – Resources (page 99)
- References (page 105)
- Appendices (page 111)
- Glossary (page 143)



Workshop Overview

- CACFP updates
- Rationale for policy development
- Introduction to the *Action Guide for Child Care Nutrition and Physical Activity Policies*
- How to use the action guide
- Policy development steps
- Connecticut Child Care Nutrition Standards



How to Use the Action Guide

- Review the six policy components
- Start with policy sections that are most relevant based on local needs and existing policies and practices
- Use applicable policy recommendations and implementation strategies
- Review additional resources as needed



Summary of Policy Components and Areas

Component 1 – Nutrition Standards

CACFP Meals and Snacks

- Menu Planning
- Nutrition Guidelines for Children
- Nutrition Guidelines for Infants
- Special Dietary Needs

Other Foods and Beverages

- Parent-Provided Meals and Snacks
- Celebrations
- Functions, Events and Meetings
- Fundraising
- Access to Drinking Water

Component 2 – Eating Environment

- Meal Schedules
- Pleasant and Healthy Eating Environment (Physical, Social and Emotional)
- Modeling Healthy Behaviors
- Food Rewards and Punishments
- Food Service Personnel Qualifications and Training
- Food Safety
- Staff Wellness

Component 3 – Nutrition Education

- Standards-Based Nutrition Education
- Appropriateness of Nutrition Materials
- Connecting with Planned Learning Experiences
- Nutrition Promotion
- Professional Development

Component 4 – Physical Activity

- Daily Physical Activity
- Play Space and Equipment
- Connecting with Planned Learning Experiences
- Standards-Based Physical Education
- Screen Time
- Physical Activity and Punishment

Component 5 – Communication and Promotion

- Health Advisory Team
- Consistent Health Messages
- Promoting Healthy Foods
- Engaging Families
- Partnering with Community Organizations

Component 6 – Evaluation

- Monitoring
- Policy Review

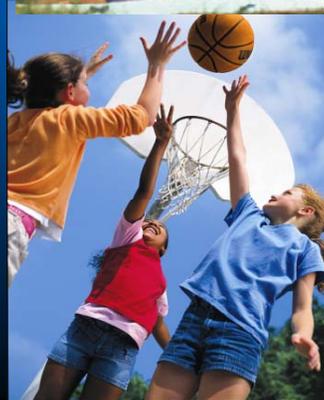
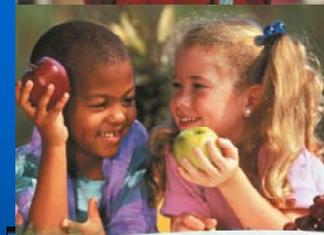
How to Use the Action Guide

Each policy component contains

- Policy Recommendations
- Rationale
- Implementation Strategies
 - ▶ Smart Steps
- Resources

Policy Components

- Nutrition Standards
- Eating Environment
- Nutrition Education
- Physical Activity
- Communication and Promotion
- Evaluation



Smart Steps

Smart Steps highlight actions that will improve the child care program's nutrition and physical activity practices



SMART STEPS

Provide outdoor play time at least twice daily and provide enough portable play equipment for all children.



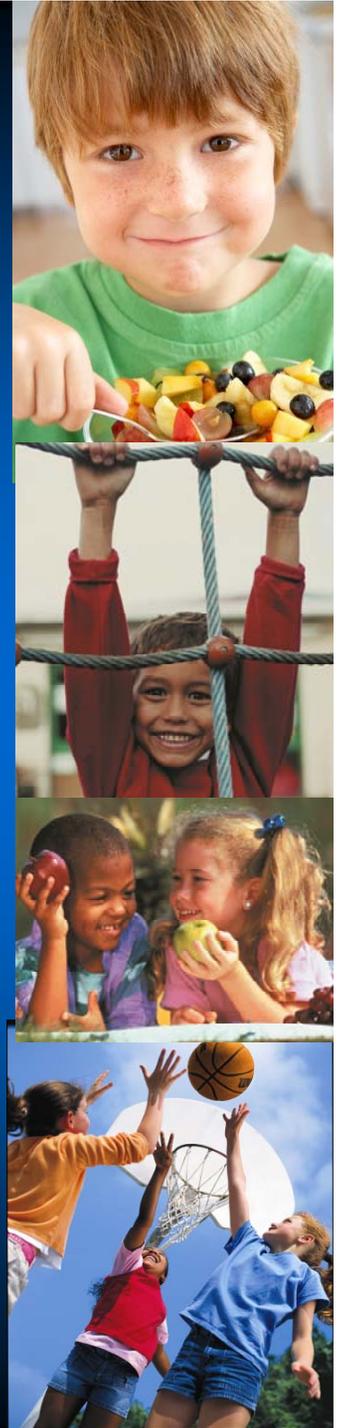
SMART STEPS

Include more fruits, vegetables and whole grains in meals and snacks. Eliminate juice and serve whole fruits and vegetables instead.



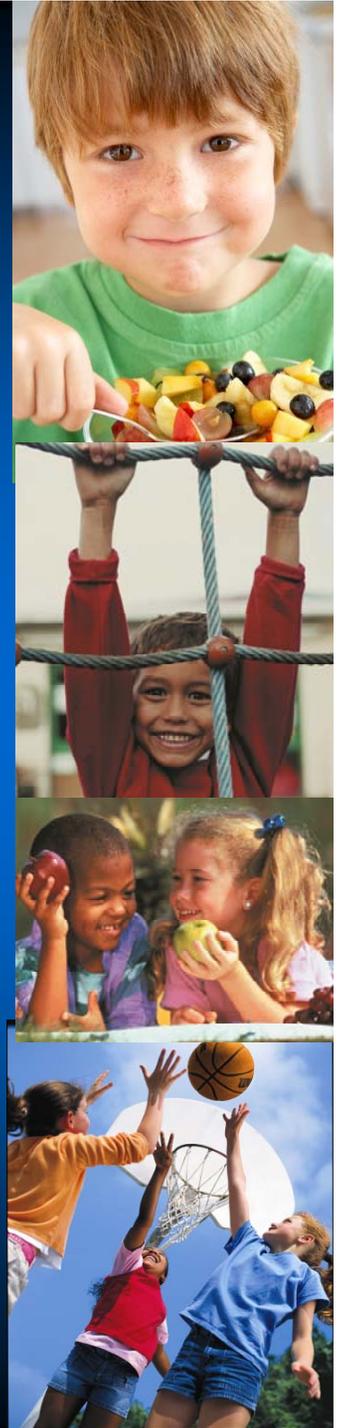
Policy Recommendations

- Comply with requirements for
 - ▶ Department of Public Health (DPH) state licensing
 - ▶ Child and Adult Care Food Program (CACFP)
 - ▶ Head Start
 - ▶ School Readiness



Policy Recommendations

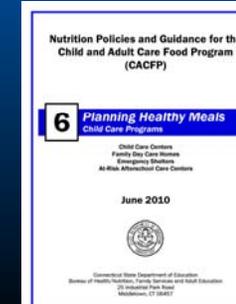
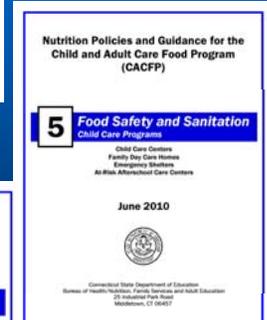
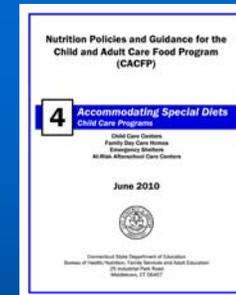
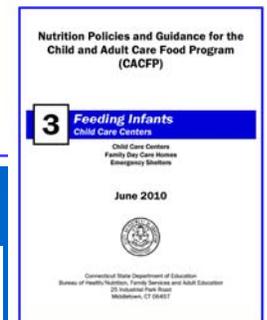
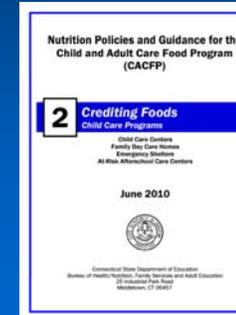
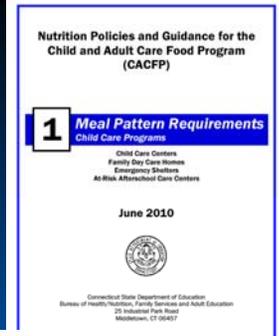
- Often exceed federal or state requirements and accreditation standards, such as
 - ▶ CACFP regulations
 - ▶ Head Start regulations
 - ▶ School Readiness legislation
 - ▶ DPH licensing regulations
 - ▶ National Association for the Education of Young Children (NAEYC) accreditation standards
 - ▶ National Association for Family Child Care (NAFCC) accreditation standards



Nutrition Policies and Guidance for the Child and Adult Care Food Program

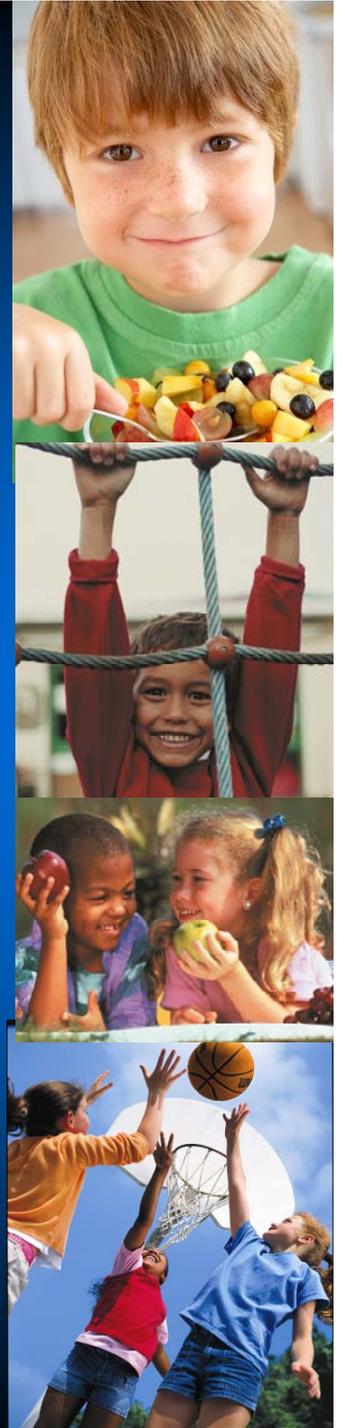
- CSDE manuals describing CACFP requirements
- Six guides
 - ▶ Meal Pattern Requirements
 - ▶ Crediting Foods
 - ▶ Feeding Infants
 - ▶ Accommodating Special Dietary Needs
 - ▶ Sanitation and Food Safety
 - ▶ Planning Healthy Meals
- Updated June 2010

<http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322326>



Policy Recommendations

- Include general policy recommendations for child care centers that can be adapted for other programs
 - ▶ most recommendations are applicable to all child care settings
 - ▶ recommendations that do not apply can be eliminated or adapted



Implementation Strategies

- Some strategies may not be appropriate for all child care programs, depending on the type of program and ages of children served
 - ▶ some strategies are appropriate only for younger or older children, while others are suitable for all ages
 - ▶ select strategies as appropriate, based on local needs



NUTRITION PROMOTION

Policy Recommendations

- ▶ The child care program conducts nutrition education activities and promotions that involve children, families and the community.
- ▶ The nutrition education program is coordinated with CACFP meals and snacks and other foods and beverages available in the child care environment, such as parties, meetings and other events.
- ▶ Whenever possible, nutrition education activities involve the entire child care program and are linked to health-related community initiatives, services and programs.
- ▶ The child care program collaborates with agencies and groups conducting nutrition education in the community to send consistent health messages to children and their families.

Rationale

Promoting nutrition throughout the child care environment provides consistent health messages for children and families. Linking nutrition education to CACFP meals and snacks provides children with hands-on opportunities to practice healthy habits. Participation in community programs that promote and reinforce health emphasizes the child care program's commitment to a healthy child care environment and supports local nutrition and physical activity efforts.

Collaborating with community initiatives, services and programs enhances the child care program's existing resources. It also increases the effectiveness of local nutrition interventions by providing consistent and reinforcing health messages to children and families.

Implementation Strategies (as developmentally appropriate)

- Promote nutrition in the child care program through a variety of activities, such as cooking, connecting with local farmers' markets and community gardens, sampling popular healthy ethnic foods, and participating in marketing campaigns promoting nutrition or physical activity messages, e.g., Fruits & Veggies More Matters.
- Collaborate with and participate in community-based programs that promote and reinforce children's health, such as nutrition initiatives, health fairs, physical activity challenges and food drives. For more information, see *Partnering with Community Organizations* in section 8.
- Coordinate CACFP meals and snacks with the nutrition curriculum, e.g., fruits and vegetables used for a nutrition education activity are featured on the menu and a recipe is sent home for families.



SMART STEPS

Coordinate nutrition education activities with CACFP meals and snacks and other foods and beverages available in the child care environment.



SMART STEPS

Collaborate with community-based nutrition programs, initiatives and services.

SCREEN TIME

Policy Recommendations

- ▶ In accordance with the American Academy of Pediatrics recommendations, the child care program does not permit screen time (e.g., television, movies, video games and computers) for infants and children younger than 2.
- ▶ For children ages 2 and older, screen time is limited to less than one hour per day and consists only of quality educational activities that are connected to learning goals and standards or programs that actively engage child movement.
- ▶ The child care program does not allow screen time during meals or snacks.



SCREEN TIME

Implementation Strategies

- Eliminate screen time for children younger than 2.
- Limit screen time to less than one hour per day for children ages 2 and older. Ensure that screen time is used only for quality educational activities that are connected to learning goals and standards or programs that actively engage child movement.
- Do not use screen time to reward children.
- Require parental permission for any screen time.
- Educate families in language they can understand about the importance of limiting screen time for children at home.



SCREEN TIME



Resources

Center on Media and Children's Health, Children's Hospital Boston, Harvard Medical School and Harvard School of Public Health: <http://www.cmch.tv/>

Help Children Reduce Screen Time, U.S. Department of Health and Human Services: http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/downloads/tip_screen_time.pdf

How Much Inactive Time Is Too Much?, MyPyramid for Preschoolers, USDA: <http://www.mypyramid.gov/preschoolers/PhysicalActivity/inactivetime.html>

Reduce Screen Time Tools and Resources, U.S. Department of Health and Human Services: <http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/tools-resources/tools-reduce-screentime.htm>

For more information, see *Reducing Screen Time* in section 10.

Getting Started

- Consider what changes might be made to
 - ▶ offer healthy foods and beverages
 - ▶ create a positive mealtime environment
 - ▶ increase physical activity and active play
 - ▶ limit screen time
 - ▶ teach children, families and staff members about healthy eating and physical activity



Getting Started

- Many changes can be made without any cost or much effort, such as
 - ▶ modeling healthy behaviors
 - ▶ eliminating food rewards
 - ▶ increasing outdoor play
 - ▶ limiting screen time
 - ▶ prohibiting physical activity as punishment
 - ▶ connecting nutrition education and physical activity to planning learning experiences



Getting Started

- Start small
- Review the policy areas and identify one or two things that can be done right now, for example
 - ▶ including more fruits and vegetables on snack menus
 - ▶ eliminating food rewards
 - ▶ adding more active play in the daily schedule



Getting Started

- Enlist staff members to help with different areas, for example
 - ▶ head teacher might take the lead on identifying strategies to incorporate more physical activity throughout the curriculum
 - ▶ food service director could identify cost-effective seasonal fruits and vegetables for snack menus



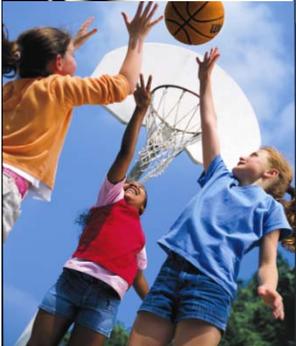
Getting Started

- Enlist staff members to help with different areas, for example
 - ▶ registered dietitian or health consultant could identify nutrition handouts for families
 - ▶ educational consultant could identify appropriate strategies to promote desired behavior, instead of food rewards



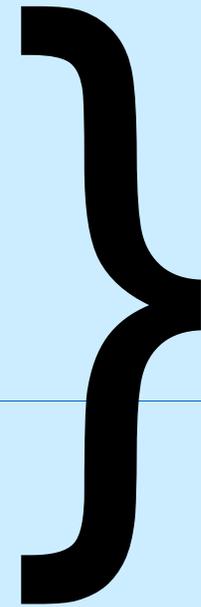
Workshop Overview

- CACFP updates
- Rationale for policy development
- Introduction to the *Action Guide for Child Care Nutrition and Physical Activity Policies*
- How to use the action guide
- Policy development steps
- Connecticut Child Care Nutrition Standards



Policy Steps

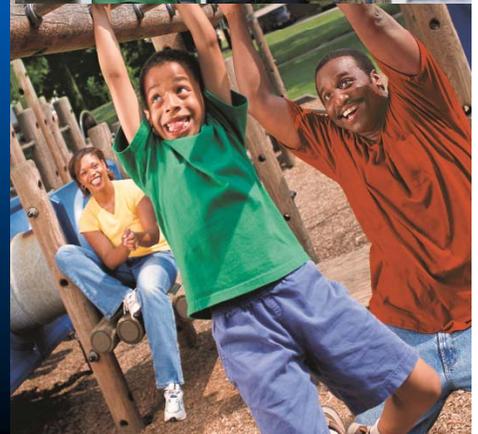
1. Identify your team
2. Identify local policy development process
3. Conduct local assessment
4. Prioritize needs and develop an action plan
5. Draft policy language
6. Build awareness and support
7. Adopt and implement the policy
8. Maintain, measure and evaluate



Today's Focus

Step 1 — Policy Team

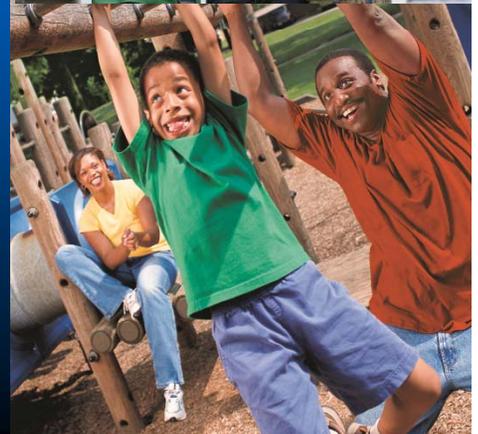
- Can be local or community level
- May involve developing new team or enhancing existing team
 - ▶ School Readiness Council
 - ▶ Early Learning Council
 - ▶ Early Childhood Council
 - ▶ *William Caspar Graustein Memorial Fund* Discovery collaborative group
 - ▶ Head Start Health Advisory Committee
 - ▶ After School Quality Improvement Team
 - ▶ School Health Advisory Team or School Wellness Team (school-based centers)



Step 1 — Policy Team

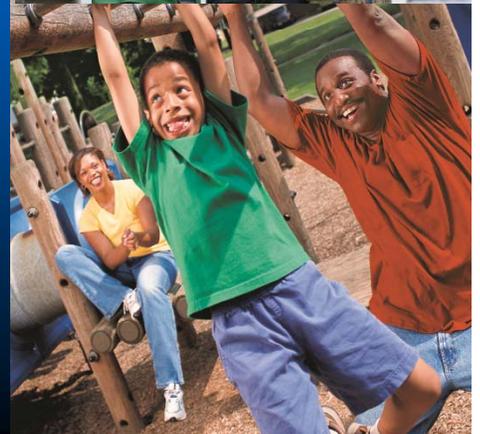
■ Membership includes individuals representing the child care program, families and key community stakeholders

- ▶ governing board members
- ▶ program administrators
- ▶ parents
- ▶ teachers
- ▶ food service personnel
- ▶ program consultants, e.g., registered dietitian consultant, health consultant, education consultant and dental hygienist consultant
- ▶ community members
- ▶ other members appropriate to local needs



Step 1 — Policy Team

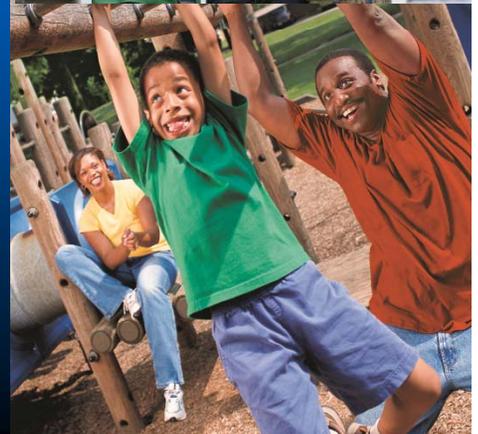
- Not all child care programs will have the capacity or resources to assemble a health advisory team
- Move forward with policy development and solicit input from parents and staff members as needed



Step 2 — Policy Development Process

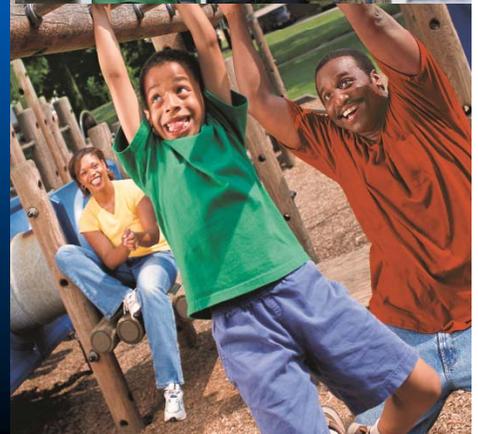
■ Identify local policy development process

- ▶ who in the child care program, governing body or coordinating organization needs to be involved or kept informed
- ▶ what format should be used for the document
- ▶ who needs to review and approve drafts
- ▶ the typical timeline for policy review and approval



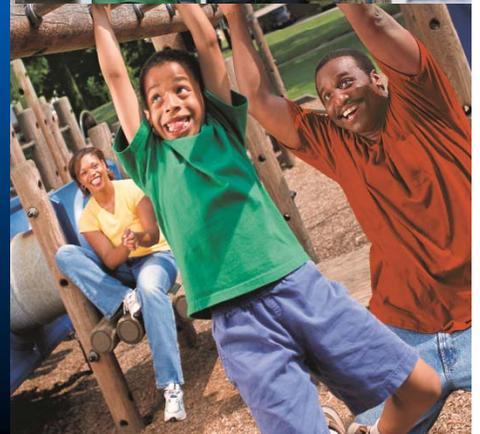
Step 2 — Policy Development Process

- Understand what is needed to comply with local, state and federal requirements
 - ▶ local health department
 - ▶ local board of education (school-based programs)
 - ▶ state licensing regulations
 - ▶ state School Readiness legislation
 - ▶ CACFP regulations
 - ▶ Head Start regulations
 - ▶ national accreditation standards, e.g., NAEYC and NAFCC



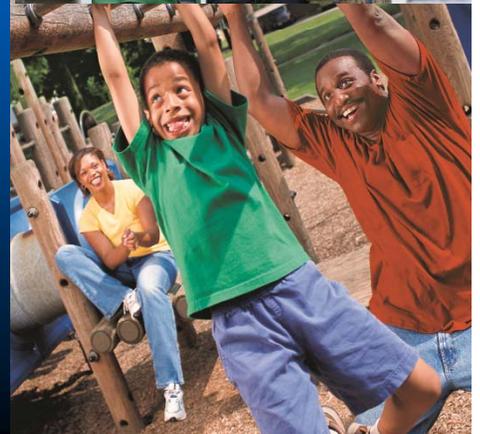
Step 3 — Assessment

- Assess strengths and weaknesses of current nutrition and physical activity policies, programs and practices
- Identify relevant data on the education and health status of children in the local child care program and community



Step 4 — Prioritize Needs

- Prioritize areas for change and address in order of importance
- Develop an action plan



Policy Component	Action	Target Date
Nutrition Standards	Action 1: Serve whole grains for at least half of the CACFP grains and breads servings at meals and snacks each day	September 1, 2010

Actions	Steps	Person Responsible	Target Date
Action 1: Serve whole grains for at least half of the CACFP grains and breads servings at meals and snacks each day	Determine amount of grains and breads currently served in CACFP menus each day	Director, cook	June 30, 2010
	Identify whole-grain substitutions for at least half of the grains and breads served	Director, cook, RD consultant	July 10, 2010
	Contact food distributors to determine the availability and cost of whole-grain products	Director, cook	July 15, 2010
	Determine cost difference between current products and whole-grain substitutions	Director, cook	July 30, 2010
	Create new cycle menu with whole grains for at least half of the CACFP grains and breads served each day	Director, cook, RD consultant	August 15, 2010
	Develop and provide nutrition education activities for children on whole grains	RD consultant, teachers	September 1, 2010
	Implement new menu	Director, cook	September 1, 2010

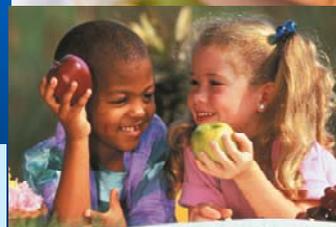
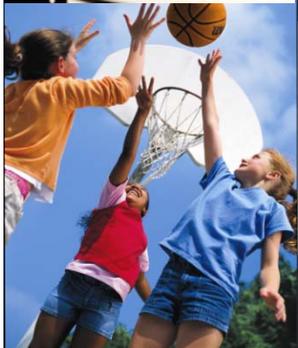
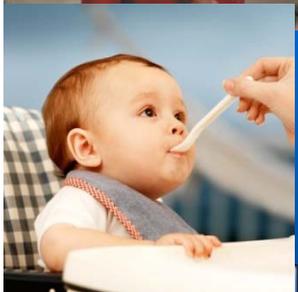
ACTIVITY 1: Self-Assessment

1. In groups, review the policy recommendations for Nutrition Standards
2. For your child care program, check the appropriate box to indicate whether each policy recommendation is
 - ▶ fully implemented
 - ▶ partially implemented
 - ▶ not implemented
 - ▶ not applicable (NA)
 - ▶ don't know (DK)
3. Review the areas that you rated “none” or “partial” and identify at least two priority areas for change in your child care program

- ▶ The self-assessment tools correspond to each of the six policy component areas contained in the CSDE's *Action Guide for Child Care Nutrition and Physical Activity Policies*
 - Nutrition Standards
 - Eating Environment
 - Nutrition Education
 - Physical Activity
 - Communication and Promotion
 - Evaluation
- ▶ These tools are intended to help child care programs assess current nutrition and physical activity practices and identify areas in need of improvement, based on the policy recommendations of the action guide
- ▶ Available on the CSDE Web site at
<http://www.sde.ct.gov/sde/cwp/view.asp?a=2678&Q=322596>

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- **Connecticut Child Care Nutrition Standards**



Connecticut Child Care Nutrition Standards (CCCNS)

■ Recommendations for all foods and beverages available in child care, including

- ▶ CACFP meals and snacks
- ▶ celebrations
- ▶ learning experiences
- ▶ meetings
- ▶ fundraising
- ▶ any other activities where foods and beverages are provided by the child care program or families



CCCNS

- Provides the healthiest choices in child care by promoting whole or minimally processed, nutrient-rich foods that are low in fat, added sugars and sodium
- Exceeds CACFP meal pattern requirements



Menus meet CACFP but not CCCNS

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	Cinnamon Roll Orange Juice Milk	Golden Grahams Cereal Apple Juice Milk	Toast with Peanut Butter Apple Slices Milk	Cold Cereal Assorted Juice Milk	Chocolate Chip Muffin Banana Milk
Lunch	Grilled Cheese Sandwich Tomato Soup French Fries Milk	Chicken Nuggets White Rice Peaches Milk	Hamburger on Bun Tater Tots Juice Milk	Pepperoni Pizza Tossed Salad Apple Milk	Fish Sticks Dinner Roll Corn Niblets Juice Milk
Snack	Saltines Apple Juice	Bagel and cream cheese Orange Juice	Chocolate Chip Cookies Milk	Cereal Bar Grape Juice	Ritz crackers Cheese

CCCNS

- Reflects current nutrition science and national health recommendations from the Dietary Guidelines for Americans and national organizations, such as
 - ▶ National Academy of Sciences Institute of Medicine
 - ▶ American Academy of Pediatrics
 - ▶ American Dietetic Association
 - ▶ American Heart Association



CCCNS

- Based on the CACFP meal pattern components
- Separate standards for children and infants

Children (Ages 1-12)	Infants (Birth through 11 months)
Grains and Breads	Iron-fortified Infant Cereal, Bread and Crackers
Vegetables and Fruits	Vegetables and Fruits
Meat and Meat Alternates	Meat, Fish, Poultry, Egg Yolk and Cooked Dry Beans or Peas
Milk	Breast Milk, Iron-fortified Infant Formula and Fruit Juice

CCCNS

- Eliminates foods and beverages that do not meet the CACFP meal pattern requirements
- Eliminates CACFP-creditable foods that are not nutrient rich, such as
 - ▶ sweetened grain-based desserts
 - ▶ grain-based snack chips
 - ▶ fried or baked pre-fried vegetables
 - ▶ fried, baked pre-fried or high-fat meats and meat alternates



But it's only one cupcake....
Rationale for Healthy Foods and Beverages

- Current research on children's eating habits supports this approach because most children consume too many calories from fats and added sugars
- Children have many opportunities to consume less nutritious choices outside child care



But it's only one cupcake....

Rationale for Healthy Foods and Beverages

- **Serving only healthy foods and beverages in child care**
 - ▶ models healthy eating behaviors and helps children avoid excess calories
 - ▶ helps parents balance children's food choices at home and gives children a better chance of meeting their daily MyPyramid recommendations
 - ▶ allows parents to determine whether and when their children have less nutritious foods



But it's only one cupcake....

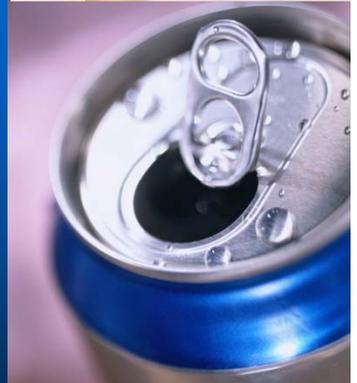
Rationale for Healthy Foods and Beverages

- Most children consume too many unhealthy foods and beverages outside child care
 - ▶ desserts (cakes, cookies, pies, bars, ice cream and gelatin)
 - ▶ salty snacks
 - ▶ sweetened beverages



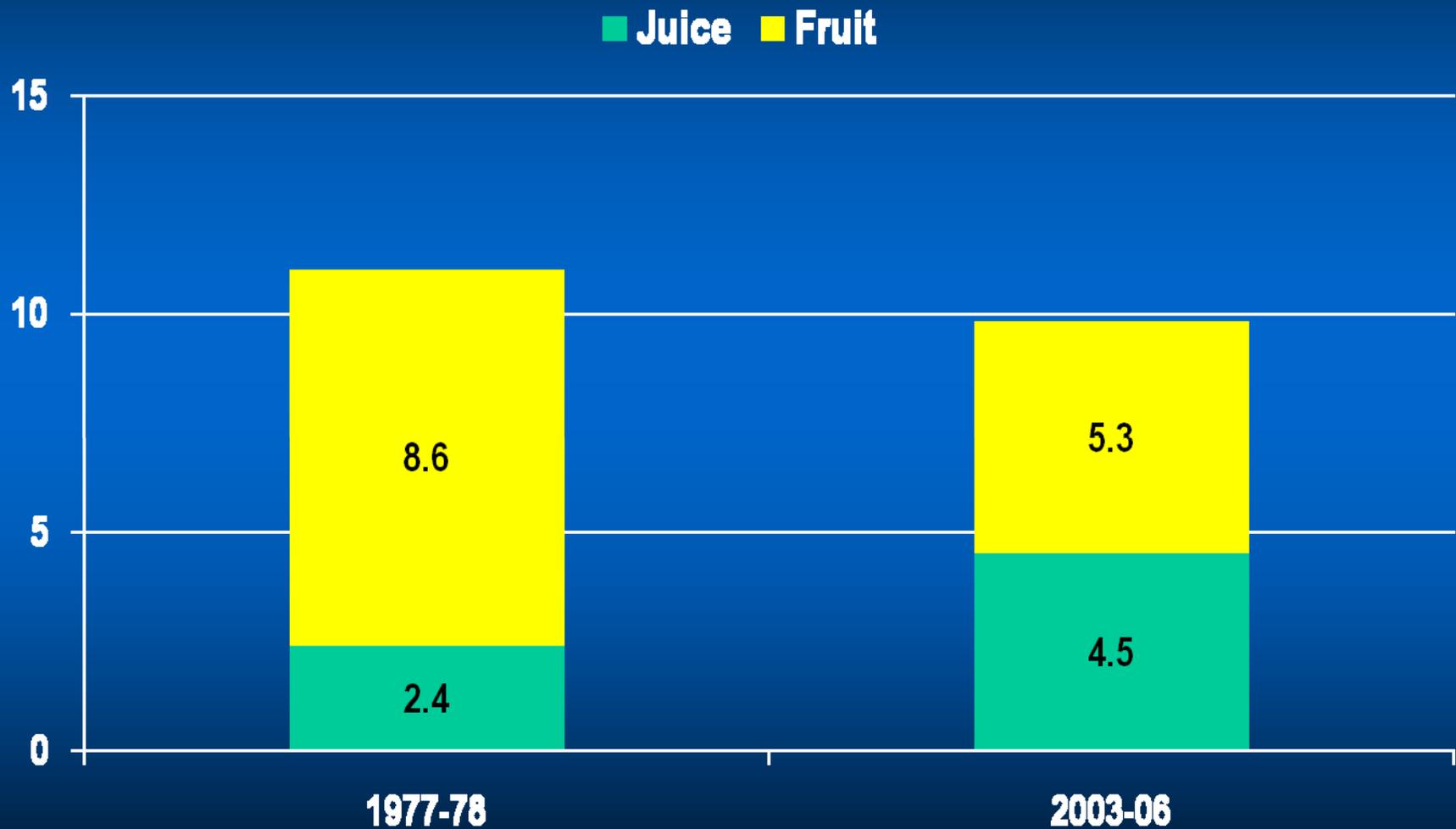
Children's Snacking Increased

- Children consume 27 percent of calories from snacks, mostly from
 - ▶ desserts (cakes, cookies, pies, bars, ice cream and gelatin)
 - ▶ salty snacks
 - ▶ sweetened beverages
- From 1977 to 2006, increase of 168 calories per day from snacks
 - ▶ less fresh fruit and more fruit juice
 - ▶ more salty snacks and candy



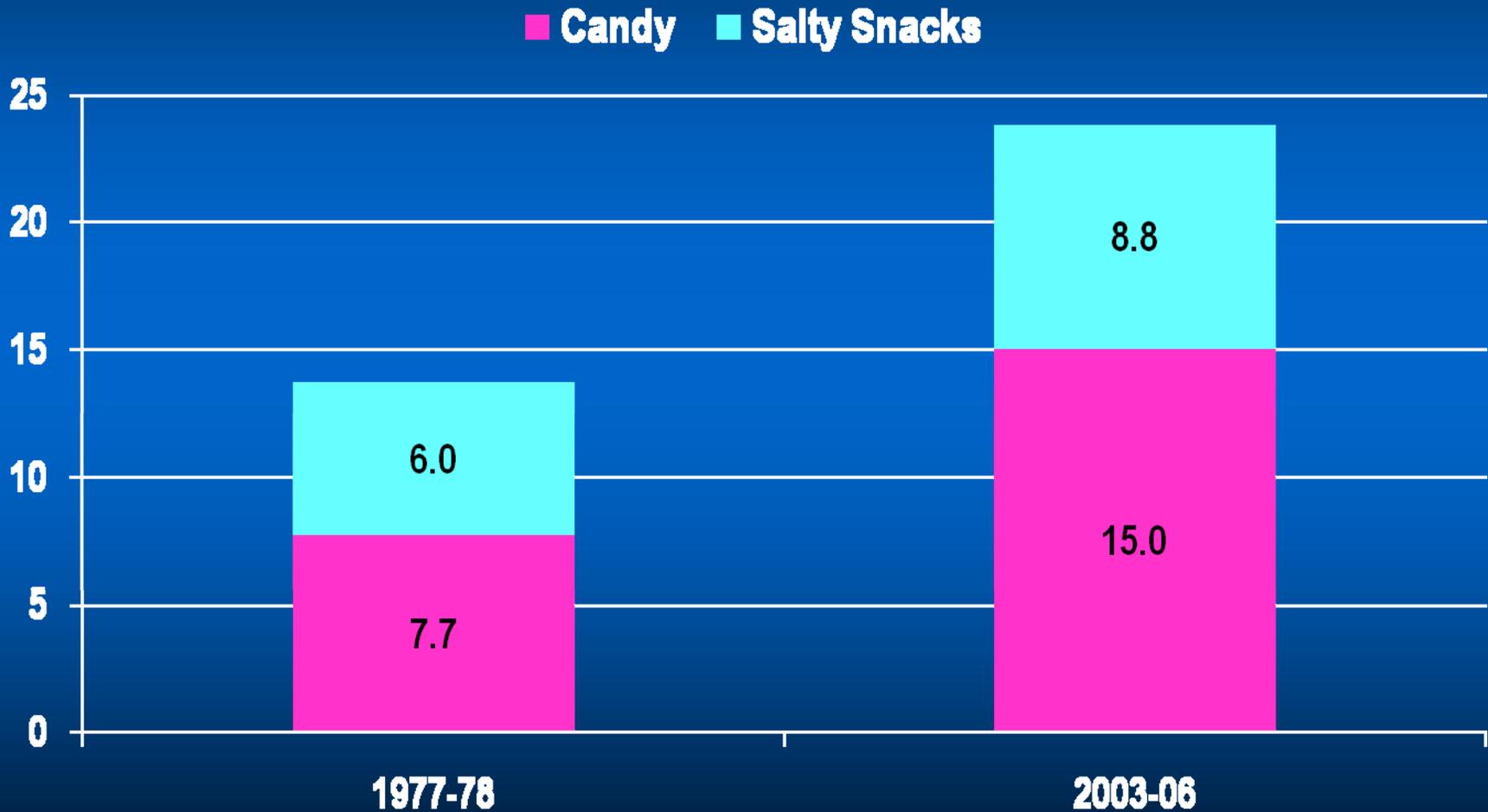
Piernas, C., & Popkin, B.M. (2010). Trends in snacking among U.S. children. *Health Affairs*, 29(3):398-404.

Percentage of Snack Calories from Juice and Fruit (1977-78 to 2003-06)



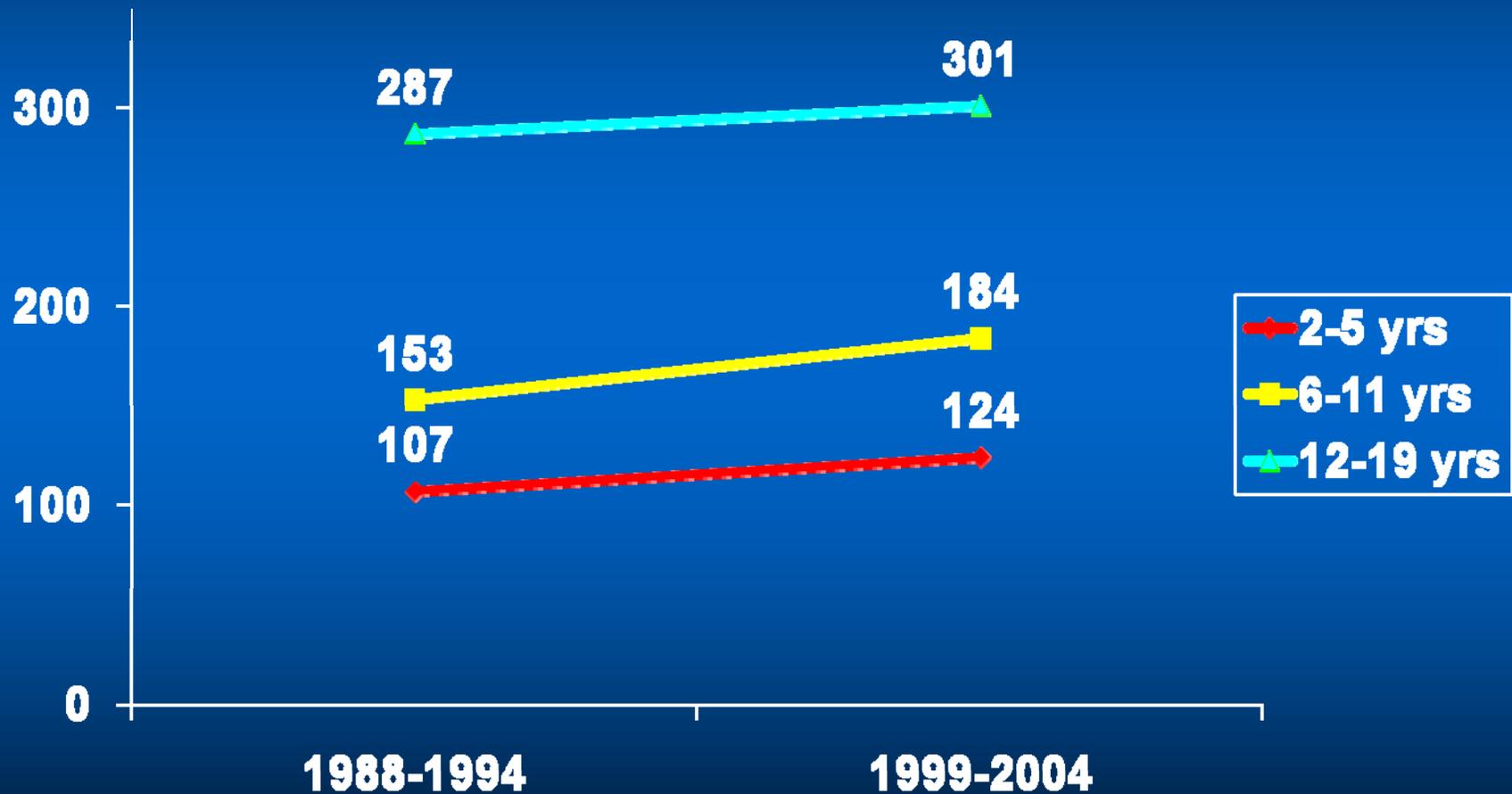
Piernas, C., & Popkin, B.M. (2010). Trends in snacking among U.S. children. *Health Affairs*, 29(3):398-404.

Percentage of Snack Calories from Salty Snacks and Candy (1977-78 to 2003-06)



Piernas, C., & Popkin, B.M. Trends in snacking among U.S. children. (2010). *Health Affairs*, 29(3):398-404.

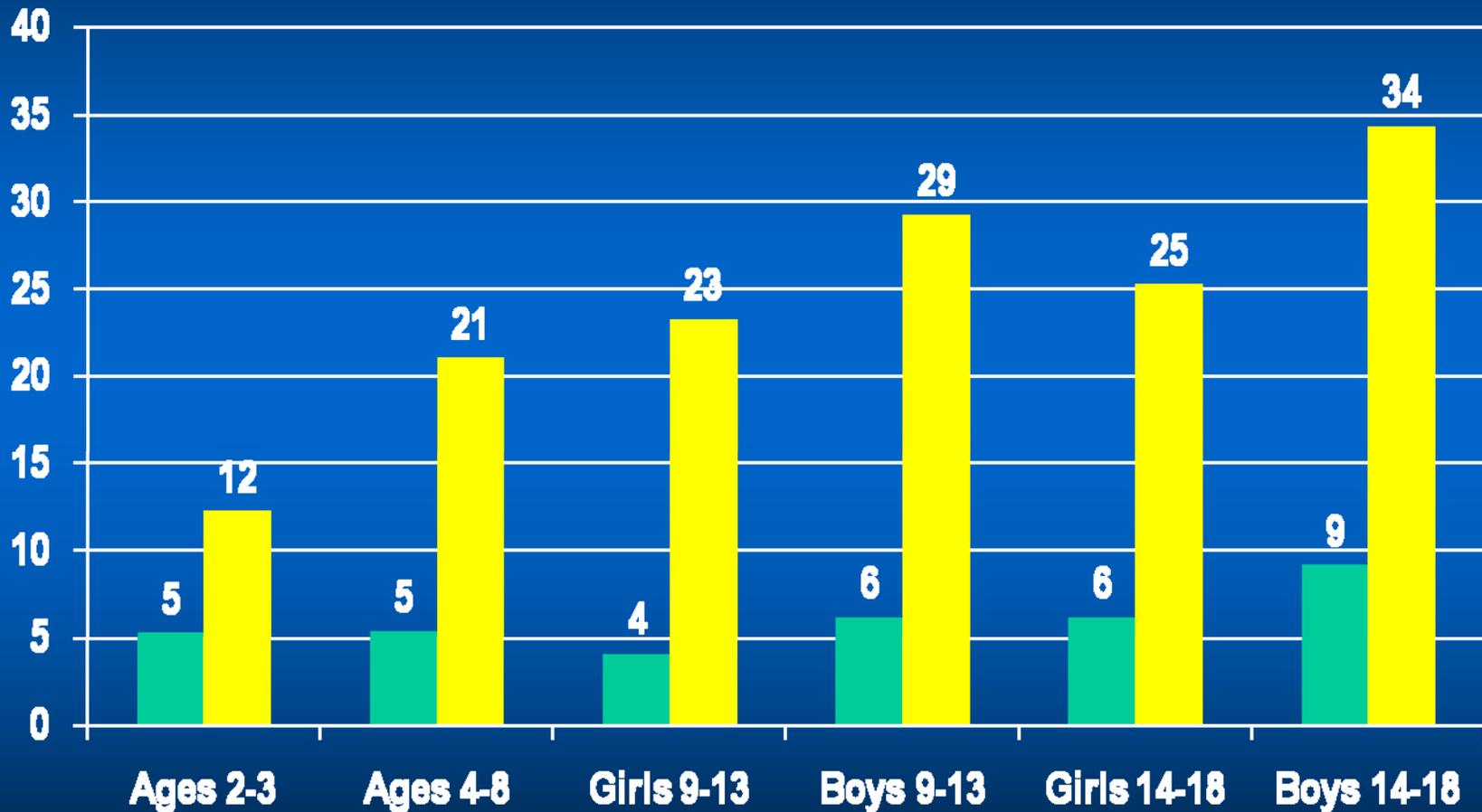
Average Daily Caloric Consumption of Sugar Sweetened Beverages Among Children & Adolescents, 1988-2004



Wang Y.C., Bleich S.N., & Gortmaker S.L. (2008). Increasing caloric contribution from sugar-sweetened beverages and 100% fruit juices among US children and adolescents, 1988-2004. *Pediatrics*, 121:e1604-e1614.

Recommended versus Actual Daily Consumption of Added Sugars (in Teaspoons)

■ Recommended Limit ■ Average Consumption



Johnson, R.K. et al. on behalf of the American Heart Association Nutrition Committee of the Council on Nutrition, Physical Activity, and Metabolism and the Council on Epidemiology and Prevention. (2009). Dietary sugars intake and cardiovascular health: A scientific statement from the American Heart Association. *Circulation*, 120:1011-1020.

But it's only one cupcake.... **Rationale for Healthy Foods and Beverages**

- Meals and snacks consumed before and after child care are often less nutritious and may not meet children's nutrient needs
 - ▶ Preschoolers' overconsumption of fats, oils and sweets (e.g., candy, cookies, cakes, doughnuts, pastries, chips, soda, ice cream, syrup, butter and jelly) was significantly greater during time away from child care
 - ▶ Children consumed more servings of fats, oils and sweets per day than any other food group except fruit and juice



Sweitzer, S.J., Briley, M.E., & Robert-Gray, C. (2009). Do sack lunches provided by parents meet the nutritional needs of young children who attend child care? *Journal of the American Dietetic Association*, 109(1):141-144.

Briley, M., Jastrow, S., Vikers, J., & Robert-Gray, C. (1999). Dietary intake at child-care centers and away: Are parents and care providers working as partners or at cross-purposes? *Journal of the American Dietetic Association*, 99(8):950-954.

But it's only one cupcake.... **Rationale for Healthy Foods and Beverages**

- Meals and snacks consumed before and after child care are often less nutritious and may not meet children's nutrient needs
 - ▶ Lunches consumed away from home and child care frequently contain
 - less healthful foods, e.g., fried foods, french fries, soda and sweetened fruit-flavored drinks
 - significantly more trans fat
 - fewer key nutrients



Ziegler, P., Briefel, R., Ponza, M., Novak, T., & Hendricks, K. (2006). Nutrient intakes and food patterns of toddlers' lunches and snacks: Influence of location. *Journal of the American Dietetic Association*, 106(1):S124-S134.

But it's only one cupcake....

Rationale for Healthy Foods and Beverages

- Many parents rely on child care to provide healthy foods for their children
 - ▶ When a child care program chooses to serve less nutritious foods and beverages, it is easier for children to consume excess calories from fat and added sugars
 - ▶ This makes it more difficult for parents to balance children's food choices at home



But it's only one cupcake.... **Rationale for Healthy Foods and Beverages**

- Unhealthy foods can displace nutrient-rich foods needed for healthy growth and development
 - ▶ When children have simultaneous access to healthy and unhealthy foods they are more likely to choose the unhealthy food
 - ▶ When children fill up on less nutritious foods, they may not be hungry for the nutrient-rich foods provided in CACFP meals or snacks

Bannon, L., & Schwartz, M. (2006) Impact of nutrition messages on children's food choice: Pilot study. *Appetite*, 46(2):124-9.
Warren, E., Parry, O., Lynch, R., & Murphy, S. (2008). 'If I don't like it then I can choose what I want': Welsh school children's accounts of preference for and control over food choice. *Health Promotion International*, 23(2):144-151.



But it's only one cupcake....

Rationale for Healthy Foods and Beverages

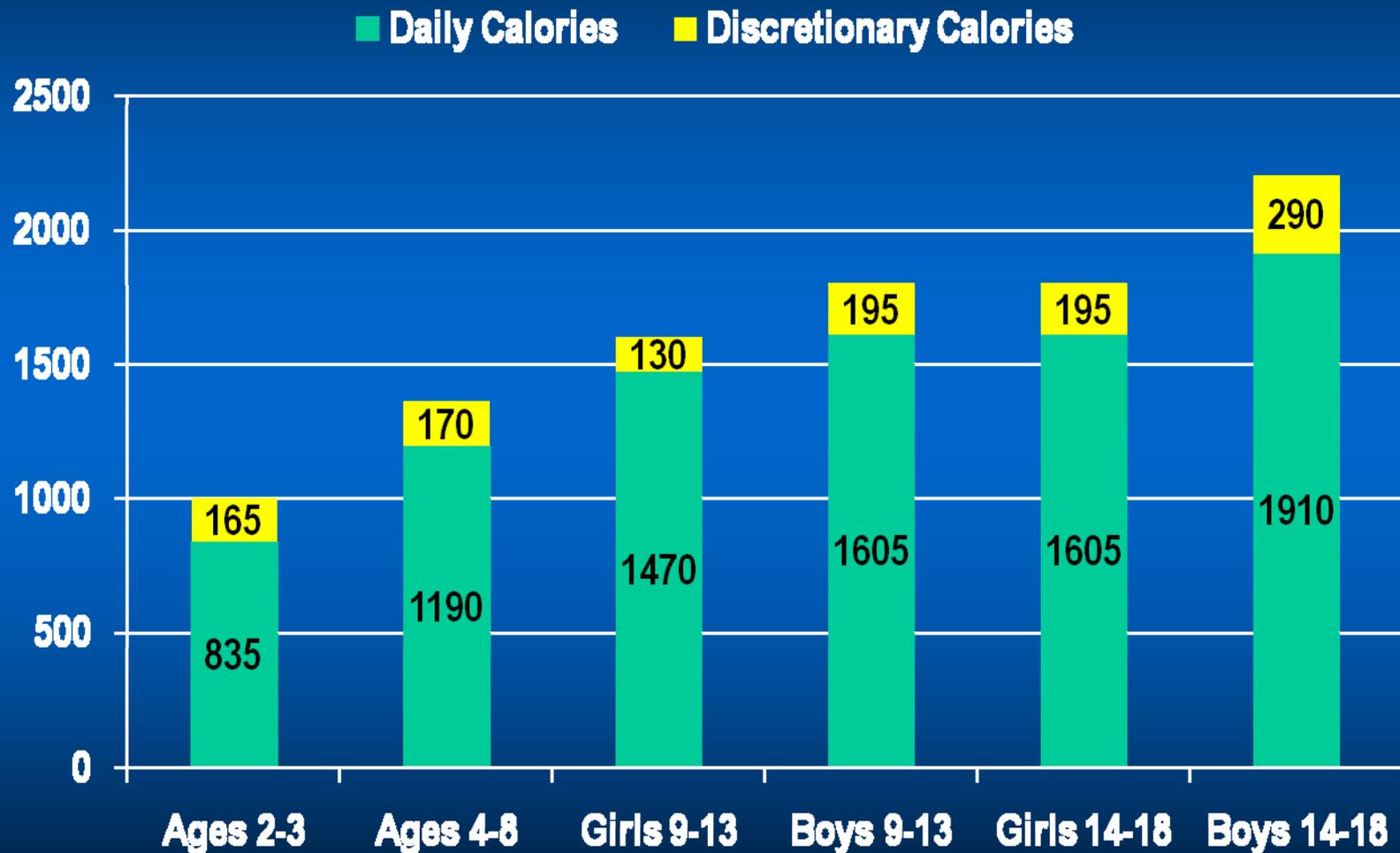
- Unhealthy foods can displace nutrient-rich foods needed for healthy growth and development
 - ▶ Eliminating unhealthy foods and beverages in child care makes it easier for children to make healthy choices and get the nutrients they need



Bannon, L., & Schwartz, M. (2006) Impact of nutrition messages on children's food choice: Pilot study. *Appetite*, 46(2):124-9.
Warren, E., Parry, O., Lynch, R., & Murphy, S. (2008). 'If I don't like it then I can choose what I want': Welsh school children's accounts of preference for and control over food choice. *Health Promotion International*, 23(2):144-151.

Discretionary Calories Allowance*

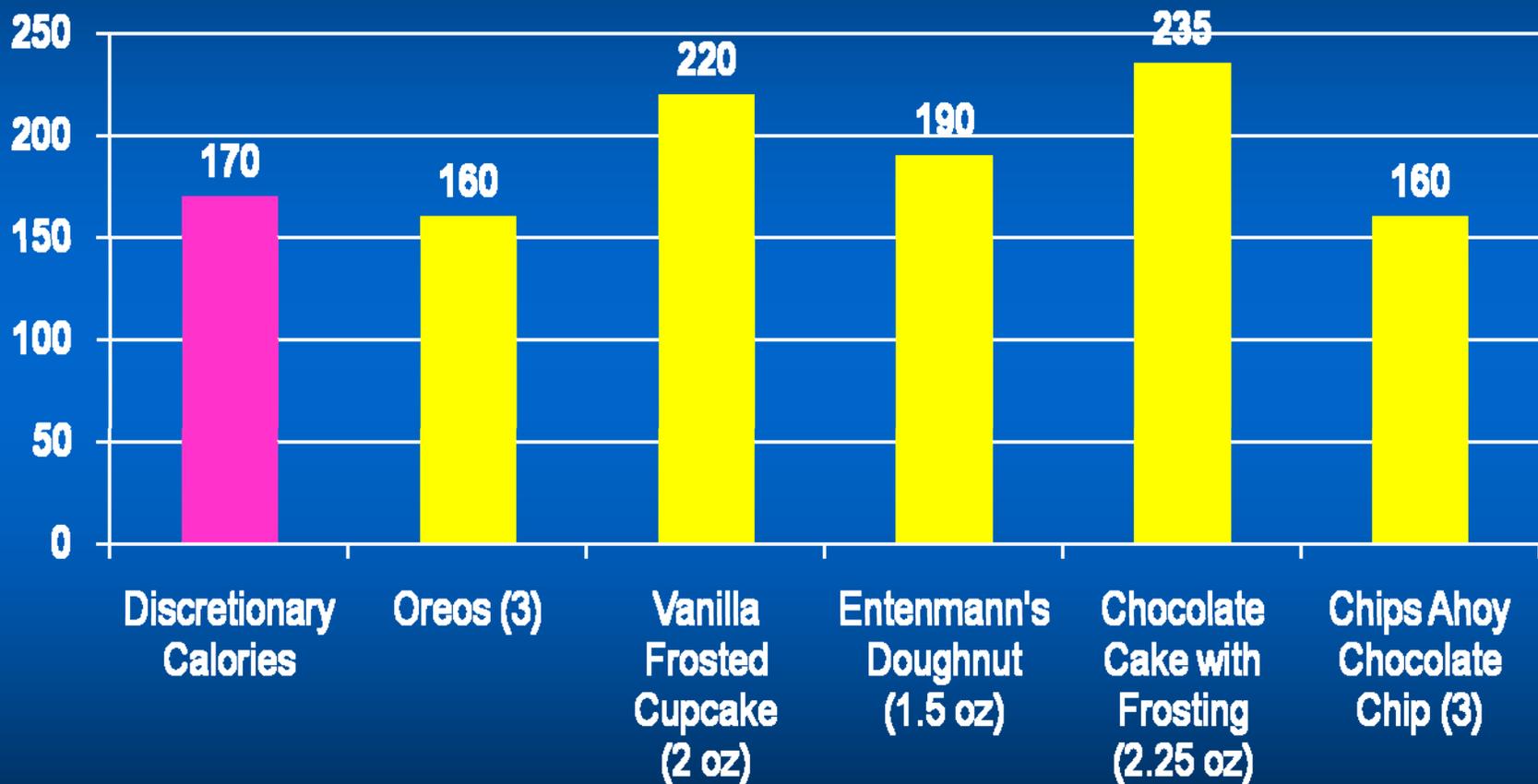
*For children who get less than 30 minutes of moderate physical activity most days



U.S. Department of Agriculture. (2008). *Inside the Pyramid: How Many Discretionary Calories Can I Have?*
http://www.mypyramid.gov/pyramid/discretionary_calories_amount.html

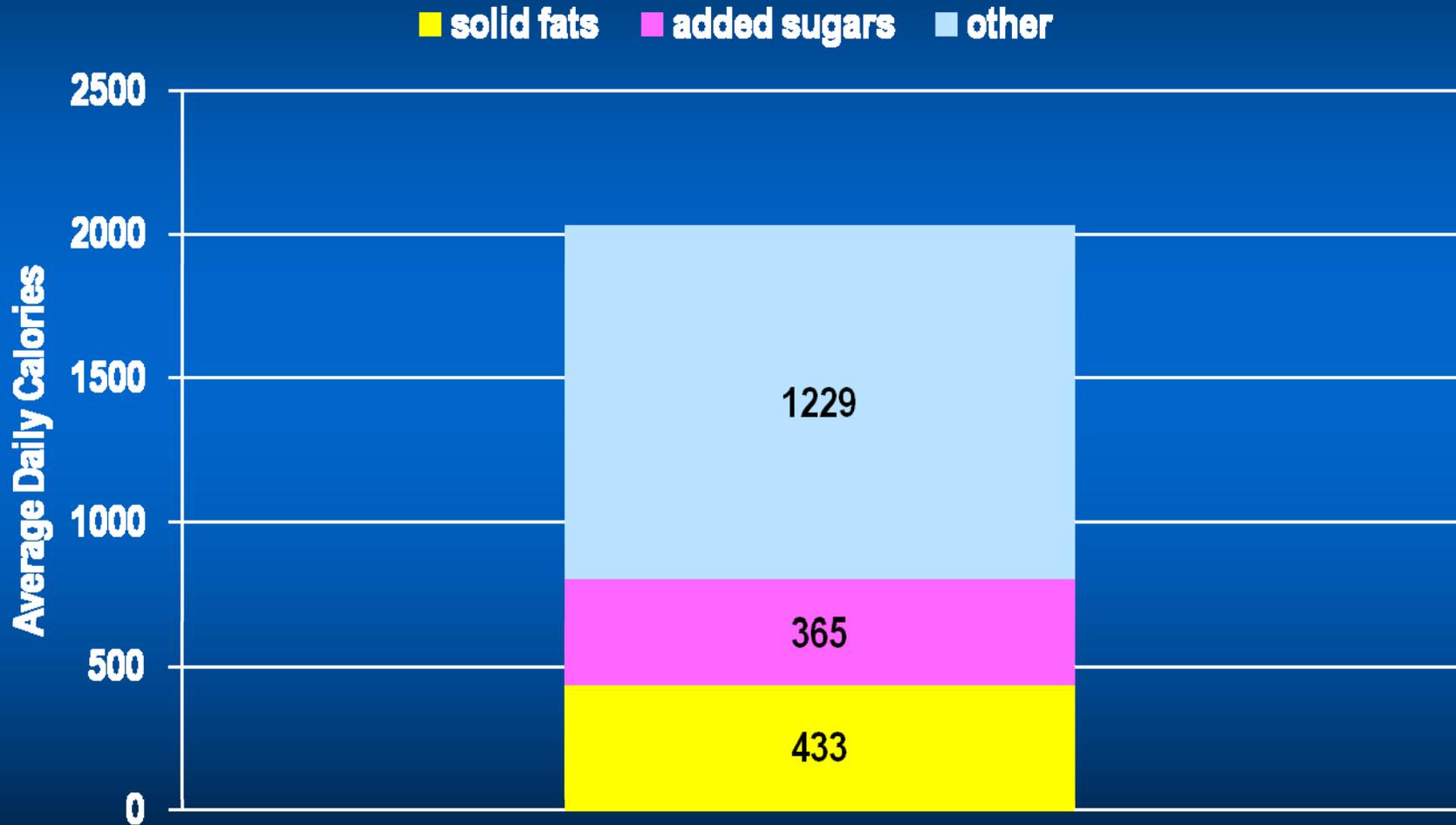
Contribution of Selected Foods to the Discretionary Calorie Allowance for Ages 4-8*

*For children who get less than 30 minutes of moderate physical activity most days



Contribution of Solid Fats and Added Sugars to Children's Average Daily Calories*

*798 of 2,027 calories (39 percent)



Reedy, J., & Krebs-Smith, S.M.(2010). Dietary Sources of Energy, Solid Fats, and Added Sugars among Children and Adolescents in the United States. *Journal of the American Dietetic Association*, 110(10):1477-1484.

Consumption of Solid Fats and Added Sugars by Children and Adolescents (Ages 2-18)

- Consumed almost **40 percent** of total daily calories from **empty calories**
 - ▶ solid fat (433 calories per day)
 - ▶ added sugars (365 calories per day)
- Calorie consumption far exceeds the discretionary calorie allowance for all sex and age groups
 - ▶ Limit of 8 to 20 percent depending on age and sex
- Top sources of calories
 - ▶ grain desserts (138 calories per day)
 - ▶ pizza (136 calories per day)
 - ▶ soda (118 calories per day)



Reedy, J., & Krebs-Smith, S.M.(2010). Dietary Sources of Energy, Solid Fats, and Added Sugars among Children and Adolescents in the United States. *Journal of the American Dietetic Association*, 110(10):1477-1484.

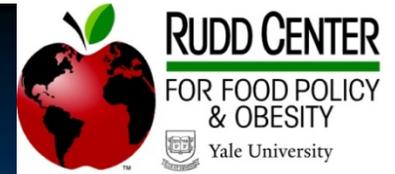
But it's only one cupcake....

Rationale for Healthy Foods and Beverages

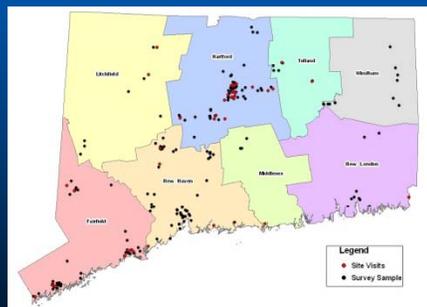
- Serving unhealthy foods and beverages contradicts the health messages promoted in child care
 - ▶ Nutrition education is meaningless if it is contradicted by other activities that promote unhealthy choices
 - ▶ Actions in the child care environment must support the messages being taught in the classroom and give children opportunities to practice healthy habits
 - ▶ Learning about nutrition remains strictly theoretical if the child care environment regularly promotes unhealthy behaviors



Research Project Rudd Center for Food Policy & Obesity, Yale University



All Connecticut child care centers (N=221) participating in the CACFP



Child Care Nutrition and Physical Activity Assessment Survey
Connecticut State Department of Education

This survey should be completed by the person responsible for overseeing the child care program (e.g., center director or administrator), in consultation with food service personnel, as appropriate. Please answer the survey honestly, responding to all statements as they apply to preschool and school-age children your child care program right now. Check (X) or (Y) next to each statement, unless otherwise indicated.

SECTION I: NUTRITION

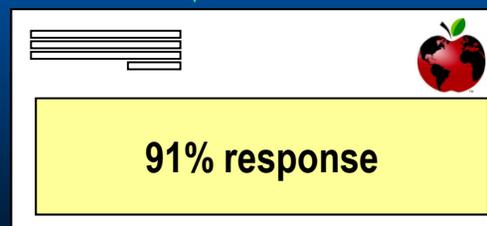
1. Foods Served at Meals and Snacks
Regarding your child care meals for last week (5 days), indicate how many times a serving of each food (based on the Child and Adult Care Food Program (CACFP) meal pattern) was provided. Check "None Served" if the food was not served last week. Check "Not Served" if your center does not serve the meal.

If breakfast was served last week, on how many days did you provide a serving of the following foods at breakfast:	Meals Served			Breakfast Not Served
	1-2 days	3-4 days (every day)	5 days (every day)	
a. Fruit canned in syrup, including applesauce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Other fruit including fresh fruit, fruit canned in water or juice, unsweetened applesauce, dried or frozen fruit (do not include fruit juice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Juice (100% fruit or vegetable or combination)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Characteristics of Foods Served (Last Week's Menu)
Check one box for each item. Check "None Served" if the food was not served last week. Check "Never Served" if the food is never served in your center.

a. What type of meat did you serve most often last week?	<input type="checkbox"/> None served	<input type="checkbox"/> Poultry or turkey, unfried	<input type="checkbox"/> Poultry or turkey, fried (e.g., wings, drumsticks)	<input type="checkbox"/> Pork, un-fried	<input type="checkbox"/> Pork, fried (e.g., sausage, ham)	<input type="checkbox"/> Beef, un-fried	<input type="checkbox"/> Beef, fried
b. What type of oils or fats were foods most often cooked in last week?	<input type="checkbox"/> None served	<input type="checkbox"/> Vegetable oil (e.g., canola, sunflower)	<input type="checkbox"/> Cooking spray (e.g., PAM)	<input type="checkbox"/> Margarine, unflavored (e.g., Crisco, shortening)	<input type="checkbox"/> Margarine, flavored (e.g., butter)	<input type="checkbox"/> Butter	<input type="checkbox"/> None served
c. What is the typical fat content of the milk served last week?	<input type="checkbox"/> None served	<input type="checkbox"/> Non-fat (skim)	<input type="checkbox"/> 1% Lowfat	<input type="checkbox"/> 2% Reduced Fat	<input type="checkbox"/> Whole	<input type="checkbox"/> None served	
d. What type of butter or margarine did you serve most often last week?	<input type="checkbox"/> None served	<input type="checkbox"/> Soft margarine	<input type="checkbox"/> Stick margarine	<input type="checkbox"/> Butter	<input type="checkbox"/> None served		
e. What type of salad dressing did you serve most often last week?	<input type="checkbox"/> None served	<input type="checkbox"/> French	<input type="checkbox"/> Ranch	<input type="checkbox"/> Italian	<input type="checkbox"/> None served		
f. What type of mayonnaise did you serve most often last week?	<input type="checkbox"/> None served	<input type="checkbox"/> French	<input type="checkbox"/> Lowfat	<input type="checkbox"/> Regular	<input type="checkbox"/> None served		
g. What type of bread, rolls or muffins did you serve most often last week?	<input type="checkbox"/> None served	<input type="checkbox"/> 100% whole wheat or whole grain (with 100% whole wheat or other whole grain flour)	<input type="checkbox"/> Enriched "soft" whole grain (with 100% whole grain (e.g., cornmeal, rye) flour and whole grain flour)	<input type="checkbox"/> White, enriched, bleached or unbleached flour	<input type="checkbox"/> None served		

- Policies
- Food served
- Eating environment
- Training
- Communication
- Barriers



Funded by the Healthy Eating Research Program of the Robert Wood Johnson Foundation

How are CACFP meal requirements applied in center meals and snacks?

- Randomly chose 40 preschools
- Director interview
- Two site visits
 - ▶ Meal observation
 - ▶ Intake assessment for six children per site (N=122)
 - ▶ Examine environment for messages about nutrition



Findings

- 30 percent of children overweight (17 percent) or obese (13 percent)

Overweight = BMI at or above the 85th percentile and lower than the 95th percentile
Obese = BMI at or above the 95th percentile

Grode G.M., Henderson K.E., & Schwartz, M.B. Preschool Environmental Factors Associated with Physical Activity. Paper presented at the American Public Health Association Annual Meeting, Philadelphia PA, November 11, 2009.

Current Policies

■ Food brought from home for meals and snacks

- ▶ Often not allowed if all meals and snacks provided
- ▶ When parents send in meals or snacks, nutrition standards are either absent or weak

We encourage you to pack healthy meals

- ▶ Only 10 centers out of 221 had strong policy restricting food from home

No candy, soda, cookies or sweets



Grode G.M., Henderson K.E., & Schwartz, M.B. Preschool Environmental Factors Associated with Physical Activity. Paper presented at the American Public Health Association Annual Meeting, Philadelphia PA, November 11, 2009.

Current Policies

■ Food brought from home for onsite celebrations

- ▶ Majority had no policy
- ▶ Some welcomed cupcakes and ice cream
- ▶ Some had suggested limits

Please bring a healthy snack

- ▶ Minority had strong policy

Only nonfood celebration activities

Only certain snacks allowed

Grode G.M., Henderson K.E., & Schwartz, M.B. Preschool Environmental Factors Associated with Physical Activity. Paper presented at the American Public Health Association Annual Meeting, Philadelphia PA, November 11, 2009.



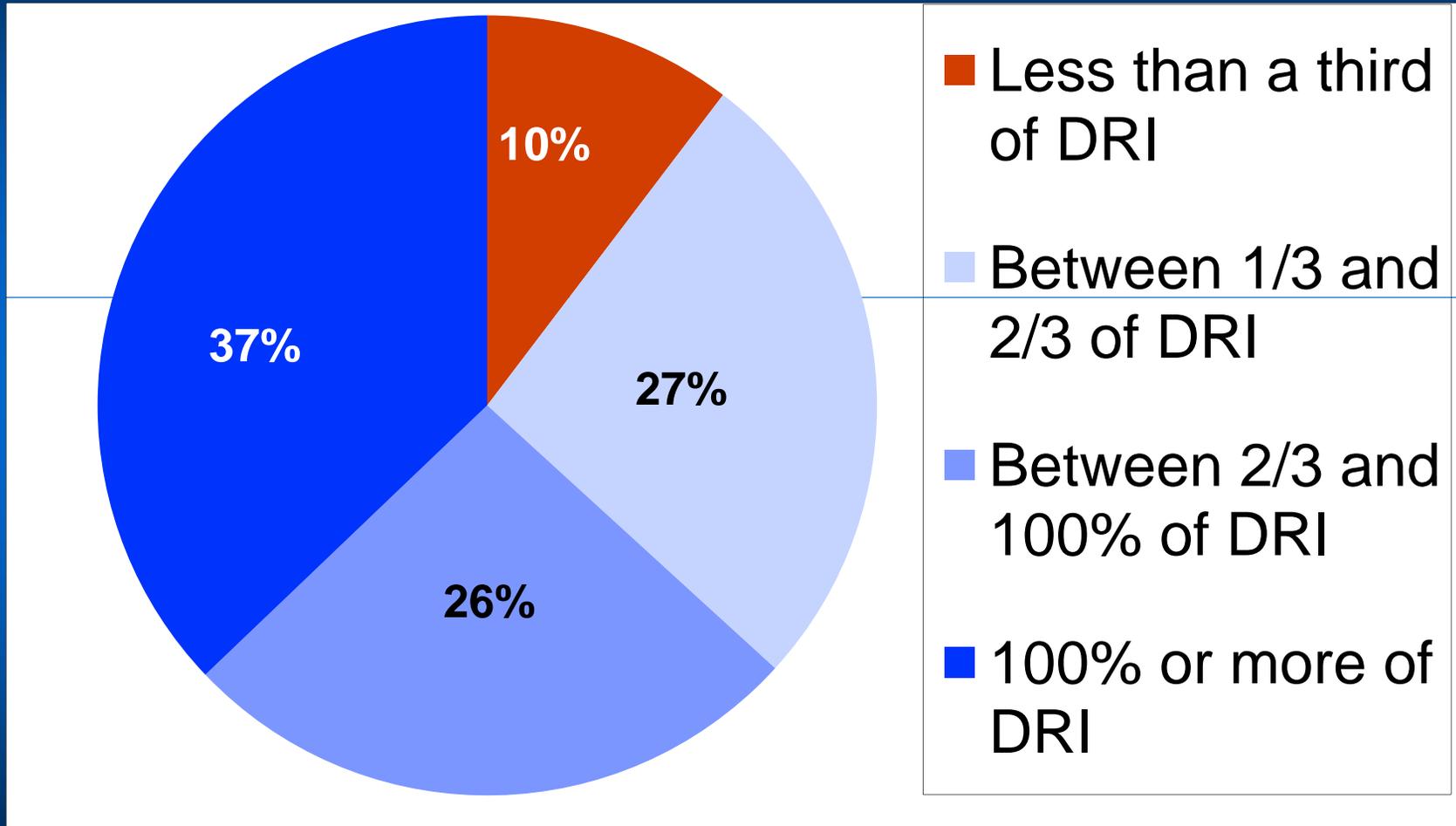
Lack of Policies

- Helping children self-regulate intake
- Setting maximum serving sizes
- Managing seconds



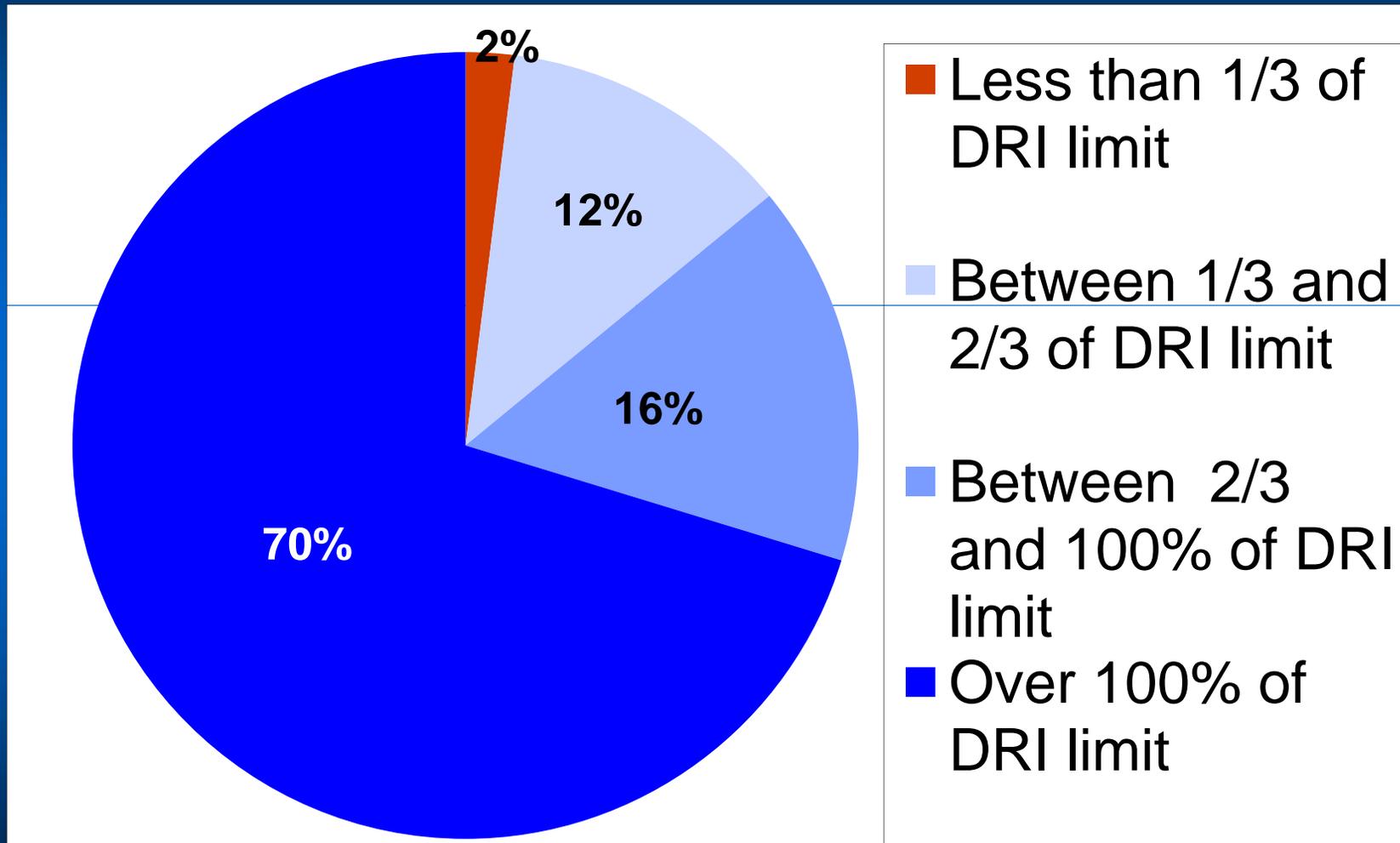
Grode G.M., Henderson K.E., & Schwartz, M.B. Preschool Environmental Factors Associated with Physical Activity. Paper presented at the American Public Health Association Annual Meeting, Philadelphia PA, November 11, 2009.

Protein Consumption at Lunch Contribution to Dietary Reference Intake (DRI)



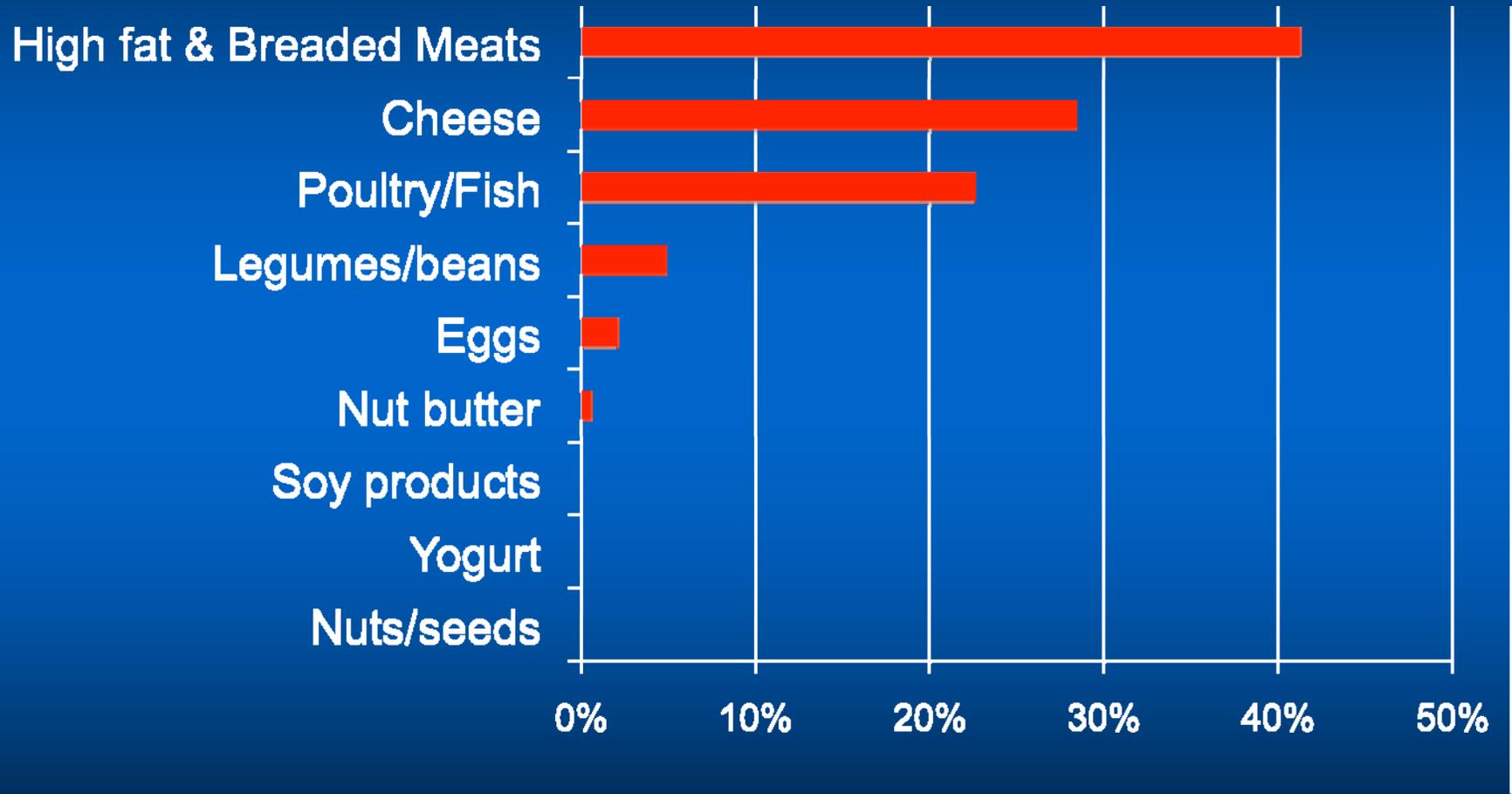
Grode G.M., Henderson K.E., & Schwartz, M.B. Preschool Environmental Factors Associated with Physical Activity. Paper presented at the American Public Health Association Annual Meeting, Philadelphia PA, November 11, 2009.

Saturated Fat Consumption at Lunch Contribution to Dietary Reference Intake (DRI)



Grode G.M., Henderson K.E., & Schwartz, M.B. Preschool Environmental Factors Associated with Physical Activity. Paper presented at the American Public Health Association Annual Meeting, Philadelphia PA, November 11, 2009.

Meat/Meat Alternates in Lunch Menus



Grode G.M., Henderson K.E., & Schwartz, M.B. Preschool Environmental Factors Associated with Physical Activity. Paper presented at the American Public Health Association Annual Meeting, Philadelphia PA, November 11, 2009.

Milk in Lunch Menus

- 97 percent serve only white milk

- ▶ 2/3 serve 1% milk
- ▶ 1/3 serve 2% milk
- ▶ remainder serve skim milk

- Children drink their unflavored milk

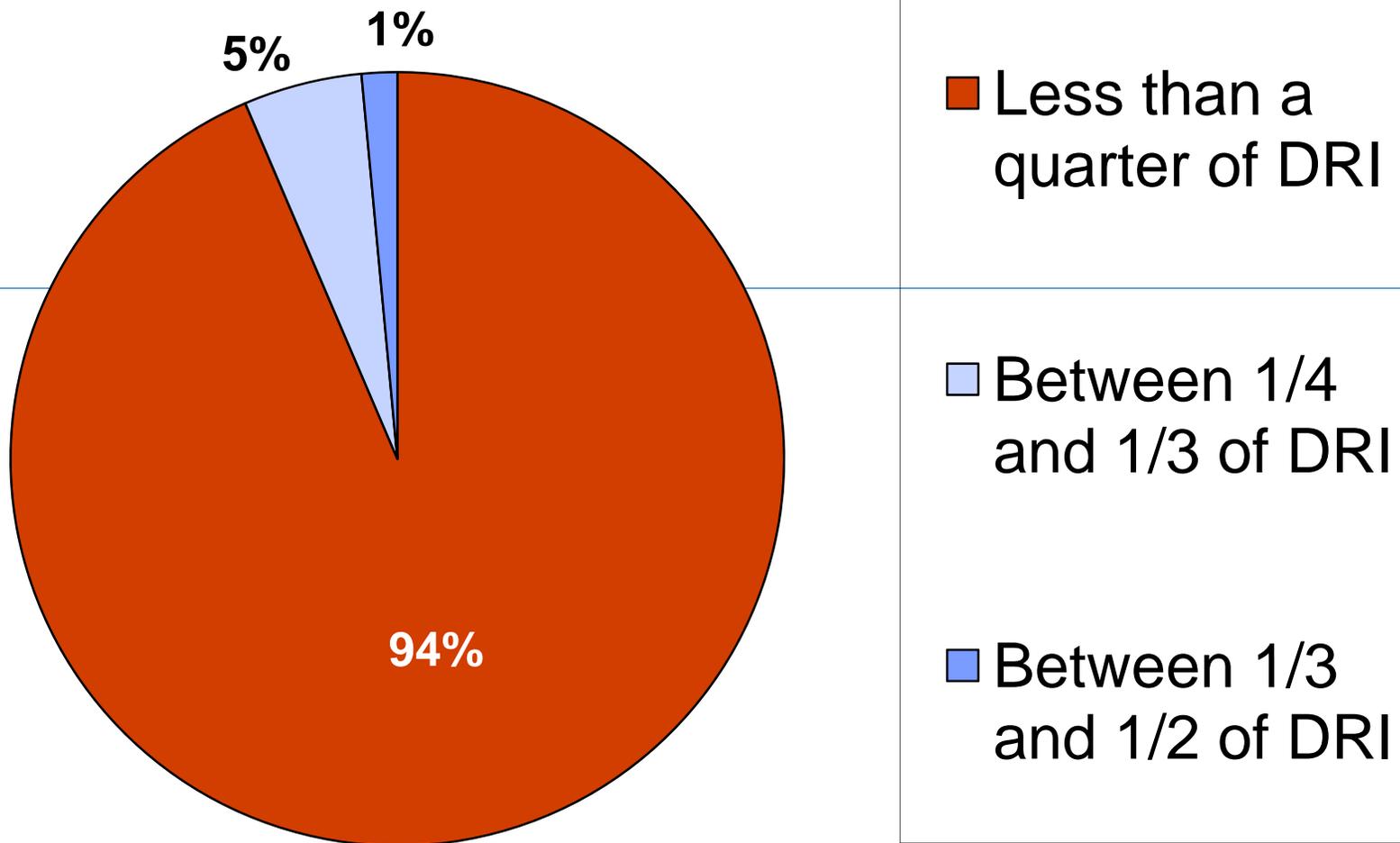
- ▶ 35 percent of their vitamin D
- ▶ 32 percent of their calcium



Grode G.M., Henderson K.E., & Schwartz, M.B. Preschool Environmental Factors Associated with Physical Activity. Paper presented at the American Public Health Association Annual Meeting, Philadelphia PA, November 11, 2009.

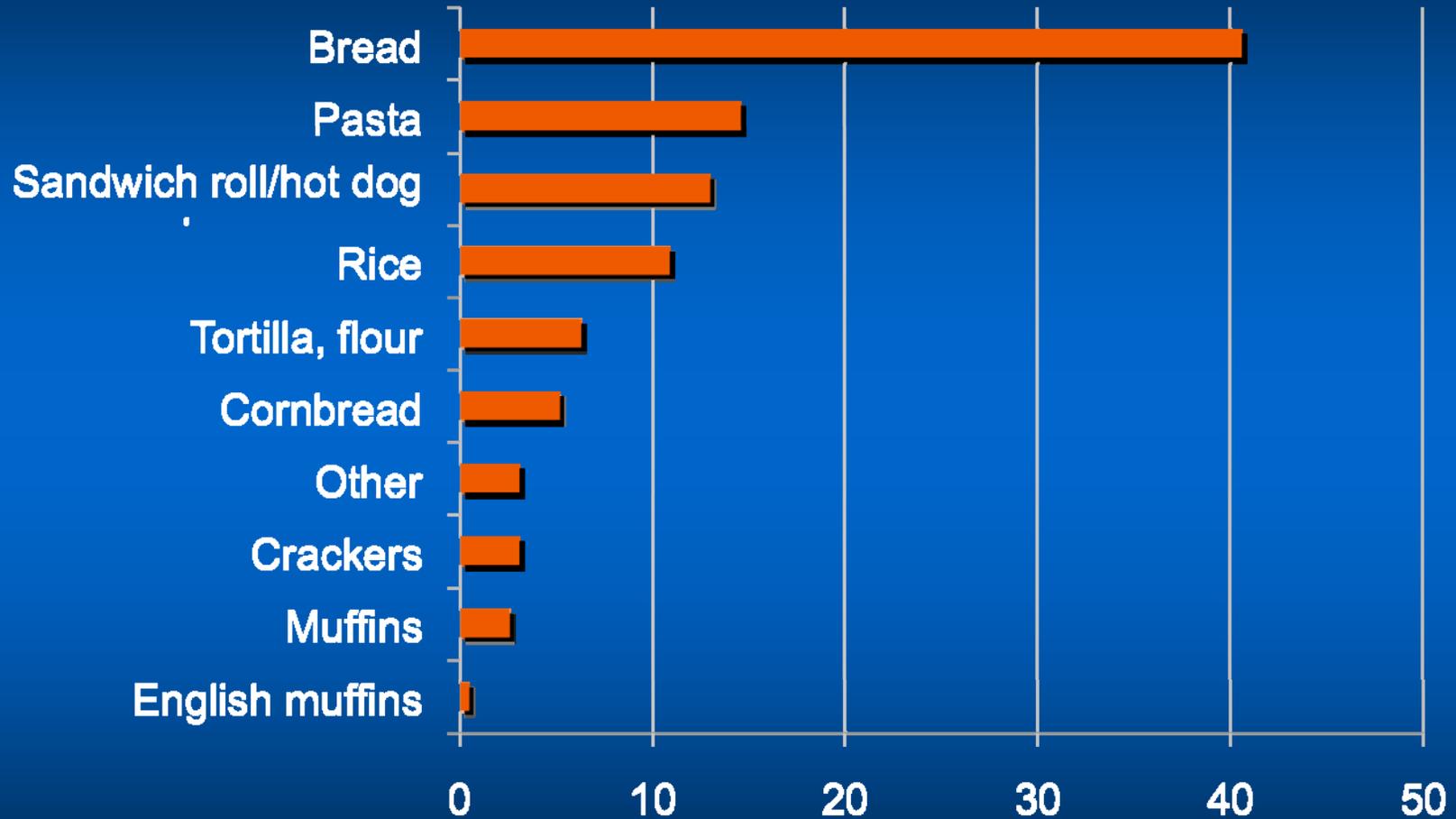
Fiber Consumption at Lunch

Contribution to Dietary Reference Intake (DRI)



Grode G.M., Henderson K.E., & Schwartz, M.B. Preschool Environmental Factors Associated with Physical Activity. Paper presented at the American Public Health Association Annual Meeting, Philadelphia PA, November 11, 2009.

Grains and Breads in Lunch Menus



Grode G.M., Henderson K.E., & Schwartz, M.B. Preschool Environmental Factors Associated with Physical Activity. Paper presented at the American Public Health Association Annual Meeting, Philadelphia PA, November 11, 2009.

Whole Grains Observation

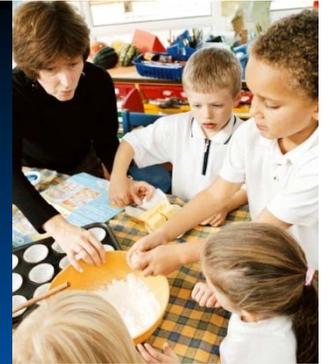
- Most centers believe they serve whole grain bread but fewer than 10 percent of breads served are actually 100 percent whole grain
- 53 percent contain some whole grains
- Pasta, rice, tortillas, and crackers were rarely whole grain



Grode G.M., Henderson K.E., & Schwartz, M.B. Preschool Environmental Factors Associated with Physical Activity. Paper presented at the American Public Health Association Annual Meeting, Philadelphia PA, November 11, 2009.

CCCNS

- The following overview addresses only the **CCCNS for children** (pages 116-125 of appendix C)
- The **CCCNS for infants** is a separate set of standards (pages 126-134 of appendix C) and is not addressed in this presentation



CCCNS – Grains and Breads

A serving contains

- ▶ no more than 35 percent of calories from fat and no chemically altered fat substitutes
- ▶ less than 10 percent of calories from saturated fat*
- ▶ less than 0.5 gram of trans fat and no hydrogenated or partially hydrogenated oils
- ▶ no more than 35 percent of calories from sugars and no artificial sweeteners, nonnutritive sweeteners or sugar alcohols
- ▶ no more than 200 milligrams of sodium

* The online action guide has been updated to revise the saturated fat standard from "no more than 10 percent of calories" to "less than 10 percent of calories," based on the most recent Dietary Guidelines released in December 2010



Select products without hydrogenated or partially hydrogenated oils

Ingredients: unbleached enriched flour (wheat flour, niacin, reduced iron, thiamine mononitrate {vitamin b1}, riboflavin {vitamin b2}, folic acid), sugar, graham flour (whole grain wheat flour), soybean oil and/or **partially hydrogenated cottonseed oil**, high fructose corn syrup, honey, leavening (baking soda and/or calcium phosphate), salt, artificial flavor, soy lecithin - an emulsifier, cornstarch. contains: wheat, soy.

Nutrition Facts

Serving Size 31g

Servings per Container about 12

Amount Per Serving

Calories 130	Calories from Fat 25
---------------------	-----------------------------

% Daily Value*

Total Fat 3g	5 %
---------------------	-----

Saturated Fat 0.5g	3 %
---------------------------	-----

Trans Fat 0g	
---------------------	--

Monounsaturated Fat 0.5g	
---------------------------------	--

Cholesterol 0mg	0 %
------------------------	-----

Sodium 190mg	8 %
---------------------	-----

Total Carbohydrate 24g	8 %
-------------------------------	-----

Dietary Fiber 1g	4 %
-------------------------	-----

Sugars 8g	
------------------	--

Protein 2g	
-------------------	--

Vitamin A 0 %	Calcium 0 %
----------------------	--------------------

Vitamin C 0 %	Iron 6 %
----------------------	-----------------

*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:

		Calories: 2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholest	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carb		300g	375g
Fiber		25g	30g

Common Artificial and Nonnutritive Sweeteners

Artificial Sweeteners

- Acesulfame Potassium (Acesulfame-K, Sunett, Sweet One)
- Aspartame (NutraSweet, Equal)
- Saccharin (Sweet and Low, Sugar Twin, Sweet Twin, Sweet 'N Low Brown, Necta Sweet)
- Sucralose (Splenda)
- Neotame
- Tagatose

“Natural” Nonnutritive Sweeteners*

- Stevia (Rebiana, Truvia, PureVia, SweetLeaf)

Sugar Alcohols

- Erythritol
- Isomalt
- Lactitol
- Maltitol
- Mannitol
- Sorbitol
- Xylitol
- Hydrogenated starch hydrolysates (e.g., hydrogenated glucose syrups, maltitol syrups and sorbitol syrups)

* The term “natural” does not have any consistent meaning when used to describe foods or beverages. It has not been defined by the Food and Drug Administration (FDA).

Practices for Grains and Breads

- Serve only foods that meet the CCCNS in portion sizes consistent with the CACFP Meal Pattern for Children
 - ▶ Appendix A — CACFP Meal Pattern for Children

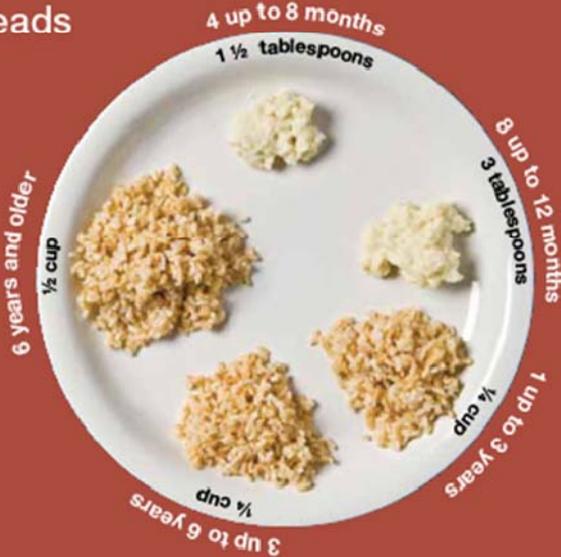


Portion Size Photos
(on 10" dinner plate)

Grains/Breads
Portion
Sizes



Grains/Breads
Portion
Sizes



Best Practices for Healthy Eating: A Guide to Help Children Grow Up Healthy,
The Nemours Foundation, 2008
<http://www.nemours.org/content/dam/nemours/www/filebox/service/preventive/nhps/heguide.pdf>

Practices for Grains and Breads

- Choose *whole grains* for most breads, grains, pastas and cereals
 - ▶ Look for whole grain to be listed as first ingredient or that food contains the entire grain kernel
 - whole wheat, whole-wheat flour
 - whole oats, oatmeal
 - whole-grain cornmeal, whole-grain corn
 - whole rye
 - whole-grain barley
 - wild rice, brown rice
 - bulgur (cracked wheat)
 - buckwheat
 - triticale
 - millet
 - quinoa
 - sorghum



Practices for Grains and Breads

- Serve whole grains for *at least half* of the CACFP grains and breads servings at meals and snacks each day
- Choose foods that are good sources of fiber most often
 - ▶ at least 2.5 grams per serving



Practices for Grains and Breads

- Prepare grains and breads with minimal or no added fat
 - ▶ if fat is used, choose polyunsaturated and monounsaturated fats
 - ▶ do not serve any foods made with hydrogenated or partially hydrogenated oils
- Serve whole-grain breakfast cereals that
 - ▶ meet the specified standards
 - ▶ contain at least 2.5 grams of fiber per serving



Practices for Grains and Breads

Breakfast Cereals

- Most meet CCCNS for fat, saturated fat and trans fat
- Many meet CCCNS for sugars and fiber
- Few meet CCCNS for sodium
- Some do not meet CCCNS for partially hydrogenated oils



Practices for Grains and Breads

- Limit condiments, such as margarine, butter, jelly, jam, syrup and cream cheese
 - ▶ If served, provide low-fat or fat-free, low-sugar and low-sodium varieties separately from the food so children can decide whether to add them*
 - ▶ Use portion control measures as age appropriate, such as preportioned servings or portion control (PC) packets

**No artificial or nonnutritive sweeteners or sugar alcohols*



CCCNS – Vegetables and Fruits

BEST CHOICE

Whole Vegetables and Fruits*

- Serve only whole vegetables and fruits (fresh, frozen, canned and dried) prepared and packaged without added fats, sugars or sodium

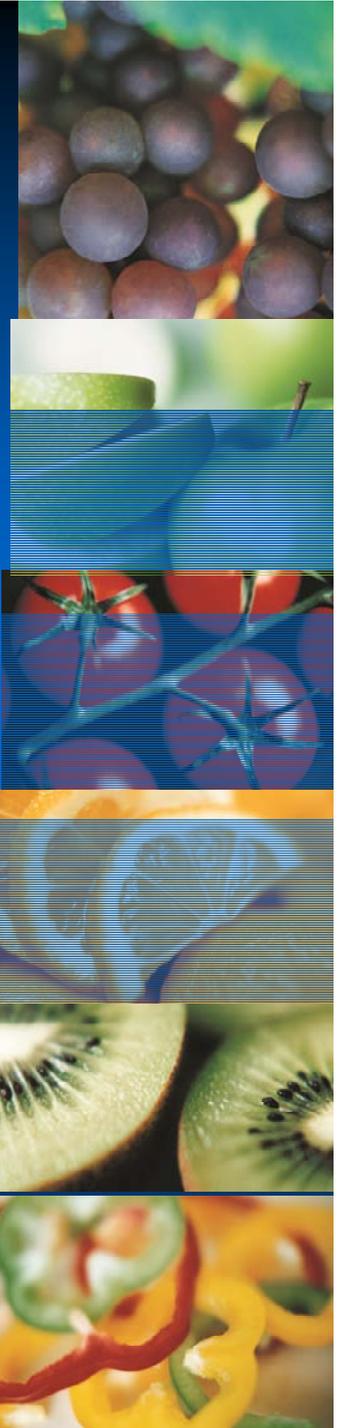
*Cut fresh and frozen vegetables and fruits into bite-size pieces and cook before serving. Do not serve the following fruits and vegetables to children younger than 4:

- dried fruit and vegetables
- raw vegetables
- cooked or raw whole corn kernels
- hard pieces of raw fruit such as apple, pear or melon
- whole grapes, berries, cherries, melon balls and cherry or grape tomatoes



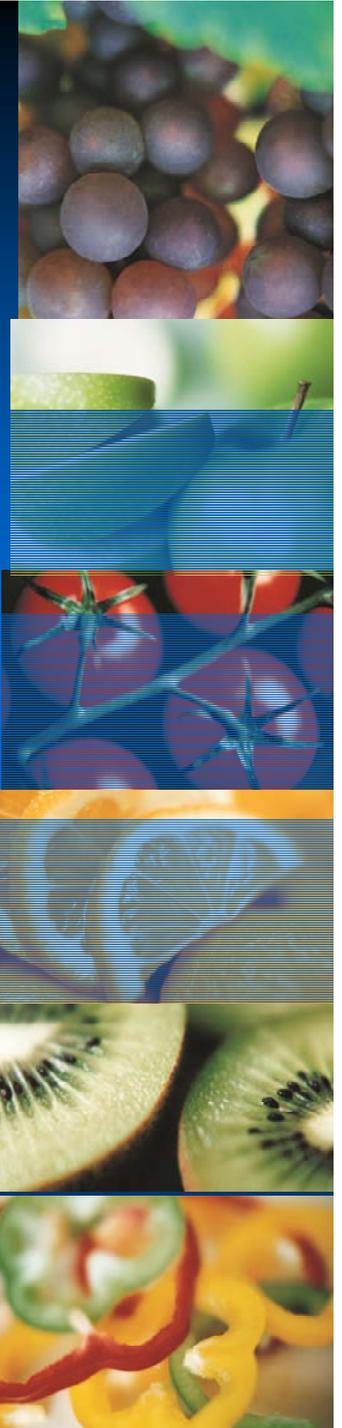
Practices for Vegetables and Fruits

- Serve fresh vegetables and fruits (whole or cut up) whenever possible, but *at least three times a week* at meals
- Offer a *different fruit and a different vegetable every day* and include a variety at every meal



Practices for Vegetables and Fruits

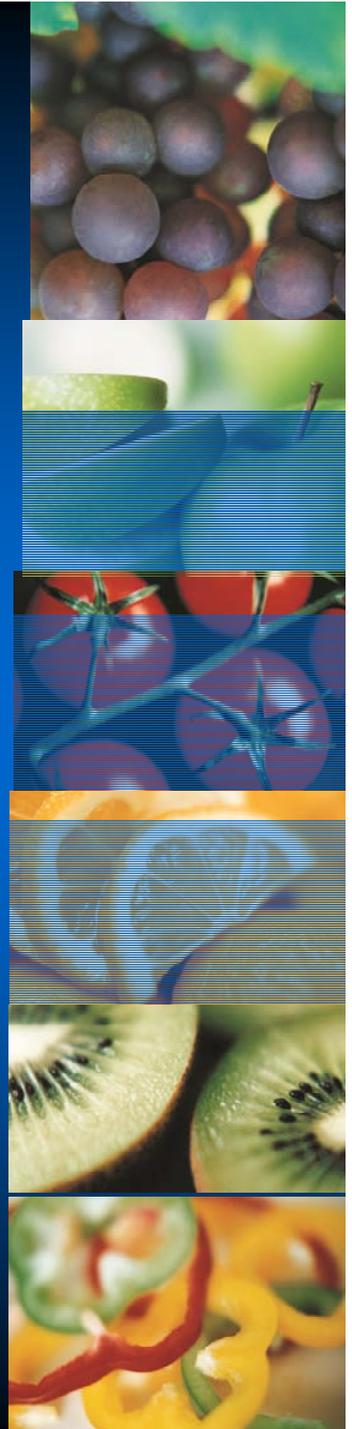
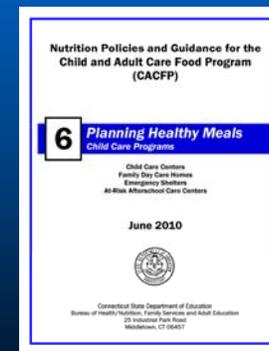
- Serve vegetables from each of the following groups several times a week
 - ▶ **dark green** (broccoli, spinach and most greens)
 - ▶ **orange** (carrots, sweet potatoes, winter squash and pumpkin)
 - ▶ **legumes** (cooked dry beans or peas)
 - ▶ **starchy** (corn, white potatoes and green peas)
 - ▶ **other vegetables** (tomatoes, cabbage, celery, cucumber, lettuce, onions, peppers, green beans, cauliflower, mushrooms and summer squash)



Practices for Vegetables and Fruits

- Serve a good source of vitamin C every day*
- Serve a good source of vitamin A at least three times per week*

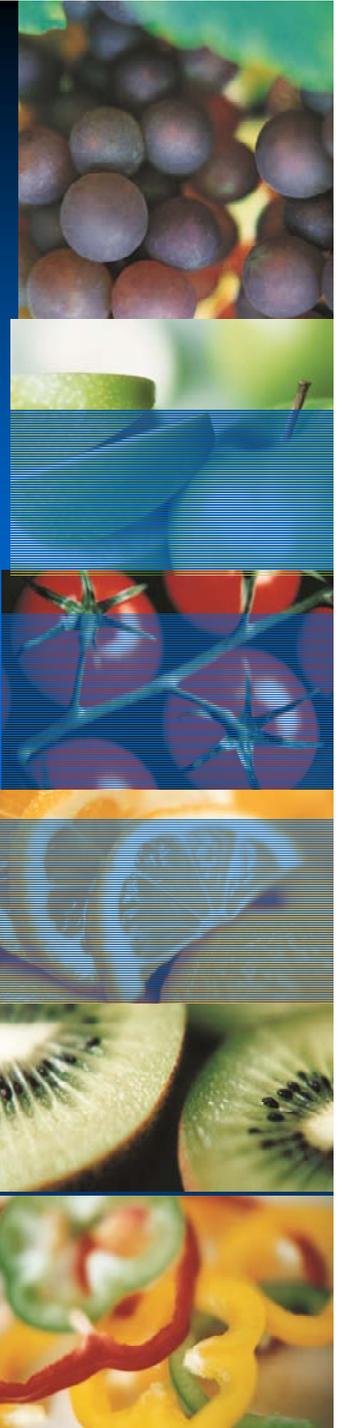
* For good sources of vitamins A and C, see *Nutrition Policies and Guidance for the Child and Adult Care Food Program: Planning Healthy Meals* at <http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322326>



Practices for Vegetables and Fruits

Meals and Snacks

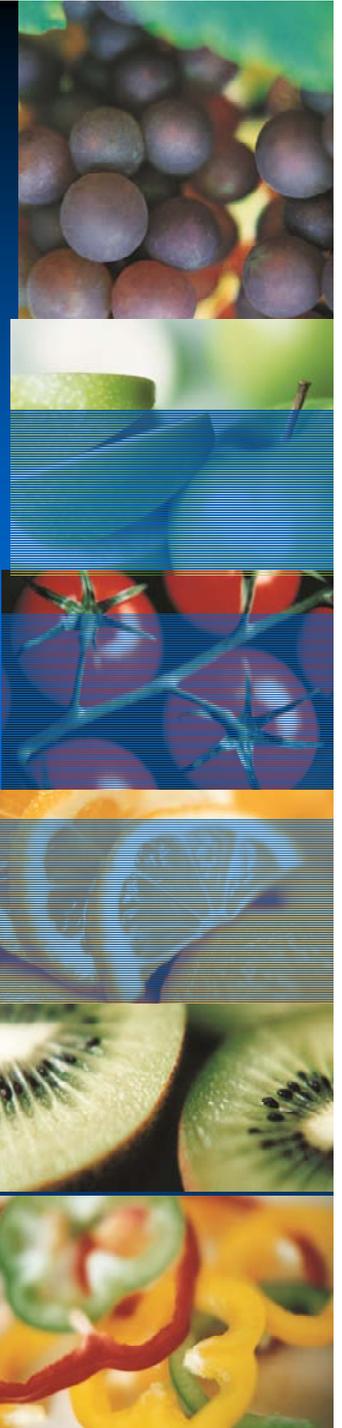
- At breakfast, lunch and supper, serve *only whole vegetables and fruits* instead of juice



Practices for Vegetables and Fruits

Meals and Snacks

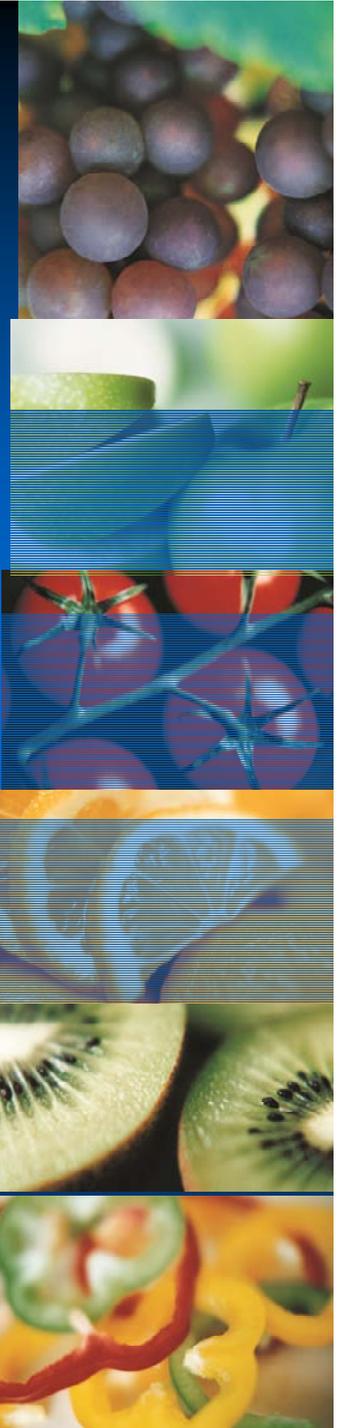
- At **lunch and supper**, serve a *vegetable* for at least one of the two required servings of vegetables/fruits, not including
 - ▶ fried or baked pre-fried vegetables, e.g., french fries, potato puffs and hash brown patties



Practices for Vegetables and Fruits

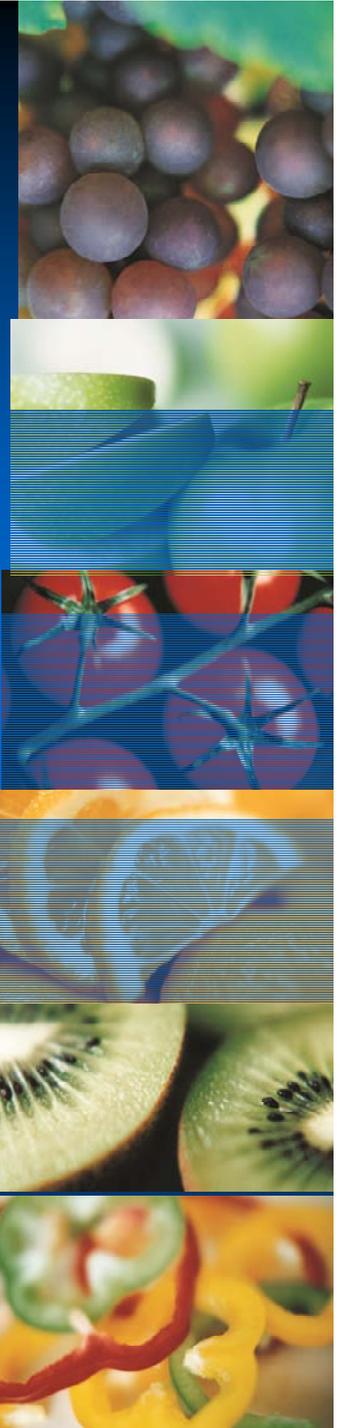
Meals and Snacks

- At **snack**, serve whole fruits and vegetables *at least twice a week*



Practices for Vegetables and Fruits Juice (100 percent)

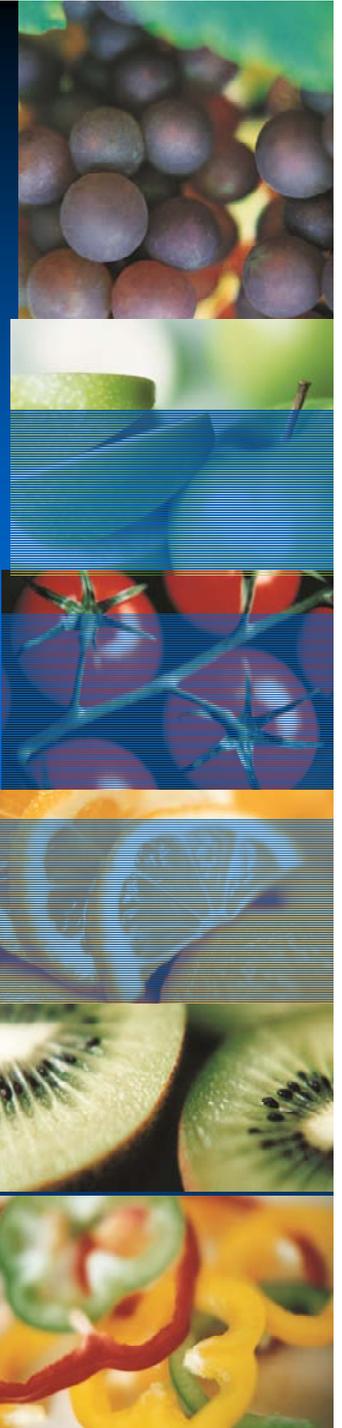
- Best choice – no juice
- If served, limit to **two servings total per week**
 - ▶ one serving per week at breakfast and one serving per week at snack on two different days
 - ▶ no more than **2 fluid ounces** ($\frac{1}{4}$ cup) for **ages 12 to 24 months**
 - ▶ no more than **4 fluid ounces** ($\frac{1}{2}$ cup) for **ages 2 and older**



Practices for Vegetables and Fruits

Juice (100 percent)

- The Dietary Guidelines and American Academy of Pediatrics (AAP) recommend that most fruits and vegetables come from whole food rather than juice
 - ▶ Juice does not provide the same nutritional benefits as whole fruits and vegetables
- Excessive juice consumption is linked to
 - ▶ children becoming overweight
 - ▶ tooth decay
 - ▶ diarrhea
- AAP recommends limiting daily juice consumption to
 - ▶ 4-6 ounces for ages 1 to 6
 - ▶ 8-12 ounces for ages 7 to 18



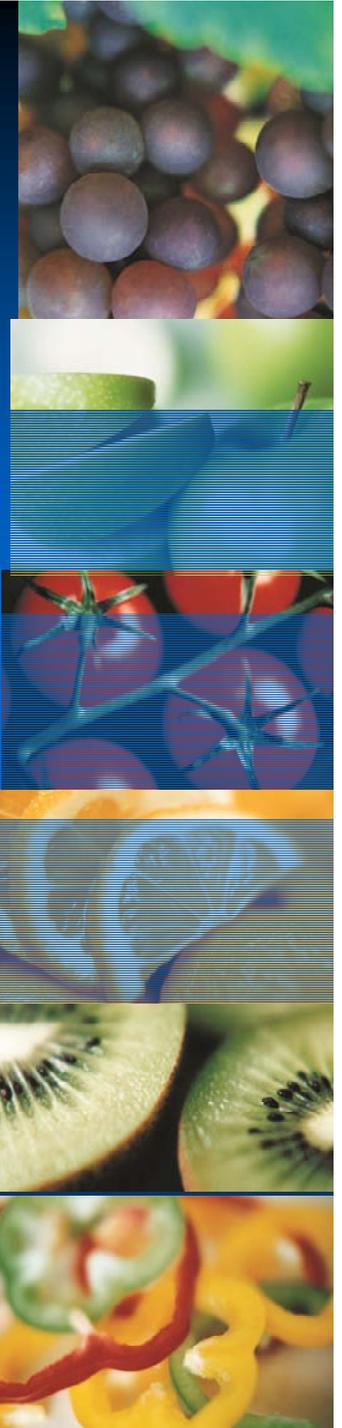
CCCNS – Vegetables and Fruits

LIMIT

Processed Vegetables and Fruits

(prepared or packaged with added fats, sugars or sodium)

- Serve only foods that meet the CCCNS in portion sizes consistent with the CACFP Meal Pattern for Children
 - ▶ Appendix A — CACFP Meal Pattern for Children



Portion Size Photos

(on 10" dinner plate)

Fruit Portion Sizes



* Note: Children over 12 years and adults need at least 1/2 cup however 1 cup is preferred

Vegetable Portion Sizes



* Note: Children over 12 years and adults need at least 1/2 cup however 1 cup is preferred

Best Practices for Healthy Eating: A Guide to Help Children Grow Up Healthy,
The Nemours Foundation, 2008

<http://www.nemours.org/content/dam/nemours/www/filebox/service/preventive/nhps/heguide.pdf>

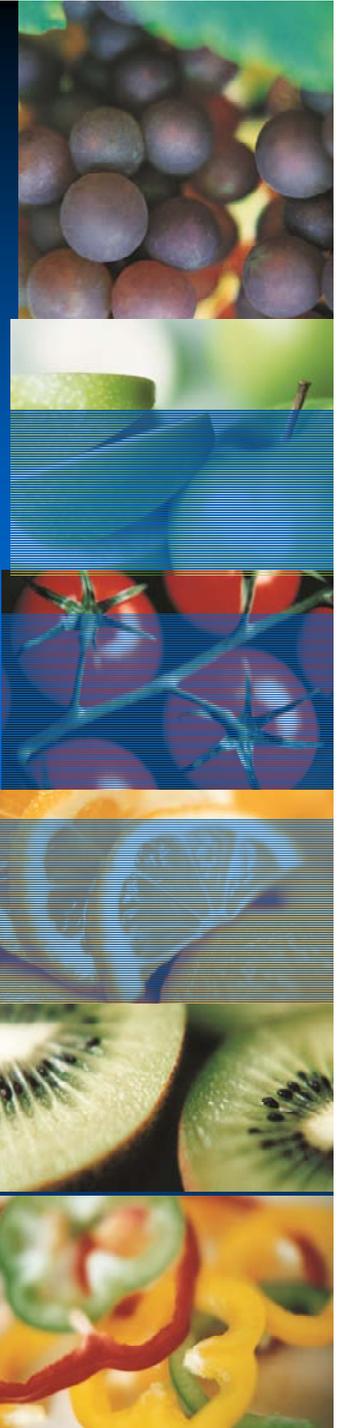
CCCNS – Vegetables and Fruits

LIMIT Processed Vegetables and Fruits (prepared or packaged with added fats, sugars or sodium)

■ A serving contains

- ▶ no more than 35 percent of calories from fat and no chemically altered fat substitutes
- ▶ less than 10 percent of calories from saturated fat*
- ▶ less than 0.5 gram of trans fat and no hydrogenated or partially hydrogenated oils
- ▶ no more than 35 percent of calories from sugars and no artificial sweeteners, nonnutritive sweeteners or sugar alcohols
- ▶ no more than 200 milligrams of sodium
- ▶ no more than 480 milligrams of sodium for soups

* The online action guide has been updated to revise the saturated fat standard from "no more than 10 percent of calories" to "less than 10 percent of calories," based on the most recent Dietary Guidelines released in December 2010



CCCNS – Vegetables and Fruits

LIMIT

Processed Vegetables and Fruits
(prepared or packaged with added fats, sugars or sodium)

- Serve no more than **once per week** between all meals and snacks
- No more than **once per cycle menu** is ideal



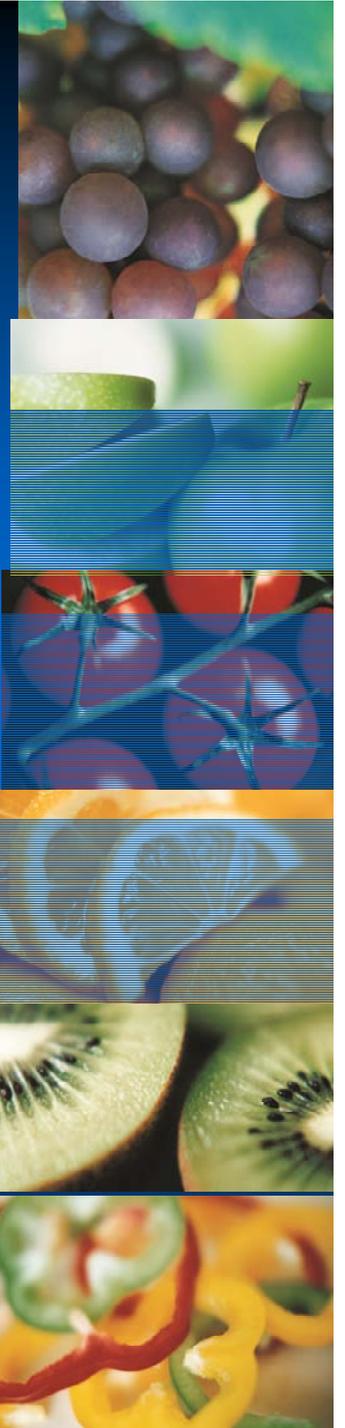
CCCNS – Vegetables and Fruits

LIMIT

Processed Vegetables and Fruits (prepared or packaged with added fats, sugars or sodium)

- Limit condiments, such as salad dressings and sauces
 - ▶ If served, provide low-fat or fat-free, low-sugar and low-sodium varieties separately from the food so children can decide whether to add them*
 - ▶ Use portion control measures as age appropriate, such as preportioned servings or portion control (PC) packets

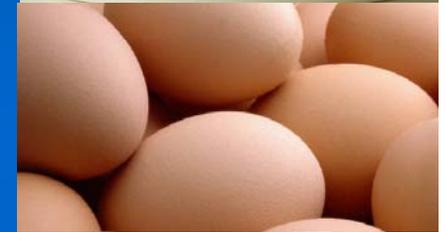
**No artificial or nonnutritive sweeteners or sugar alcohols*



CCCNS – Meat and Meat Alternates

A serving contains

- ▶ no more than 35 percent of calories from fat* and no chemically altered fat substitutes
- ▶ less than 10 percent of calories from saturated fat* (except for eggs, low-fat or reduced fat natural cheese, nuts, seeds and nut or seed butters without added fat)
- ▶ less than 0.5 gram of trans fat and no hydrogenated or partially hydrogenated oil

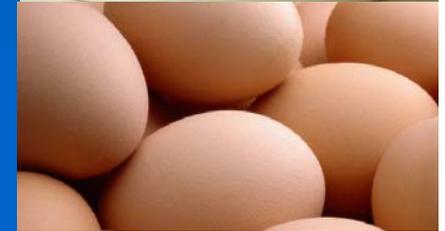


* The online action guide has been updated to revise the saturated fat standard from "no more than 10 percent of calories" to "less than 10 percent of calories," based on the most recent Dietary Guidelines released in December 2010

CCCNS – Meat and Meat Alternates

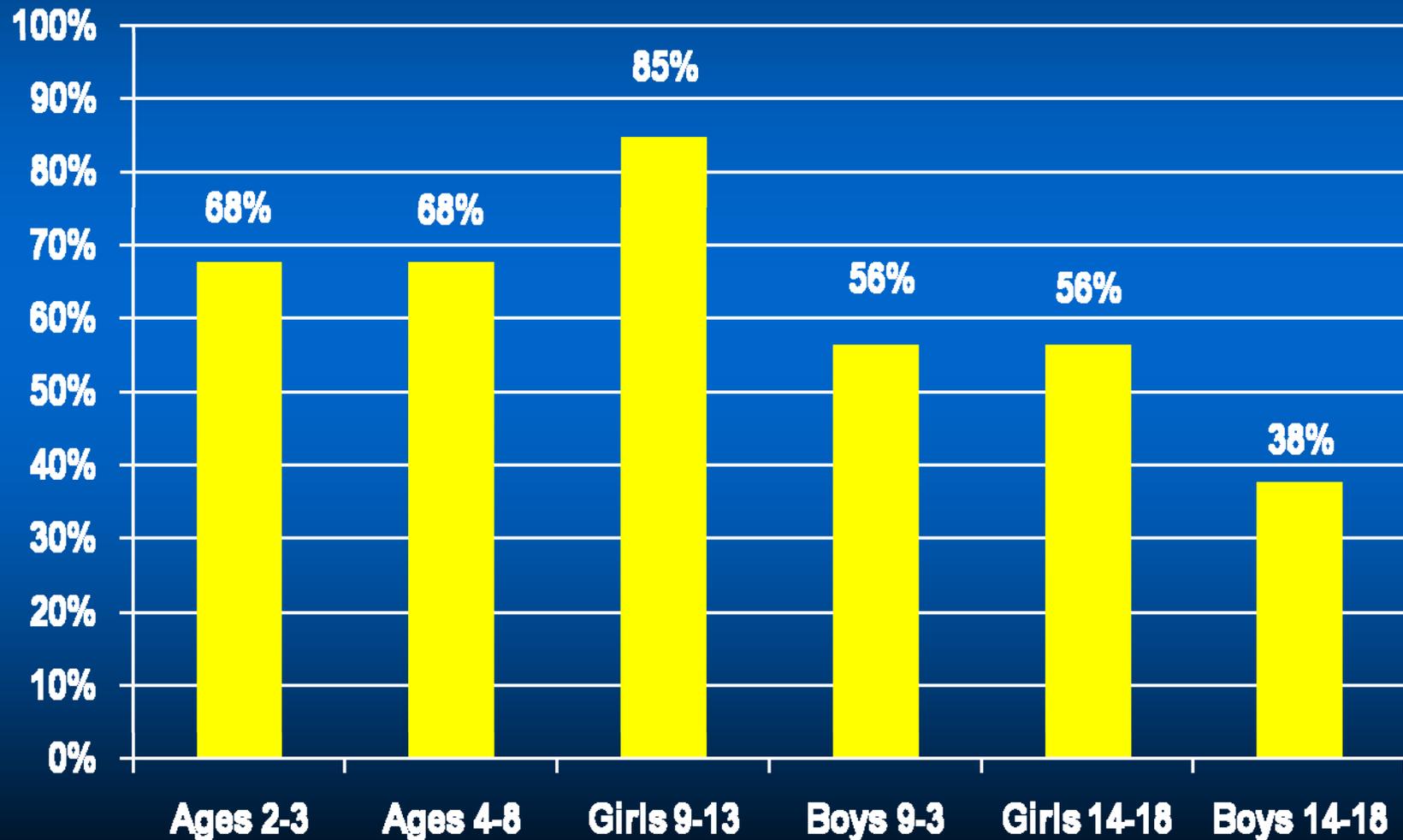
A serving contains

- ▶ no more than 35 percent of calories from sugars and no artificial sweeteners, nonnutritive sweeteners or sugar alcohols
- ▶ no more than 4 grams of sugars per ounce for yogurt



Contribution of $\frac{3}{4}$ cup Sweetened Yogurt* to AHA Recommended Daily Limit for Added Sugars

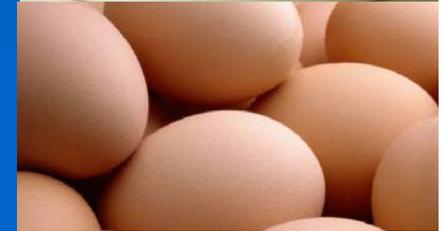
*Based on 3.4 teaspoons of added sugars in $\frac{3}{4}$ cup flavored yogurt



CCCNS – Meat and Meat Alternates

A serving contains

- ▶ no more than 200 milligrams of sodium for meat and meat alternates served at snack
- ▶ no more than 480 milligrams of sodium for meat and meat alternates served at meals including combination entrees



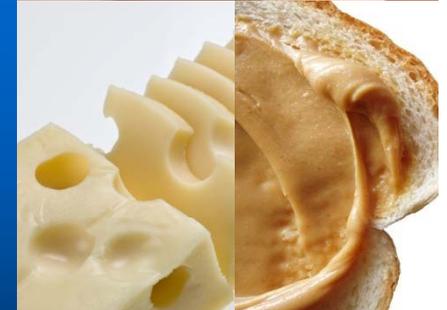
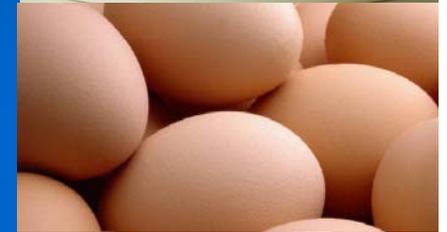
Practices for Meat and Meat Alternates

- Serve only foods that meet the CCCNS in portion sizes consistent with the CACFP Meal Pattern for Children

- ▶ Appendix A — CACFP Meal Pattern for Children

- **Serve**

- ▶ lean meat
- ▶ skinless poultry
- ▶ fish
- ▶ cooked dry beans or peas (legumes)
- ▶ nuts, seeds and nut or seed butters, e.g., peanut, almond, cashew and sunflower (without added fat, sugars or salt)
- ▶ eggs
- ▶ low-fat yogurt
- ▶ low-fat, part-skim or reduced fat natural cheese, e.g., low-fat cheddar and part-skim mozzarella



Portion Size Photos

(on 10" dinner plate)

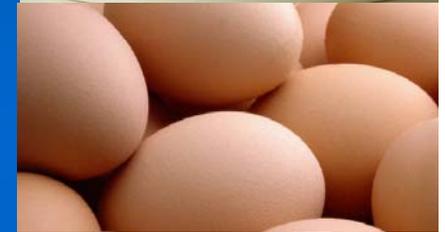
Meat Portion Sizes



Best Practices for Healthy Eating: A Guide to Help Children Grow Up Healthy, The Nemours Foundation, 2008
<http://www.nemours.org/content/dam/nemours/www/filebox/service/preventive/nhps/heguide.pdf>

Practices for Meat and Meat Alternates

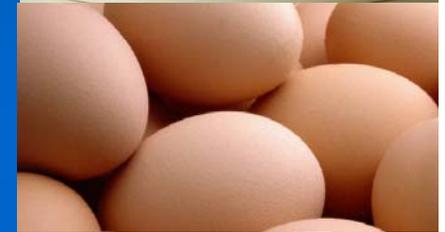
- Prepare meat and meat alternates with minimal or no added fat
 - ▶ If fat is used, choose polyunsaturated and monounsaturated fats
 - ▶ Do not serve any foods made with hydrogenated or partially hydrogenated oils
- When meat or meat alternate entree items include bread or grains, choose whole grains most often



Practices for Meat and Meat Alternates

- Limit condiments, such as margarine, butter, ketchup, mustard, mayonnaise, sauces and gravies
 - ▶ If served, provide low-fat or fat-free, low-sugar and low-sodium varieties separately from the food so children can decide whether to add them*
 - ▶ Use portion control measures as age appropriate, such as preportioned servings or portion control (PC) packets

** No artificial or nonnutritive sweeteners or sugar alcohols*



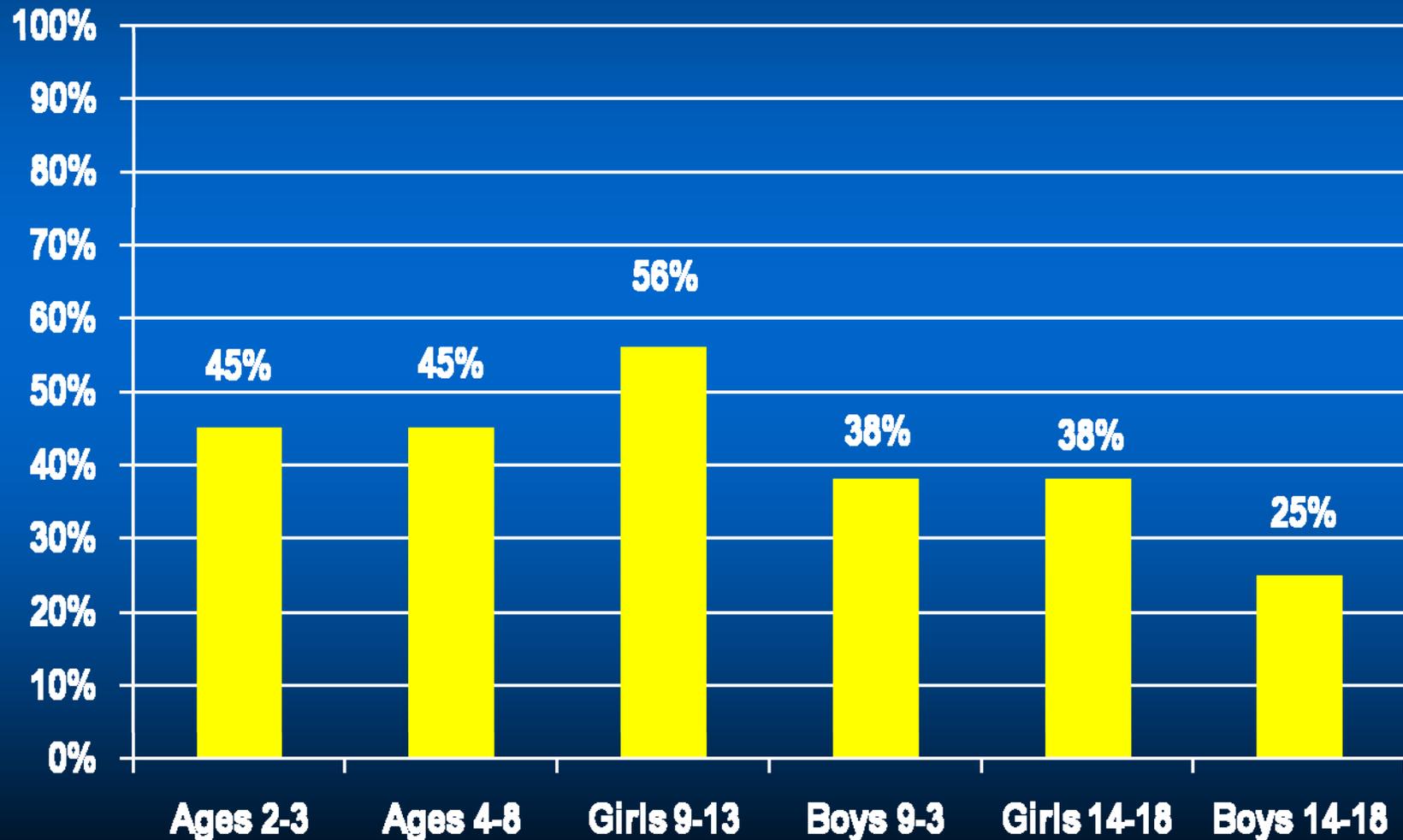
CCCNS – Milk

- ▶ Unflavored whole milk for **ages 12 to 23 months**
- ▶ Unflavored low-fat (1%) or fat-free (nonfat or skim) milk for **ages 24 months or older**



Contribution of $\frac{3}{4}$ cup Flavored Milk* to AHA Recommended Daily Limit for Added Sugars

*Based on 2 $\frac{1}{4}$ teaspoons of added sugars in $\frac{3}{4}$ cup flavored milk



CCCNS – Other Foods

- Serve only foods and beverages that meet the CACFP Meal Pattern for Children and the CCCNS
- Do not serve other foods and beverages

- Other foods include “noncreditable” foods and beverages that do not count toward the CACFP meal pattern components
- They generally contain fat, added sugars and sodium with little nutritional value



ACTIVITY 2: Menu Makeover

1. Review the CCCNS for your assigned component
 - ▶ grains and breads (pages 116-117)
 - ▶ vegetables and fruits (pages 118-119)
 - ▶ meat and meat alternates (pages 120-121)
2. Based on your current menu, *identify two strategies* that you could use *right now* to help your menus work toward compliance with the CCCNS
3. Take turns to share each person's strategies with the group
 - ▶ List any other ideas gained from your group discussion

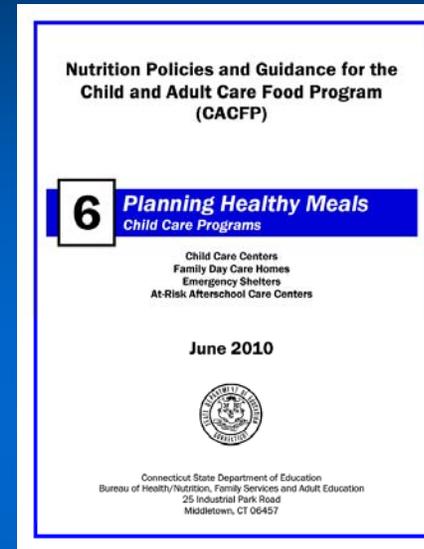
Implementing the CCCNS

- Review food labels and recipes to determine if foods comply
 - ▶ Appendix D — How to Read a Food Label
 - ▶ Appendix E — Evaluating Products for Compliance with the CCCNS
- Review menus, recipes and food preparation techniques
- Make easy changes right now
- Set goals for harder changes
 - ▶ some foods will not meet all recommendations



Implementing the CCCNS

*Nutrition Policies and
Guidance for the Child and
Adult Care Food Program:
Planning Healthy Meals*
Connecticut State Department
of Education, 2010



[http://www.sde.ct.gov/sde/cwp/
view.asp?a=2626&q=322326](http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322326)



Next Steps

- Assess program policies and practices
- Prioritize areas for change
- Start with one or two things right now
- Focus on Smart Steps 
- Keep working toward compliance



The single most consistent and important key to success The Local Change Agent

YOU can make it happen!



+



=



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