Best Practices for Healthy Eating

For organizations serving infants and young children

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A Children's Health System

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Introduction

This guide serves as a practical tool for implementing child feeding best practices in early care and education (ECE) settings. You and your program play an important part in promoting optimal nutrition and supporting children's development of healthy habits. Children who learn these habits when they're young are more likely to continue making healthy choices in adulthood. By sharing this information with their families, you can work as partners to support their growth and development. In this guide, you will find:

- Recommendations for healthy food choices in the following categories: beverages, fruits and vegetables, milk, meats and meat alternates, and grains and breads
- Rationales for the recommendations
- Appropriate portion sizes by age based on the CACFP reimbursable meal guidelines
- Ideas for engaging children in healthy eating
- Tips and tools for reading nutrition labels, motivating picky eaters, and modeling healthy habits
- Tip sheets for families
- Sample policies for use in your program and with families

This toolkit is the result of extensive research, collaboration and feedback from many individuals.

Find more healthy eating resources at:
www.healthykidshealthyfuture.org

Glossary

Added Sugars – Sugars and syrups that are added to foods during processing or preparation. Added sugars do not include naturally-occurring sugars such as those found in milk and fruits.

Basic Food Groups – In the USDA meal pattern, the basic food groups are grains; fruits; vegetables; milk, yogurt, and cheese (dairy); and meat, poultry, fish, dried peas and beans, eggs, and nuts (protein). In the CACFP meal pattern, the basic food groups (also called "meal components") are grains and breads; milk; meats and meat alternates; and fruits and vegetables.[1]

Cardiovascular Disease – Refers to diseases of the heart and diseases of the blood vessels (arteries, capillaries, veins) within a person's body, such as the brain, legs and lungs.

Child and Adult Care Food Program (CACFP) – All states administer the federal nutrition assistance entitlement program known as the Child and Adult Care Food Program (CACFP), through which ECE providers are reimbursed for meals and snacks served. The program regulates meal patterns and portion sizes, provides nutrition education, and offers sample menus and training in meal planning and preparation to help ECE providers comply with nutrition standards.

Cholesterol – A molecule present in all animal tissues that when ingested by humans, turns into a soft, fatty, wax-like substance in the bloodstream. It is necessary in the production of cell membranes and some hormones, but too much cholesterol in the blood is a major risk factor for coronary heart disease (which leads to heart attack) and for stroke.[2]

Chronic Diseases – such as heart disease, cancer and diabetes—are the leading causes of death and disability in the United States. These diseases account for seven of every ten deaths and affect the quality of life of 90 million Americans. Although chronic diseases are among the most common and costly health problems, they are also among the most preventable. Adopting healthy behaviors such as eating nutritious foods, being physically active and avoiding tobacco use can prevent or control the devastating effects of these diseases.[2]

Combination Food – A single serving of a food item that contains two or more of the required meal components (e.g., pizza, chef salad, spaghetti with meat sauce, etc.).

Complementary Feeding - A process that starts when breast milk or infant formula is complemented by other foods and beverages and ends when the young child transitions fully to family foods. The complementary feeding period typically covers the period from 6 to 24 months of age.[3]

Dietary Fiber – Typically refers to nondigestible carbohydrates from plant foods such as legumes (e.g., peas and beans), oats, barley, fruits and fruit juices (e.g., prunes, plums and apples), vegetables (e.g., broccoli, carrots and celery), nuts, seeds and whole grains.[2]

Discretionary Calorie Allowance – The balance between calories consumed through eating and drinking and calories expended through physical activity and metabolic processes (e.g., breathing, circulating blood and organ functions). These "left-over" calories can be "spent" on forms of foods or additions of foods that contribute extra calories (e.g., chocolate milk, butter or jam/jelly on toast, etc.), typically in the form of added sugars and fat.[2]

Flavored Milk - Cow's milk to which caloric sweeteners have been added for the main purpose of improving palatability. Common examples include chocolate milk or strawberry milk. These products are also referred to as sweetened milk.[4]

Heart Disease – A narrowing of the small blood vessels that supply blood and oxygen to the heart (coronary arteries).

Monounsaturated Fatty Acids (MUFAs) – Healthy fats that are liquid at room temperature, and are found in canola, olive and peanut oils. MUFAs lower total cholesterol, lower bad cholesterol (LDL), and raise good cholesterol (HDL).[2]

Nutrient-Dense Foods – Foods that provide substantial amounts of vitamins, minerals and other nutrients and relatively fewer calories.[2] Nutrient-dense foods retain their naturally-occurring components (e.g., fiber) and do not contain added ingredients such as sugars, fats, and sodium.

Ounce Equivalent – In the grains food group, the amount of a food counted as equal to a one ounce slice of bread; in the meat, poultry, fish, dry beans, eggs, and nuts food group, the amount of food counted as equal to one ounce of cooked meat, poultry, or fish.[1]

Polyunsaturated Fatty Acids (PUFAs) – Generally considered healthy fats that are usually liquid at room temperature. Safflower, sunflower, corn and soybean oils contain the highest amounts of PUFAs. PUFAs lower total cholesterol in the blood and lower the bad cholesterol. However, they also lower the good cholesterol.[2]

Portion Size – The amount of a food consumed in one eating occasion; can consist of multiple servings.[1]

Processed Meat – A meat product containing at least 30% meat, where the meat has undergone processing other than boning, slicing, dicing, mincing or freezing, either as a single meat or in combination with other ingredients or additives. Processed meats have been cured, smoked, dried, canned, dehydrated and/or combined with chemicals and/or enzymes. Examples include sausage, bacon, deli meats, hot dogs, bologna, salami, pepperoni, etc.[5]

Responsive Feeding – A key dimension of responsive caregiving involving serve and return or back and forth interaction between child and caregiver during the feeding process. The steps of responsive feeding are (1) the child signals hunger and fullness through body movements, facial expressions, or making sounds; (2) the caregiver recognizes the cues and responds promptly in a manner that is emotionally supportive, developmentally appropriate, and based on the signal they observe; and (3) the child learns that caregivers will respond in a specific way, based on the different cues the child gives.[6]

Saturated Fats – Unhealthy fats that are solid at room temperature (e.g., butter, stick margarine, shortening, the fat in cheese and meat). Some vegetable oils (e.g., coconut and palm oil) also contain mostly saturated fats. Saturated fats raise blood cholesterol, so use sparingly, if at all.[2]

Serving Size – A standardized amount of food, such as a cup or an ounce, used in providing dietary guidance or in making comparisons among similar foods.

Sugar Sweetened Beverages (SSBs) - Liquids to which any forms of sugar are added. This category does not include beverages sweetened with low-calorie sweeteners, 100% juice, or flavored dairy and/or plant-based milks.[4]

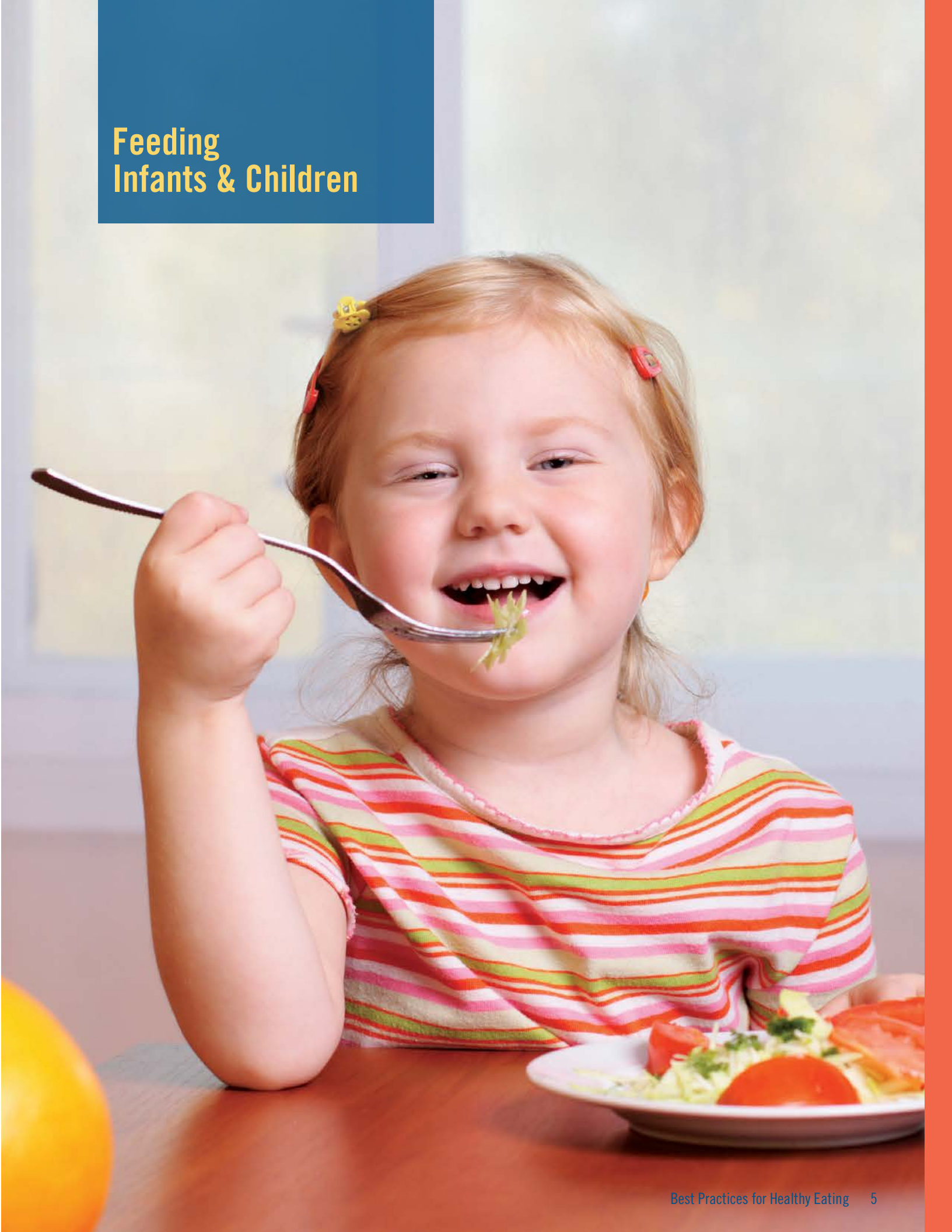
Sweet Grain – A grain food that customarily contains a significant amount of calories from sugar. Includes: doughnuts, Danishes, cakes, cupcakes, pies, cookies, brownies, toaster pastries, commercially-prepared muffins/quick breads, sweet rolls, granola bars, and grain fruit bars.

Toddler Milk – Milk drink supplemented with nutrients and often containing added sugars. These products are marketed as appropriate for children ages 9 to 36 months, and may be marketed as "transition formulas," "follow-on formulas," or "weaning formulas" for children 9 to 24 months and "toddler milk," "growing-up milk," or "young child milk" for children 12 to 36 months.[4]

***Trans* Fats** – Are found naturally in some foods but mainly come from partially hydrogenated fats in commercially-prepared baked goods like crackers and cookies. *Trans* fats raise cholesterol in the blood just like saturated fats, so try to limit or avoid them entirely. They are unhealthy fats. In June 2015, the U.S. Food and Drug Administration required manufacturers to eliminate *trans* fats from processed foods. Manufacturers were to comply by June 2018, which significantly reduced *trans* fats in our food supply.[7]

Whole Grains – Foods made from the entire grain seed, usually called the kernel, which consists of the bran, germ and endosperm. If the kernel has been cracked, crushed or flaked, it must retain nearly the same relative proportions of bran, germ and endosperm as the original grain in order to be called whole grain.[2]

Feeding Infants & Children



CACFP Daily Meal Pattern – Infants[1]

Meal Component	Birth through 5 months	6 through 11 months
BREAKFAST – Serve the following 3 components:		
Breast Milk or Formula The CACFP infant meal pattern will reimburse your program if the mother directly breastfeeds her infant at your program and/or if you, as the provider, offer the mother's expressed breast milk or infant formula to her child.	4 – 6 fl oz.	6 – 8 fl oz.
Infant Cereal, Meats, Vegetables, and Fruits (complementary foods)	None	4 Tbsp infant cereal, meat, fish, poultry, whole egg, cooked dry beans or peas; or 0-2 oz. cheese; or 0-4 oz (volume) cottage cheese; or 0-8 oz. yogurt; or a combination* 0-2 Tbsp vegetables, fruit or both**
LUNCH or SUPPER – Serve the following 4 components:		
Breast Milk or Formula	4 – 6 fl oz.	6 – 8 fl oz.
Infant Cereal, Meats, Vegetables, and Fruits (complementary foods)	None	4 Tbsp infant cereal, meat, fish, poultry, whole egg, cooked dry beans or peas; or 0-2 oz. cheese; or 0-4 oz (volume) cottage cheese; or 0-8 oz. yogurt; or a combination* 0-2 Tbsp vegetables, fruit or both**
SNACK – Serve the following 2 components:		
Breast Milk or Formula	4 – 6 fl oz.	2 – 4 fl oz.
Infant Cereal, Meats, Vegetables, and Fruits (complementary foods)	None	0 – ½ bread slice; or 0-2 crackers; or 0-4 Tbsp infant cereal or ready-to-eat cereal* 0-2 Tbsp vegetable, fruit or both**

NOTES:

- *Required when infant is developmentally ready.
- **No fruit juice for infants under 12 months of age; it is not reimbursable by CACFP for this age group
- At 6 months, introduce these foods one at a time, starting with meat or infant cereal, followed by vegetables, fruits, and bread or crackers in amounts and types that are developmentally-appropriate.
- Do not serve any type of cow's milk, or foods mixed with cow's milk (such as milk with cereal, milk in mashed potatoes), until
  1 year of age. Begin transitioning to cow's milk at 1 year of age.
- Milk-based products such as cheese, cottage cheese, and yogurt count as a meat alternate for infants 6 through 11 months of age. Cheese food and cheese spread are not reimbursable.
- Ready-to-eat cereals with no more than 6 grams of sugar per dry ounce are allowed at snack for infants age 6 through 11 months.

Infant Feeding

Breastfeeding

Breast milk is the ideal food for infants. In fact, the American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for the first six months of an infant's life. During this time, no other foods or beverages should be served. At six months, solid foods can be gradually introduced to an infant's diet. However, breastfeeding should continue until at least 12 months, and as long as desired by mother and baby. Breastfeeding has been shown to reduce infants' risk of developing many common illnesses and chronic conditions such as asthma, diabetes, ear infections, respiratory tract infections, dermatitis, and celiac disease. Infants who are breastfed are also less likely to be overweight or obese.[8] Additionally, breastfeeding promotes bonding between a mother and her infant.

As an early care and education (ECE) provider, you have a very important role in promoting and facilitating breastfeeding among the families you serve. If a mother wishes to breastfeed, work with her to develop a system to ensure that an ample supply of breast milk is available while the infant is in your care. This includes having a refrigerator/freezer available for breast milk storage and/or a designated quiet, private space that is comfortable and sanitary for mothers to pump or breastfeed. Breast milk should be clearly labeled with each infant's name and the date on which it was expressed. This ensures that an infant receives only his/her own mother's breast milk and that it is safe for consumption. The new Child and Adult Care Food Program (CACFP) infant meal pattern will reimburse your program if the mother directly breastfeeds her infant at your program and/or if you, as the provider, offer the mother's expressed breast milk.

It is very important to familiarize yourself with the safe storage and preparation of breast milk. The following pages from the Centers for Disease Control and Prevention share information on breast milk storage and handling. State and local health departments may have stricter safety regulations around the handling and storing of breast milk. ECE Programs should be aware of and adhere to those regulations.

ACCESSIBLE VERSION: https://bit.ly/2dxVYLU

STORAGE AND PREPARATION OF BREAST MILK

BEFORE EXPRESSING/PUMPING MILK

Wash your hands well with soap and water.

Inspect the pump kit and tubing to make sure it is clean.

Replace moldy tubing immediately.

Clean pump dials and countertop.

STORING EXPRESSED MILK

Use breast milk storage bags or clean food-grade containers with tight fitting lids.

Avoid plastics containing bisphenol A (BPA) (recycle symbol #7).

HUMAN MILK STORAGE GUIDELINES

TYPE OF BREAST MILK	STORAGE LOCATIONS AND TEMPERATURES		
	Countertop **77°F (25°C) or colder** *(room temperature)*	**Refrigerator** **40 °F (4°C)**	**Freezer** **0 °F (-18°C) or colder**
Freshly Expressed or Pumped	Up to **4 Hours**	Up to **4 Days**	Within **6 months** is best Up to **12 months** is acceptable
Thawed, Previously Frozen	**1–2 Hours**	Up to **1 Day** *(24 hours)*	**NEVER** refreeze human milk after it has been thawed
Leftover from a Feeding (baby did not finish the bottle)	Use within **2 hours** after the baby is finished feeding		

STORE

Label milk with the date it was expressed and the child's name if delivering to childcare.

Store milk in the back of the freezer or refrigerator, not the door.

Freeze milk in **small amounts of 2 to 4 ounces** to avoid wasting any.

When freezing leave an inch of space at the top of the container; breast milk expands as it freezes.

Milk can be stored in an insulated cooler bag with frozen ice packs for **up to 24 hours** when you are traveling.

If you don't plan to use freshly expressed milk **within 4 days**, freeze it right away.

THAW

Always thaw the oldest milk first.

Thaw milk under lukewarm running water, in a container of lukewarm water, or overnight in the refrigerator.

Never thaw or heat milk in a microwave. Microwaving destroys nutrients and creates hot spots, which can burn a baby's mouth.

Use milk **within 24 hours** of thawing in the refrigerator *(from the time it is completely thawed, not from the time when you took it out of the freezer).*

Use thawed milk **within 2 hours** of bringing to room temperature or warming.

Never refreeze thawed milk.

FEED

Milk can be **served cold, room temperature, or warm.**

To heat milk, place the sealed container into a bowl of warm water or hold under warm running water.

Do not heat milk directly on the stove or in the microwave.

Test the temperature before feeding it to your baby by putting a few drops on your wrist. It should feel warm, **not hot.**

Swirl the milk to mix the fat, which may have separated.

If your baby did not finish the bottle, leftover milk should be used **within 2 hours.**

CLEAN

Wash disassembled pump and feeding parts in a clean basin with soap and water. **Do not wash directly** in the sink because the germs in the sink could contaminate items.

Rinse thoroughly under running water. Air-dry items on a clean dishtowel or paper towel.

Using clean hands, store dry items in a clean, protected area.

For extra germ removal, sanitize feeding items daily using one of these methods:

- clean in the dishwasher using hot water and heated drying cycle *(or sanitize setting).*
- boil in water for 5 minutes *(after cleaning).*
- steam in a microwave or plug-in steam system according to the manufacturer's directions *(after cleaning).*

June 2019

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

FOR MORE INFORMATION, VISIT:
https://bit.ly/2dxVYLU

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Infant Formula

If breastfeeding is not possible or desired, iron-fortified infant formula is an acceptable alternative. As with breast milk, formula should be clearly labeled with the infant's name. Never switch an infant's formula without consultation with his/her parents/caregivers, as this could cause an adverse reaction. It is very important to familiarize yourself with the safe storage and preparation of infant formula. Below are some helpful tips and guidelines from Feeding Infants in the Child and Adult Care Food Program.[11]

Purchasing Infant Formula

- Do not buy or use infant formula if the container has dents, bulges, pinched tops or bottoms, puffed ends, leaks, rust spots, or has been opened. The formula in these containers may be unsafe.
- Check the infant formula "use by" date. If the "use by" date has passed, the quality of the formula may not be as good and you should not buy it.
- Store unopened containers of infant formula in a cool, dry, indoor place—not in a refrigerator or freezer, or in vehicles, garages, or outdoors. In these places, the cans are exposed to moisture and temperature changes, which can affect the quality of the formula.

Preparing, Storing, and Handling Infant Formula[13]

Make sure the water used to mix the infant formula is from a safe source approved by the local health department. If there is doubt, ask the local health department to test the water to make sure it is safe and does not contain anything that might harm a baby or child, such as lead, bacteria, nitrate, pesticides, or other chemicals.

The U.S. Environmental Protection Agency recommends that child care sites routinely test their drinking water for lead and other unsafe contaminants to make sure it is safe. If the drinking water is not safe, the local health department should recommend a safe source of water.

If a safe source of water is unavailable, water can be purchased for use at your child care site. The purchase of water must be considered necessary by your sponsoring organization or State agency.

Prepare, use, and store infant formula according to the product directions on the container or as directed by the baby's health care provider. For powdered formula, measure the amount of formula using the scoop provided with the container. The instructions for preparing infant formula are different for each product. Using more or less water and powdered formula than instructed changes the amount of calories and nutrients in the bottle. This can affect a baby's growth and development. Formula that is not prepared correctly cannot credit towards a reimbursable meal or snack in the CACFP. If a parent asks you to prepare formula in a way that is different from what is stated on the container, a written medical statement from the baby's health care provider must be kept in a secure location at your child care site.

Important: Read and follow instructions on the container of infant formula.

Storing and Handling Infant Formula

Storing prepared infant formula	■ Keep bottles of prepared infant formula in the refrigerator at a temperature at or below 40 °F (4 °C) until ready to use. Never freeze infant formula. ■ Use infant formula that has been in the refrigerator within 24 hours after it is prepared.
Handling prepared infant formula before a feeding	■ Do not take infant formula out of the refrigerator more than 2 hours before a feeding.
Handling prepared infant formula after a feeding	■ Once you start feeding a baby, make sure the infant formula is consumed within 1 hour. ■ Throw away any leftover infant formula that is in the bottle.*

*Germs can get into the bottle during a feeding. This can cause bacteria to grow, which can make a baby sick if the leftover infant formula is given to the baby at a later time.

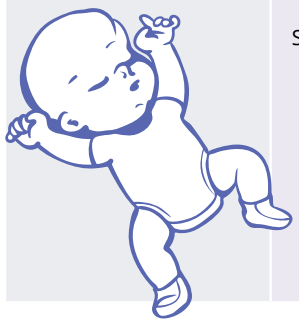
Infant Feeding Practices

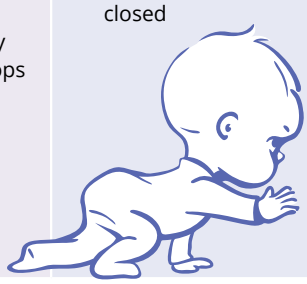
The best practice is for infants to be fed on cue, by a consistent caregiver, using responsive feeding techniques (see p. 30). Unless the family or a physician gives written orders for timed feeding, responding to huger cues meets nutritional and emotional needs.[12] Watching and understanding babies physical development during feedings helps families and caregivers know when baby is ready to move to solid/complementary foods.

Stages of Infant Development and Feeding Skills *(healthy, full-term)*

Developmental milestones are used as markers to ensure that infants and toddlers are growing in a healthy direction. During early years, a child's relationship with food is crucial for his or her health and development. Learning the physical stages that relate to feeding is important to understanding this process.

BIRTH - 5 MONTHS	4 - 6 MONTHS	5 - 9 MONTHS	8 - 11 MONTHS	10 - 12 MONTHS
Reflexes: • Suck/swallow • Tongue thrust • Rooting • Gag Requires head, neck and trunk support Brings hands to mouth around 3 months. Coordinates suck-swallow-breathe while feeding. Moves tongue back and fourth to suck. Hunger cues: • Wakes and tosses • Sucks on fist • Fusses or cries Satiety cues: • Seals lips together • Turns head away • Decreases or stops sucking • Falls asleep or spits nipple out	Gag and tongue thrust reflex starts to disappear. Up and down munching movement. Uses tongue to transfer food from front to back to swallow. Recognizes spoon and opens mouth. Draws in upper and lower lip as spoon is removed from mouth. Good head control and can sit with support. Introduction to pureed and strained foods without choking. Hunger cues: • Fusses or cries • Smiles or coos during feeding • Moves head toward spoon Satiety cues: • Turns head away • Decreases or stops sucking • Spits nipple out • Distraction of surrounding	Begins control of food positioning in mouth. May sit without support. Follows food with eyes. Begins introduction to solid foods (6 months). Drinks small amounts from cup with help. Begins to feed self. Transfers food from one hand to another. Tries to grasp foods such as crackers and teething biscuits. Hunger cues: • Reaches for spoon or food • Points to food Satiety cues: • Eating slows down • Pushes food away or clenches mouth closed	Moves food side to side in mouth. Begins to use jaw and tongue to mash and chew food in rotating patterns. Begins to curve lips around rim of cup. Sits alone without support. Begins to use fingers to pick up objects (pincer grasp.) Can put food in mouth with hands and feed self finger foods. Begins to eat ground or finely chopped food and small pieces of soft food. Drinks from cup with less spilling. Hunger cues: • Reaches food • Points to food • Gets excited about food Satiety cues: • Eating slows down • Pushes food away	Rotary chewing. Feeds self easily with fingers. Begins to feed self with spoon. Dips food with spoon rather than scoop. Begins to hold cup with two hands. Drinks from straw. Good hand-eye-mouth coordination. Begins eating chopped food and smalls pieces of table food. Bites through a variety of textured food. Hunger cues: • Uses words or sounds for specific foods. Satiety cues: • Shakes head and says, "no."





Within the first few days of life, an infant has to first learn the coordination of sucking, breathing and swallowing. Next there is learning tongue control and movement that will eventually lead to chewing. With the introduction of complementary foods at around six months, infants learn how to open their mouths in response to food, start learning how to bite soft foods, and how to hold and bring it to their mouths. Every movement from bringing food to mouth, opening mouth, biting, moving tongue to chew food and then swallowing are all learned skills.

NATIONAL CACFP SPONSORS ASSOCIATION

Visit cacfp.org for more helpful tools.

Adapted from USDA/WIC Infant Nutrition and Feeding Guide.

Solid/Complementary Foods

At around six months, infants may be slowly introduced to solid foods if they show signs that they are developmentally ready.

ECE providers should not introduce new solid foods without first consulting an infant's parents/caregivers. When solid foods are introduced, the AAP recommends that single-ingredient foods be given one at a time. You should wait at least two to three days between offering new foods, so that it will be easier to identify the food if the infant experiences an adverse reaction (i.e., allergy or intolerance). For most children it doesn't matter what the first foods are—whole grain cereals, or pureed vegetables, fruits and meats. Breastfed babies may benefit from baby foods such as iron-fortified cereal and meats, as these increase iron and zinc absorption and ECE providers should communicate with infant's families concerning which foods have been introduced and consumed while in care.

Infants:

Beverages

Research continues to show that the beverages young children drink can impact their health. Since children between birth and five years old get nutrients from the drinks they consume, it is important for parents and caregivers to know which drinks are healthy and which drinks they should avoid.

Age	Recommended	Not Recommended
Birth through 5 months	■ Breast milk (preferred) ■ Iron-fortified infant formula	■ Any other foods or beverages at this age
6 through 11 months	■ Breast milk (preferred) ■ Iron-fortified infant formula ■ Water with no added sweeteners	■ Food or drink other than breast milk and/or iron-fortified infant formula in a bottle unless medically necessary ■ Cow's milk or lactose-free milk or nutritionally-equivalent beverages like soy or rice milk ■ 100% fruit and vegetable juice ■ Soft drinks ■ Sports/energy drinks ■ Sugary beverages including fruit-based drinks with added sweeteners, sweetened iced teas, punch, etc. ■ Artificially sweetened beverages including diet soft drinks, teas, lemonade, etc. ■ Caffeinated beverages

Portion Size

Age	Item	Meals	Snacks
Birth through 5 months	■ Breast milk (preferred) ■ Iron-fortified infant formula	4-6 oz.	
6 through 11 months	■ Breast milk (preferred) ■ Iron-fortified infant formula	Approximately 6-8 oz.	2-4 oz.
	■ Water with no added sweeteners	Small amount (0.5-1 cups/day)	

Rationale

Why is juice not recommended for infants until 12 months of age or older?

- Key nutrients and fiber are lost in the processing of juice. Therefore, for infants 6 months of age and older, whole fruits and vegetables served in appropriate bite-sized pieces are preferred.

Why should no food or drink other than breast milk or iron-fortified infant formula be served in a bottle?

- There is not evidence that cereals or other foods added to a bottle help infants sleep through the night.
- Addition of cereals or other foods to a bottle can cause choking.
- This practice deprives infants of the opportunity to learn to regulate their food intake, and can result in overfeeding and excessive weight gain.

Why are sugary beverages not recommended?

- Sports and soft drinks are high in calories and sugar and low in key nutrients.
- Breast milk or iron-fortified formula and water provide all of the nutrition and hydration that infants need.
- Consumption of sugary beverages is associated with:
  - Excess caloric intake, overweight or obesity
  - Calcium deficiency (sugary beverage consumption displaces milk consumption)
  - Tooth decay
- Consuming sugary beverages reinforces baby's preference for sugary foods and can make it more challenging to learn to like healthy foods.

Infants (6 through 11 months):
Fruits & Vegetables

Recommended

- A variety of fruits and/or vegetables* should be offered. All should be soft, or cooked until soft, and mashed, strained, pureed, or cut into bite-size pieces as developmentally appropriate to prevent choking.
  For example: corn should be cooked and pureed before serving.
- Fruits and vegetables should be served plain, with no added fat, honey, sugar, or salt.
- Some examples include:
  - Fresh or frozen fruits
  - Fresh or frozen vegetables
  - Canned fruits (in 100% juice or water)
  - Canned vegetables (no salt added or low-sodium)

Not Recommended

- Added fat, honey, sugar, or salt
- 100% fruit and vegetable juices
- Fruit-based drinks with added sweeteners (e.g., cocktails, punches, etc.)
- Food or drink other than breast milk and/or iron-fortified formula in a bottle unless medically necessary
- Pre-mixed, commercially-prepared fruits or vegetables with more than one food item (e.g., fruit with cereal, vegetables with meat. Mixtures of fruits and vegetables only are fine.)
- Pre-mixed, commercially-prepared desserts (e.g., infant smoothies, puddings, etc.)
- Fried or pre-fried vegetables and fruits

*Provide at least one serving each of dark green vegetables (e.g., spinach, kale, chard, collard greens, broccoli, etc.), red and orange vegetables (e.g., carrots, squash, red/yellow orange bell peppers, sweet potatoes/yams, etc.), and other vegetables (e.g., green beans, beets, corn, etc.) once per week.

Portion Size

Age	Item	Meals
6 through 11 months	Fruits and/or vegetables	0 – 4 Tbsp

Important Note

The following are a choking hazard to children under 12 months:

- 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, or cherry or grape tomatoes

Rationale

Why serve fruits and vegetables?

- The *Dietary Guidelines for Americans* encourage consumption of a variety of fruits and vegetables weekly.
- Fruits and vegetables provide essential vitamins and minerals, fiber, and other substances that may protect against many chronic diseases.
- They are high in fiber.
- They help children feel fuller longer.
- They provide children with the opportunity to learn about different textures, colors, and tastes.
- They help children to develop life-long healthy eating habits.

Why shouldn't commercially-prepared combination foods (e.g., fruits or vegetables mixed with grains or meat) be offered?

- It is difficult to determine how much of each meal component a commercially-prepared combination food contains.
- Mixtures may contain a new food that the child has not tried and may cause an allergic reaction.
- The window from 6 months to 2 years is an important window for helping children learn to accept and enjoy a wide variety of vegetables. Mixing fruit with vegetables disguises the taste of the vegetable and does not support children in learning to enjoy vegetables.
- Not all mixtures are creditable under CACFP.

Did you know? Vegetable consumption begins to decrease with the development of the pincer grasp around 9 months of age. Helping babies accept and enjoy a wide variety of vegetables supports ongoing intake of vegetables.

Infants (6 through 11 months):
Grains & Breads

Recommended

- Iron-fortified infant cereals
- Make at least half of grains whole grains.
- Commercially-prepared, age-appropriate baked snacks (such as teething biscuits) are allowed for snack time only.
- Try to offer items (ready-to-eat cereals, crackers, etc.) that have no more than 200 mg of sodium per serving

Not Recommended

- Grains and cereals that have more than 6 grams of sugar per serving, as labeled
- Commercially prepared cereal mixtures
- Baked goods that are high in sugar and/or fat (such as cookies, granola bars, cupcakes, donuts, cinnamon buns, etc.)

Portion Size

Age	Item	Meals	Snacks
6 through 11 months	■ Iron-fortified infant cereal	0 – 4 Tbsp	—
	■ Bread	—	0 – ½ slice
	■ Crackers	—	0 – 2 crackers
	■ Ready-to-eat cereal*	—	0 – 4 Tbsp

*Appropriate when infant is developmentally ready.

Rationale

Why serve whole grains?

- The *Dietary Guidelines for Americans* recommend making at least half of grain servings are whole grains.
- Whole grains are good sources of dietary fiber, several B vitamins and minerals.
- Children and adults should eat about 14g of fiber for every 1,000 calories consumed. Diets high in fiber have a number of beneficial effects, including lowering the risk for heart disease and preventing constipation.
- Choosing foods that are free of added sugars helps children meet their nutrient needs without eating too many calories. Added sugars supply calories but few or no nutrients.
- Limiting cereals to 6g of sugar (1.5 tsp) or less will help keep added sugars low in children's diets.

Why shouldn't commercially-prepared cereal mixtures be served?

- Mixture may contain a new food that the child has not tried and may cause an allergic reaction.
- Portions of the food components in the mixture are not specified.
- Not all cereal mixtures are not reimbursable under CACFP.

Infants (6 through 11 months):
Meats & Meat Alternates

Recommended

- Lean cuts of meats (beef, veal, and/or pork)
- Skinless poultry (chicken, turkey)
- Fish
- Cooked beans and peas (legumes)
- Whole egg, mashed to prevent choking
- Cheese and cottage cheese
- Yogurt with no more than 23 grams of sugar per 6 ounces
- Meats and meat alternates should be soft, pureed, ground, mashed or finely chopped to prevent choking
- Nuts and seeds should be served ground or finely chopped in a prepared food

Not Recommended

- Fried foods
- Pre-fried baked foods such as chicken nuggets and fish sticks
- Processed meats, such as hot dogs, bologna, bacon and sausage
- Whole nuts and seeds (choking hazard for children this age)
- Added fat, honey, sugar or salt
- Yogurt with more than 23 grams of sugar per 6 ounces

Portion Size

Age	Item	Meals
6 through 11 months	■ Poultry, fish, meat, egg, cooked beans or peas*	0 – 4 Tbsp
	■ Cottage cheese*	0 – 4 oz.
	■ Cheese*	0 – 2 oz.
	■ Yogurt*	0 – 8 oz.

* Not reimbursable by CACFP until 6 months of age

Rationale

Why are meats and meat alternates important?

- These foods are high in protein, which supply amino acids that build, repair and maintain body tissues.
- Meats, beans, and eggs offer protein and other nutrients such as zinc, iron, and B vitamins.
- Nuts, nut butters and seeds are good sources of unsaturated fat, which promotes cardiovascular health. The American Academy of Pediatrics (AAP) recommends adding infant-safe forms of peanuts to the diet of most babies, as early as 6 months (once other solid foods are tolerated).[14] Providers should talk with families about what solid foods they are planning to introduce, in case they have a concern about the introduction of peanuts.

Daily CACFP Daily Meal Pattern – Children[1]

Food Component	Ages 1 – 2	Ages 3 – 5
BREAKFAST – Serve 3 of the 4 components		
Milk, fluid	½ cup (whole milk) (4 fl oz.)	¾ cup (fat-free or 1% milk) (6 fl oz.)
Vegetables, Fruit, or Both	¼ cup	½ cup
Grains	½ oz eq	½ oz eq
Meat and Meat Alternates	Meat and meat alternates may be used to substitute the entire grains component a maximum of three times per week.	Meat and meat alternates may be used to substitute the entire grains component a maximum of three times per week.
LUNCH or SUPPER – Serve all 5 components		
Milk, fluid	½ cup (whole milk) (4 fl oz.)	¾ cup (fat-free or 1% milk) (4 fl oz.)
Vegetables	⅛ cup	¼ cup
Fruit	⅛ cup	¼ cup
Grains	½ oz eq	½ oz eq
Meat and Meat Alternates	1 oz	1½ oz
SNACK – Select 2 of the 5 components		
Milk, fluid	½ cup (whole milk) (4 fl oz.)	½ cup (fat-free or 1% milk) (4 fl oz.)
Vegetables	½ cup	½ cup
Fruit	½ cup	½ cup
Grains	½ oz eq	½ oz eq
Meat and Meat Alternates	½ oz	½ oz

Children 1 through 2 Years:

Beverages

Research continues to show that the beverages young children drink can impact their health. Since children between birth and five years old get nutrients from the drinks they consume, it is important for parents and caregivers to know which drinks are healthy and which drinks they should avoid.

Recommended

- 12-23 months: unflavored whole milk or lactose-free milk or nutritionally-equivalent nondairy beverages like soy or rice milk*
- 24+ months: unflavored fat-free or 1% (low-fat) milk or lactose-free milk or nutritionally-equivalent nondairy beverages like soy or rice milk
- Water with no added sweeteners

Limit

- 100% fruit and vegetable juices to no more than one age-appropriate serving per day. Juice may be eliminated entirely if desired.

Not Recommended

- Soft drinks
- Sports/energy drinks
- Sugary beverages including fruit-based drinks with added sweeteners (i.e. juice drinks or cocktails, punch, etc.)
- Artificially-sweetened beverages including diet sodas, teas, lemonade, etc.
- Caffeinated beverages
- Toddler Milk
- Flavored Milk

*A 2019 consensus statement from Healthy Eating Research finds that for children ages 1-5 unsweetened plant milks/non-dairy beverages are not recommended for exclusive consumption in place of dairy milk (with the exception of soy milk); consume only when medically indicated or to meet specific dietary preferences.[18]

Portion Size

Age	Item	Meals	Snacks
12 through 23 months	Water	1-4 cups/day	
	Unflavored Whole milk	½ cup (4 oz.)	½ cup (4 oz.)
	100% fruit or vegetable juice	Less than 0.5 cups/day	
24+ months	Water	1-4 cups/day	
	Unflavored Fat-free or 1% (low-fat) milk	½ cup (4 oz.)	½ cup (4 oz.)
	100% fruit or vegetable juice	Less than 0.5 cups/day	

Rationale

Why whole milk for children aged 12 through 23 months?

- Whole milk provides some fats that are necessary for early growth and brain and spinal cord development.

Why are sugary beverages not recommended?

- Juice drinks, sports drinks and soft drinks are generally high in calories and sugar and low in nutrients.
- Consumption of sugary beverages is associated with overweight or obesity, calcium deficiency (because sugary beverages displace milk), and tooth decay.

Why should diet beverages or artificial sweeteners not be served?

- While diet and artificially-sweetened beverages have few calories, they may displace the intake of more nutritious drinks such as 1% or fat-free milk that children need in order to grow.

Why fat-free or 1% (low-fat) milk for children aged 2 years and older?

- The AAP recommends serving fat-free or 1% (low-fat) milk to children aged 2 years and older.
- Fat-free and 1% (low-fat) milk contain as much calcium and Vitamin D as 2% and whole milk without the extra calories and saturated fat.
- To reduce consumption of added sugars, the CACFP meal pattern requires *unflavored* fat-free or 1% (low-fat) milk to be served to children aged 2-5 years.

Why should juice be limited?

- Whole fruits and vegetables are preferred because they provide nutrients and fiber that may be lost in the processing of juice.
- Excessive juice consumption is associated with overweight or obesity, tooth decay and diarrhea.

Children 1 through 2 Years:
Fruits & Vegetables

Recommended

- A variety of fruits and/or vegetables* should be offered at every meal
- Fresh or frozen fruit (cut into bite-size pieces to prevent choking)
- Fresh or frozen vegetables (cut into bite-size pieces and cook to prevent choking)
- Canned fruits (in 100% juice or water)
- Canned vegetables, no- or low-sodium

Limit

- 100% fruit and/or vegetable juices to no more than one age-appropriate serving per day. Juice may be eliminated entirely if desired.
- Added fat, sugar, or salt

Not Recommended

- Dried fruit or vegetables for children under four (choking hazard)
- Fruit-based drinks with added sugars (i.e. juice drinks or cocktails, punch, etc.)
- Fried or pre-fried vegetables or fruits (e.g. French fries, tater tots)

*Provide at least one serving each of dark green vegetables (e.g., spinach, kale, chard, collard greens, broccoli, etc.), red and orange vegetables (e.g., carrots, squash, red/yellow orange bell peppers, sweet potatoes/yams, etc.), and other vegetables (e.g., green beans, beets, corn, etc.) once per week.

Portion Size

Item	Breakfast	Lunch	Snacks
Fruits	¼ cup (can be fruit, vegetable or both)	⅛ cup	½ cup
Vegetables		⅛ cup	½ cup
100% juice	No more than one serving may be reimbursed per day.		

Rationale

Why serve fruits and vegetables?

- The *Dietary Guidelines for Americans* encourage consumption of a variety of fruits and vegetables weekly.
- Fruits and vegetables provide essential vitamins and minerals, fiber, and other substances that may protect against many chronic diseases.
- They are high in fiber. Children and adults should eat about 14g of fiber for every 1,000 calories consumed. Diets high in fiber have a number of beneficial effects, including lowering the risk for heart disease and preventing constipation.
- They help children feel fuller longer.
- They provide children with the opportunity to learn about different textures, colors, and tastes.
- They help children to develop life-long healthy eating habits.
- The CACFP meal pattern encourages the consumption of more fruits and vegetables. If you participate in CACFP, offer one fruit and one vegetable or two different vegetables at lunch and supper. To possibly save money and purchase fresher produce, serve fresh fruits and vegetables that are in season.

Children 1 through 2 Years:
Grains & Breads

Recommended
- Make at least half of grain servings whole grains*
- Grain foods that have more than 3 grams of fiber per serving, as labeled

Limit
- Added fat, sugar or salt

Not Recommended
- Cereals or grains with more than 6 grams of sugar per dry ounce
- Sweet grains (cakes, cupcakes, donuts, Danishes, cinnamon rolls, toaster pastries, granola bars, cookies, commercially-prepared muffins, etc.)

*To determine if a product is a whole grain, look on the ingredients list. A whole grain should be the first ingredient listed, or the first ingredient after water. Examples of whole grains include: whole grain pasta, whole grain bread, whole grain cereal, brown rice, oatmeal, bulgur, quinoa.

Portion Size

Item	Meals	Snacks
Bread items (bread, rolls, bagels, etc.)	½ slice (0.5 oz. eq.)	½ slice (0.5 oz. eq.)
Cereals, hot or cold*	¼ cup (0.5 oz. eq.)	¼ cup (0.5 oz. eq.)
Pasta, noodles or grains	¼ cup (0.5 oz. eq.)	¼ cup (0.5 oz. eq.)

* Cold cereal portion size varies by cereal type (flake, round, puffed or granola); ounce equivalent remains 0.5 oz eq.

Rationale
Why serve whole grains?

- The *Dietary Guidelines for Americans* recommend making at least half of grain servings whole grains.
- Whole grains are good sources of dietary fiber, several B vitamins and minerals.
- Children and adults should eat about 14g of fiber for every 1,000 calories consumed. Diets high in fiber have a number of beneficial effects, including lowering the risk for heart disease and preventing constipation.
- Choosing foods that are free of added sugars helps people meet their nutrient needs without eating too many calories, sugars and fats.
- Added sugars supply calories but few or no nutrients.
- Discretionary calorie allowance for children 2 – 5 years of age allows for only 4 – 5 tsp of added sugars each day.
- Limiting cereals to 6g of sugar (1.5 tsp) or less per dry ounce will help keep added sugars low in children's diets.

Did you know? The USDA Food and Nutrition Service offers a printable CACFP Meal Pattern Training Worksheet on Grains Ounce Equivalents. It is available in both English and Spanish!
https://www.fns.usda.gov/tn/meal-pattern-training-worksheets-cacfp

Children 1 through 2 Years:
Meat & Meat Alternates

Recommended
- Lean meats (beef, veal, and/or pork)
- Skinless poultry (chicken, turkey)
- Fish
- Alternate protein product (tofu)
- Cooked beans and peas (legumes)
- Nut butters
- Eggs
- Yogurt with no more than 23 grams of sugar per 6 ounces†
- Cheese†
- Cottage cheese†
- Meats and meat alternates should be cut into bit-size pieces to prevent choking
- Nuts and seeds should be served ground or finely chopped in a prepared food

Limit
- Added fat, sugar or salt

Not Recommended
- Fried foods
- Pre-fried baked foods such as chicken nuggets and fish sticks
- Processed meats, such as hot dogs, bologna, bacon and sausage
- Chicken or turkey with the skin
- Shark, swordfish, king mackerel, tile fish, albacore tuna (high in mercury)
- Processed cheese food or cheese product
- Whole nuts and seeds (choking hazard for children under four)
- Yogurt with more than 23 grams of sugar per 6 ounces

†Fat-free or 1% low-fat for children two and older

Portion Size

Item	Meals	Snacks
Lean meat, poultry or fish	1 oz. (2 Tbsp)	½ oz. (1 Tbsp)
Alternate protein product (tofu)	1 oz. (2 Tbsp)	½ oz. (1 Tbsp)
Cheese	1 oz. (2 Tbsp)	½ oz. (1 Tbsp)
Cottage cheese	¼ cup (2 oz.)	1 oz. (2 Tbsp)
Large egg	½ egg	½ egg
Cooked, dry beans or peas	¼ cup (2 oz.)	1 oz. (2 Tbsp)
Nut or seed butters	2 Tbsp	1 Tbsp
Nuts and seeds	½ oz. (1 Tbsp)	½ oz. (1 Tbsp)
Yogurt	½ cup (4 oz.)	¼ cup (2 oz.)

Rationale
Why are meats and meat alternates important?

- Meats, beans, and eggs offer protein and other nutrients such as zinc, iron, and B vitamins.
- Protein supplies amino acids that build, repair and maintain body tissues.
- Dairy foods (e.g., cheese and yogurt) are good sources of protein and calcium.
- Nuts, nut butters and seeds are good sources of unsaturated fat, which promotes cardiovascular health. The American Academy of Pediatrics (AAP) recommends adding infant-safe forms of peanuts to the diet of most babies, as early as 6 months (once other solid foods are tolerated). Providers should talk with families about what solid foods they are planning to introduce, in case they have a concern about the introduction of peanuts.

Children 3 through 5 Years:

Beverages

Research continues to show that the beverages young children drink can impact their health. Since children between birth and five years old get nutrients from the drinks they consume, it is important for parents and caregivers to know which drinks are healthy and which drinks they should avoid.

Recommended

- Unflavored fat-free or 1% (low-fat) milk or lactose-free milk or nutritionally-equivalent nondairy beverages like soy or rice milk*
- Water with no added sweeteners

Limit

- 100% fruit and vegetable juices to no more than one age-appropriate serving per day. Juice may be eliminated entirely if desired.

Not Recommended

- Soft drinks
- Sports/energy drinks
- Sugary beverages including fruit-based drinks with added sweeteners (i.e. juice drinks or cocktails, punch, etc.)
- Artificially-sweetened beverages including diet sodas, teas, lemonade, etc.
- Caffeinated beverages
- Flavored milk

*A 2019 consensus statement from Healthy Eating Research finds that for children ages 1-5 unsweetened plant milks/non-dairy beverages are not recommended for exclusive consumption in place of dairy milk (with the exception of soy milk); consume only when medically indicated or to meet specific dietary preferences.[18]

Portion Size

Item	Meals	Snacks
Water	As much as desired, any time, and available for children to serve themselves (typically 1.5-5 cups/day)	
Unflavored Fat-free or 1% (low-fat) milk	¾ cup (6 oz.)	½ cup (4 oz.)
100% fruit or vegetable juice	No more than one serving 0.5-0.75 cups/day	

Rationale

Why fat-free or 1% (low-fat) milk for children aged 2 years and older?

- The AAP recommends serving fat-free or 1% (low-fat) milk to children aged 2 years and older.
- Fat-free and 1% (low-fat) milk contain as much calcium and Vitamin D as 2% and whole milk without the extra calories and saturated fat.
- To reduce consumption of added sugars, the CACFP meal pattern requires *unflavored* fat-free or 1% (low-fat) milk to be served to children aged 2-5 years.

Why limit juice?

- Whole fruits and vegetables are preferred because they provide nutrients and fiber that may be lost in the processing of juice.
- Excessive juice consumption is associated with overweight or obesity, tooth decay, and diarrhea.

Why are sugary beverages not recommended?

- Sports and soft drinks are generally high in calories and sugar and low in nutrients.
- Consumption of sugary beverages is associated with overweight or obesity, calcium deficiency (because sugary beverages displace milk), tooth decay.

Why should diet beverages or artificial sweeteners not be served?

- While diet and artificially-sweetened beverages have few calories, they may displace the intake of more nutritious drinks such as fat-free or 1% (low-fat) milk that children need in order to grow.

Children 3 through 5 Years:
Fruits & Vegetables

Recommended

- A variety of fruits and/or vegetables* should be offered at every meal
- Fresh or frozen fruit*
- Fresh or frozen vegetables**
- Canned fruits (in 100% juice or water)
- Canned vegetables, no- or low-sodium
- Dried fruits and vegetables for children four and older

**For children under four, cut into bite-size pieces and/or cook to prevent choking*

Limit

- 100% fruit and/or vegetable juices to no more than one age-appropriate serving per day. Juice may be eliminated entirely if desired.
- Added fat, sugar, or salt

Not Recommended

- Dried fruit or vegetables for children under four (choking hazard)
- Fruit-based drinks with added sugars (i.e. juice drinks or cocktails, punch, etc.)
- Fried or pre-fried vegetables or fruits (e.g. French fries, tater tots)

**Provide at least one serving each of dark green vegetables (e.g., spinach, kale, chard, collard greens, broccoli, etc.), red and orange vegetables (e.g., carrots, squash, red/yellow orange bell peppers, sweet potatoes/yams, etc.), and other vegetables (e.g., green beans, beets, corn, etc.) once per week.

Portion Size

Item	Breakfast	Lunch	Snacks
Fruits	2 cups (can be fruit, vegetable or both)	¼ cup	½ cup
Vegetables		¼ cup	½ cup
100% juice	No more than one serving may be reimbursed per day.		

Rationale

Why are fruits and vegetables important?

- The *Dietary Guidelines for Americans* encourage consumption of a variety of fruits and vegetables weekly.
- Fruits and vegetables provide essential vitamins and minerals, fiber, and other substances that may protect against many chronic diseases.
- They are high in fiber. Children and adults should eat about 14g of fiber for every 1,000 calories consumed. Diets high in fiber have a number of beneficial effects, including lowering the risk for heart disease and preventing constipation.
- They help children feel fuller longer.
- They provide children with the opportunity to learn about different textures, colors, and tastes.
- They help children to develop life-long healthy eating habits.
- The CACFP meal pattern encourages the consumption of more fruits and vegetables. If you participate in CACFP, offer one fruit and one vegetable or two different vegetables at lunch and supper. To possibly save money and purchase fresher produce, serve fresh fruits and vegetables that are in season.

Children 3 through 5 Years:
Grains & Breads

Recommended
- Make at least half of grain servings whole grains*
- Grain foods that have more than 3 grams of fiber per serving, as labeled

Limit
- Added fat, sugar or salt

Not Recommended
- Cereals or grains with more than 6 grams of sugar per dry ounce
- Sweet grains (cakes, cupcakes, donuts, Danishes, cinnamon rolls, toaster pastries, granola bars, cookies, commercially-prepared muffins, etc.)

* To determine if a product is a whole grain, look on the ingredients list. A whole grain should be the first ingredient listed, or the first ingredient after water. Examples of whole grains include: whole grain pasta, whole grain bread, whole grain cereal, brown rice, oatmeal, bulgur, quinoa.

Portion Size

Item	Meals	Snacks
Bread items (bread, rolls, bagels, etc.)	½ slice (0.5 oz. eq.)	½ slice (0.5 oz. eq.)
Cereals, cold*	⅓ cup (0.5 oz. eq.)	⅓ cup (0.5 oz. eq.)
Cereals, hot	¼ cup (0.5 oz. eq.)	¼ cup (0.5 oz. eq.)
Pasta, noodles or grains	¼ cup (0.5 oz. eq.)	¼ cup (0.5 oz. eq.)

* Cold cereal portion size varies by cereal type (flake, round, puffed or granola); ounce equivalent remains 0.5 oz eq.

Rationale
Why serve whole grains?

- The *Dietary Guidelines for Americans* recommend making at least half of grain servings whole grains.
- Whole grains are good sources of dietary fiber, several B vitamins and minerals.
- Children and adults should eat about 14g of fiber for every 1,000 calories consumed. Diets high in fiber have a number of beneficial effects, including lowering the risk for heart disease and preventing constipation.
- Choosing foods that are free of added sugars helps people meet their nutrient needs without eating too many calories, sugars and fats.
- Added sugars supply calories but few or no nutrients.
- Discretionary calorie allowance for children 2 – 5 years of age allows for only 4 – 5 tsp of added sugars each day.
- Limiting cereals to 6g of sugar (1.5 tsp) or less per dry ounce will help keep added sugars low in children's diets.

Did you know? The USDA Food and Nutrition Service offers a printable CACFP Meal Pattern Training Worksheet on Grains Ounce Equivalents. It is available in both English and Spanish!
https://www.fns.usda.gov/tn/meal-pattern-training-worksheets-cacfp

Children 3 through 5 Years:
Meats & Meat Alternates

Recommended

- Lean meats (beef, veal, and/or pork)
- Skinless poultry (chicken, turkey)
- Fish
- Alternate protein product (tofu)
- Cooked beans and peas (legumes)
- Nut butters
- Eggs
- Fat-free or 1% low fat yogurt with no more than 23 grams of sugar per 6 ounces
- Fat-free or reduced-fat cheese
- Fat-free or low-fat cottage cheese
- Meats and meat alternates should be cut into bite-size pieces to prevent choking
- Nuts and seeds should be ground or finely chopped in a prepared food if served to children under four years old

Limit

- Added fat, sugar or salt

Not Recommended

- Fried foods
- Pre-fried baked foods such as chicken nuggets and fish sticks
- Processed meats, such as hot dogs, bologna, bacon and sausage
- Chicken or turkey with the skin
- Shark, swordfish, king mackerel, tile fish, albacore tuna (high in mercury)
- Processed cheese food or cheese product
- Whole nuts and seeds (choking hazard for children under four)*
- Yogurt with more than 23 grams of sugar per 6 ounces

Portion Size

Item	Meals	Snacks
Lean meat, poultry or fish	1 ½ oz. (3 Tbsp)	½ oz. (1 Tbsp)
Alternate protein product (tofu)	1 ½ oz. (3 Tbsp)	½ oz. (1 Tbsp)
Cheese	1 ½ oz. (3 Tbsp)	½ oz. (1 Tbsp)
Cottage cheese	⅜ cup	1 oz. (2 Tbsp)
Large egg	¾ egg	½ egg
Cooked, dry beans or peas	3 oz. (6 Tbsp) (⅜ cup)	1 oz. (2 Tbsp) (⅛ cup)
Nut or seed butters	3 Tbsp	1 Tbsp
Nuts and seeds	¾ oz. (1 ½ Tbsp)	½ oz. (1 Tbsp)
Yogurt	¾ cup (6 oz.)	¼ cup (2 oz.)

Rationale

Why are meats and meat alternates important?

- Meats, beans, and eggs offer protein and other nutrients such as zinc, iron, and B vitamins.
- Protein supplies amino acids that build, repair and maintain body tissues.
- Nuts, nut butters and seeds are good sources of unsaturated fat, which promotes cardiovascular health.
- Dairy foods (e.g., cheese and yogurt) are good sources of protein and calcium.

General Guidance

Role Modeling

From infancy, children learn through their interactions with parents/guardians and early care and education providers. Young children naturally want to follow the actions and behaviors of the adults in their lives. Working with children and families every day gives you a unique opportunity to influence positive health behaviors. You can do many things to help children develop healthy eating and physical activity habits, and being a good role model is where it begins. Remember that children observe the behaviors of adults in their life and from this form an understanding of which foods to eat and which to reject. Comments about food should be phrased in an authoritative and positive manner. Mealtime is a great way to help children develop positive attitudes about healthy foods, learn appropriate mealtime behavior, and improve communication skills. Use the following tips to help you model healthy habits:[15]

- Eat healthy foods together. Let children see you enjoying fruits, vegetables and whole grains at meals and snack time.
- Be willing to try new foods with the children. Children will be more inclined to taste an unfamiliar food if a trusted adult is eating it also. Compare experiences and talk about how the food looks, smells, and tastes.
- Make positive comments about healthy eating—encourage children to taste all foods, especially new ones!
- Always praise children when they eat their fruits and vegetables or at least give them a try. Praise serves as positive reinforcement and makes it more likely that kids will repeat this behavior again in the future.
- Adopt *family-style dining*, in which all food is placed in serving bowls on the table and children are encouraged to serve themselves alone or with help from an adult. This helps children think about their own hunger and fullness cues and learn how to make healthy choices. It's also a great time to teach children about appropriate serving sizes and encourage them to try unfamiliar foods. The Child and Adult Care Food Program (CACFP) also recognizes family-style dining as a mealtime best practice!

- Make meals and snack time positive, cheerful and unhurried events. Children should learn to chew their food completely. Our bodies need time to realize that they've had enough to eat, and this is especially true for children's growing bodies. Modeling these behaviors and taking time to enjoy a leisurely meal teaches children the importance of mealtime and proper nutrition.
- When eating with children, make sure you're consistent in your messages by eating only what the children are served. Children are quick to pick up when something isn't "fair," so don't create a double standard.
- Seize the teachable moments during meals and snack time. Instead of watching TV while eating, engage children in conversation about healthy habits. Discuss where the foods you're eating come from and why they're good for both adults and kids.
- Allow children to observe you choosing healthy foods over less nutritious alternatives (e.g., sweets and high-fat snacks). Then tell them why you chose the apple over the cookie or brownie.

Research shows that children have adopted family eating habits by age 2 so make those early experiences healthy!

Family Style Dining

Family Style Dining is a meal service approach that early care and education programs implement to support children in developmentally appropriate mealtime experiences. All foods that meet the meal pattern requirement are placed on the table where children and adults sit together to share the meal. Children are encouraged to serve themselves independently or with adults' help. Using family-style dining in your early care and education program supports independence, social skills, healthy eating and more. Children who are given the opportunity to actively participate in mealtime learn and practice important skills like passing and serving food and drinks, table manners, preparing for meals and taking turns cleaning up. If you participate in the Child and Adult Care Food Program (CACFP), family-style dining is encouraged and is considered a mealtime best practice! Use the below guidance to plan for family-style dining in your program.

Mealtime Routine Sample

1. Call for helpers — children with daily jobs
2. Transition activity — song
3. Bathroom and hand wash break
4. Children sit at the table as the food is placed on the table
5. Teachers sit and eat with children
6. Children and teachers clean up
7. Transition — children choose quiet books or puzzles as others finish eating

Family-Style Mealtime Checklist

Mealtime routine

- ☐ Teachers' routines allow for food to be prepared and ready at the designated mealtime.

Child-size bowls and serving utensils

- ☐ Food is served in child-size bowls that children can lift and pass.
- ☐ Serving bowls are of appropriate material so they do not conduct heat and are not too hot to pass. Small pitchers that hold 1-4 cups are used.
- ☐ Small size scoops, one-piece plastic tongs, and short-handled hard plastic serving spoons are used. Serving utensils should align with serving size recommendations for age and food group.

Mealtime expectations to review with children

- ☐ We eat together at the table.
- ☐ We all come to the table at the same time.
- ☐ We wait until everyone is ready before we begin our meal.
- ☐ We serve ourselves and pass food to each other.
- ☐ We use inside voices.

Passing food practice for children

- ☐ Pass with both hands.
- ☐ Keep food over the table when passing it.
- ☐ Hold the bowl by the side to keep fingers out of food.

Serving utensils practice for children:

Try this for a small group activity or set up a learning center in classroom

- ☐ Practice with scoops, tongs, and short-handled hard plastic serving spoons.

Pouring practice for children:

Set up a water table or learning center for practice in classroom

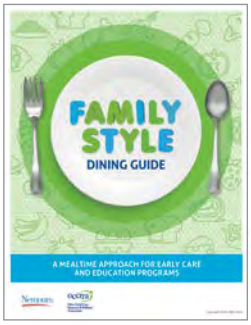
- ☐ Pretend practice.
- ☐ Practice with dry items such as sand or beans.
- ☐ Practice with water.
- ☐ Practice with water and pouring into child-size cups.

Cleanup practice for children:

Try this in dramatic play or as a small group activity

- ☐ Pretend cleanup with sponge or cloth.
- ☐ Pretend floor cleanup with mini-mop or cloth.
- ☐ Practice cleanup of table and floor with water.

Family Style Dining Guide



This guide and toolkit bring together current information on implementing Family Style Dining, and offer a step-by-step approach in preparing the children, adults, families and the ECE program for Family Style Dining. The guide is helpful for programs wishing to start Family Style Dining as well as those looking to advance their dining practices.. Each of the three sections, Program Ready, Adult Ready and Child Ready, detail specific concepts, practices and responsibilities that address the unique needs of everyone involved in serving meals and snacks family style. A reader can start with the section that aligns to their roles and is encouraged to read all of the sections to get the "big picture" of Family Style Dining.

The guide can be accessed at healthykidshealthyfuture.org/links/family-style-dining-now-available/

Responsive Feeding[6]

What is Responsive Feeding?

Responsive feeding is a key feature of responsive caregiving, involving a serve and return or back and forth interaction between child and caregiver. The steps of responsive feeding are:

- The child signals hunger and fullness through body movements, facial expressions, or making sounds.
- The caregiver recognizes the cues and responds promptly in a way that is emotionally supportive, developmentally appropriate, centered on the signal she/he observed.
- The child learns that caregivers will respond in a specific way, based on the different cues the child gives.

What is the caregiver role in Responsive Feeding?

- Recognize the child's cues of hunger and fullness.
- Respond in a prompt, emotionally supportive and appropriate manner.
- Ensure the feeding environment is relaxed and pleasant.
- Serve developmentally appropriate foods that are healthy.
- Offer foods on a predictable schedule. For infants, timing will be more individualized. For toddlers and older children timing will be more structured to support group meals.

What is the child's role in Responsive Feeding?

- The child decides whether to eat or not, which foods to eat and how much to eat.

Why is Responsive Feeding important?

The first two years of life are an important period for children to learn to accept and like healthy foods. Responsive feeding gives children the opportunity to notice, understand, and trust their bodies' cues. Consistent experiences with responsive feeding help children build the skills they need to self-regulate food intake, which may help to prevent obesity. A responsive feeding approach gives children the opportunity to learn how to:

- Listen to their body's signals of hunger and fullness.
- Develop self-control regarding how much food they will eat.
- Build feeding skills such as picking up foods or using utensils.
- Actively participate in meal and snack times.
- Effectively communicate their needs and learn that these needs will be met.

Non-responsive feeding occurs when the caregiver does not correctly read and respond to the child's feeding cues of hunger or fullness. There is a lack of positive back and forth interactions between the caregiver and the child. This can happen in the following ways.

- The caregiver controls the pace of feeding and/or does not allow self-feeding.
- The caregiver pressures the child to eat, or excessively encourages finishing a bottle, possibly overriding the child's internal hunger and fullness cues.
- The child controls the situation leading to indulgence. An example of indulgence would be if a child refuses to eat a meal, and a caregiver responds by giving them something else to eat, like a cookie.
- The caregiver ignores the child and becomes uninvolved.

Non-responsive feeding can lead to the development of poor dietary habits.

What does responsive feeding look like with a bottle fed baby?

- The baby demonstrates hunger cues.
- The caregiver holds the child against their body so he/she is almost upright. This position allows the baby to look into the caregivers face and promotes communication.
- A slow flow nipple is used on the bottle. This type nipple better allows the baby to control the pace of the feeding.
- The caregiver holds the bottle almost horizontal, not straight up and checks to see that there is milk in the nipple before touching the nipple across the baby's upper lip.
- The caregiver watches for a response from the baby such as the head tilting slightly back and the mouth opening indicating the baby is ready to feed.
- The caregiver then allows the baby to lead the feeding pace. This includes watching the babies breathing pattern and taking pauses in the feeding to allow the baby to burp and catch his or her breath.
- The caregiver interacts with the child during the feeding and switches arms promoting the use of both eyes during the course of the feeding.
- The baby demonstrates fullness cues and the caregiver acknowledges and does not encourage the baby to finish the bottle.

You can find the Nemours Responsive Feeding Module at
https://healthykidshealthyfuture.org/5-healthy-goals/nurture-healthy-eaters/resources/feeding-course/

Picky Eaters

It is natural for children to be cautious with new foods. Children learn to like new foods by seeing them repeatedly at meals and snacks. It can take up to 10–15 tries—actually putting the food in their mouths—before they may come to like it. Some children are especially cautious about trying new foods, while others use food as a way to be in control.

Use these strategies to create a positive eating environment and minimize struggles when trying new foods:

For infants

- Don't be discouraged by a frown. Infants naturally prefer salty and sweet tastes, so for some fruits and vegetables it may take up to 10–15 tries for a baby to accept the new food. Don't give up.

For toddlers and older children

- Offer new foods regularly. This helps children become accustomed to the experience of a new food. Incorporate the new food into the mealtime conversation by asking questions such as What color is it? Is it sweet, salty or spicy? Is it crunchy?
- Practice Family Style Dining. During family style meals in ECE, adults with children, eat the same food as children, support a pleasant meal environment and role model. All of which can support a child in trying new foods.
- Serve foods in interesting and attractive ways. Pleasant sensory experiences like in the visual appearance and smell of foods can encourage tasting new foods. For example, cut a food into fun and easy shapes with cookie cutters or prepare the food in multiple ways using different herbs and seasonings (ex. carrots can be served raw with a healthy dipping sauce, roasted with garlic to be savory, or roasted with cinnamon to be a bit sweet).
- Name a food something fun like "x-ray vision carrots" or "ants on a log." If children helped to prepare the food, ask for suggestions of what they'd like to name it.
- Always offer healthy foods or create a policy that requires parents to provide well-balanced meals that align with MyPlate and/or Child and Adult Care Food Program (CACFP) meal patterns.
- Avoid rewarding good behavior or a clean plate with foods of any kind. Especially avoid forcing a child to finish the "healthy foods" to get to his dessert or sweets—this can make the healthy food seem like punishment and force the child to eat when he is full.

- Offer desserts rarely so children do not expect them at every meal. When children come to expect dessert, they may not eat the healthier foods or they may see desserts as a reward for eating healthy food. By not having dessert as a regular option, you minimize this struggle.
- Before introducing a new food on the menu, considering classroom experiences with the food such as taste-tests or sensory activities.. This engagement creates familiarity which can increase the likelihood that they will try the new food. .Remember, it can take 10–15 tries for a child to accept a new food therefore repeated exposure might be necessary.
- Offer food in multiple forms. Varying the shape and texture of foods can increase interest. For example, watermelon can be eaten by the slice or diced and included in salads. Carrots can be baked or served chilled plain or with a dip.
- Experiment with preparation. For example, add flavor via herbs and spices (lemon juice, garlic, rosemary, cinnamon), cutting foods into fun/wacky shapes.

Did you know? The USDA offers a free handout with healthy tips for picky eaters. Visit https://choosemyplate-prod.azureedge.net/sites/default/files/printablematerials/HealthyTipsforPickyEaters_031418_508.pdf!

Choking Hazards and Allergy Warning

The following foods are considered choking hazards for children **under four years of age** if served whole or in chunks. Use these simple changes to make them safe options. Some foods cannot be safely altered, so it's recommended they not be served at all.

Choking Hazard	Make It Safe By…
Nuts and seeds	Chopping finely; serving chopped or ground in prepared foods
Hot dogs	Cutting in quarters lengthwise, then cut into smaller pieces
Whole grapes	Cutting in half lengthwise
Raisins	Cooking in food
Chunks of meat or cheese	Chopping finely
Hard fruit chunks (like apples)	Chopping finely, cutting into thin strips, steaming, mashing, or pureeing
Raw vegetables	Chopping finely, cutting into thin strips, steaming, mashing, or pureeing
Peanut butter	Spread thinly on crackers or mix with applesauce and cinnamon and spread thinly on bread
Choking Hazard	**DO NOT SERVE**
Dried fruits or vegetables	Do not serve
Popcorn	Do not serve

Be sure all foods are cut into bite-size pieces, steamed or mashed. Encourage chewing completely before swallowing to ensure safety.

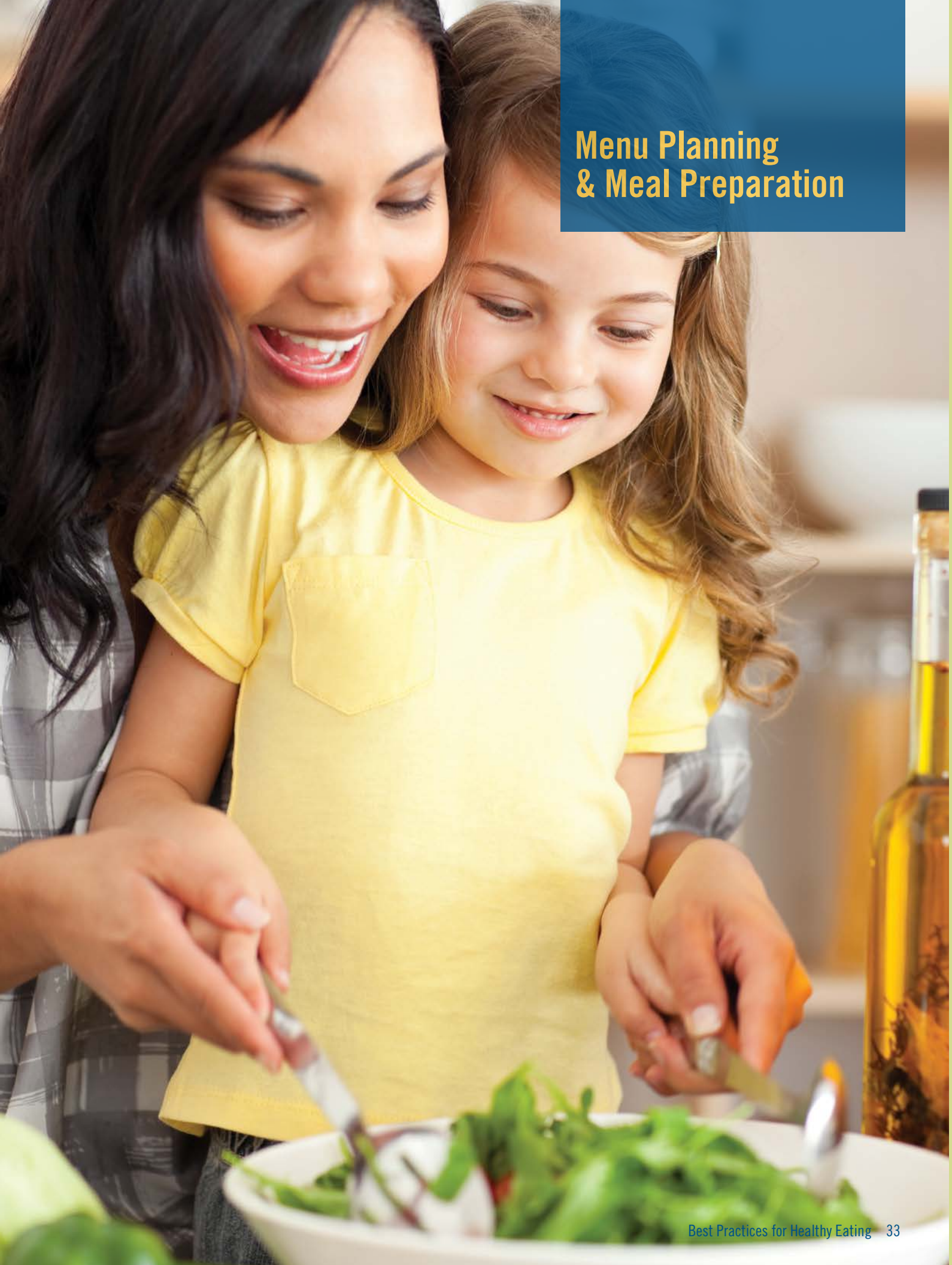
Food Allergies

Because food allergies are common in children, it is important to be aware of the ingredients in all foods before serving. The eight most common allergens are

- Milk
- Eggs
- Peanuts*
- Tree nuts*
- Fish
- Shellfish
- Soy
- Wheat

*Note: Tree nuts, peanuts and nut butters are excellent sources of protein and healthy fats for growing children, are reimbursable meat alternate options and are strongly encouraged, if feasible for your program.

If a child has a food allergy, a doctor's note must be kept on file stating the allergy and any appropriate substitutions. Be sure to speak with all parents/guardians about children's food allergies. If allergies are severe, ask for a list of foods their child is permitted to eat.



Menu Planning & Meal Preparation

How to Read a Food Label

Understanding and Using the Nutrition Facts Label

The Nutrition Facts Label found on packaged foods and beverages is your daily tool for making informed food choices that contribute to healthy lifelong eating habits. Explore it today and discover the wealth of information it contains!

Serving Size

Serving Size is based on the **amount of food that is customarily eaten** at one time. All of the nutrition Information listed on the Nutrition Facts Label is based on **one serving** of the food.

- When comparing calories and nutrients in different foods, check the serving size in order to make an accurate comparison.

Servings Per Container

Servings Per Container shows the **total number of servings** in the entire food package or container. One package of food may contain more than one serving.

- If a package contains *two servings* and you eat the entire package, you have consumed *twice the amount of calories and nutrients* listed on the label.

Calories

Calories refers to the **total number of calories**, or "energy," supplied from all sources (fat, carbohydrate, protein, and alcohol) in one serving of the food. To achieve or maintain a healthy weight, balance the number of calories you consume with the number of calories your body uses.

As a general rule:
100 calories per serving is **moderate**
400 calories per serving is **high**

Calories from Fat

Calories from Fat are *not* additional calories, but are **fat's contribution to the total number of calories** in one serving of the food.

- "Fat-free" doesn't mean "calorie-free." Some lower fat food items may have as many calories as the full-fat versions.

% Daily Value

Percent Daily Value (%DV) shows **how much of a nutrient** is in one serving of the food. The %DV column doesn't add up vertically to 100%. Instead, the %DV is the percentage of the Daily Value (the amounts of key nutrients recommended per day for Americans 4 years of age and older) for each nutrient in one serving of the food.

As a general rule:
5% DV or less of a nutrient per serving is **low**
20% DV or more of a nutrient per serving is **high**

Nutrients

The Nutrition Facts Label can help you learn about and compare the **nutrient content** of many foods in your diet. Use it to choose products that are lower in nutrients you want to get less of and higher in nutrients you want to get more of.

Nutrients to get less of – get less than 100% DV of these nutrients each day: saturated fat, *trans* fat, cholesterol, and sodium. (Note: *trans* fat has no %DV, so use the amount of grams as a guide)

Nutrients to get more of – get 100% DV of these nutrients on most days: dietary fiber, vitamin A, vitamin C, calcium, and iron.

Nutrition Facts
Serving Size 1 package (272g)
Servings Per Container 1

Amount Per Serving	
Calories 300	Calories from Fat 45
	% Daily Value*
Total Fat 5g	**8%**
Saturated Fat 1.5g	**8%**
Trans Fat 0g	
Cholesterol 30mg	**10%**
Sodium 430mg	**18%**
Total Carbohydrate 55g	**18%**
Dietary Fiber 6g	**24%**
Sugars 23g	
Protein 14g	
Vitamin A	80%
Vitamin C	35%
Calcium	6%
Iron	15%

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

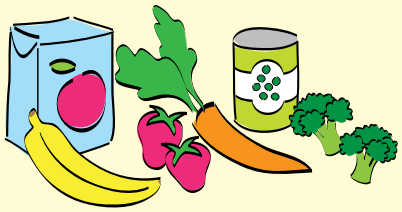
	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Saturated Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Footnote with Daily Values

Some of the %DVs are based on a **2,000 calorie daily diet**. However, your Daily Values may be higher or lower depending on your calorie needs, which vary according to age, gender, height, weight, and physical activity level. Check your calorie needs at http://www.choosemyplate.gov.

- If there is enough space available on the food package, the Nutrition Facts Label will also list the **Daily Values** and **goals** for some key nutrients. These are given for both a 2,000 and 2,500 calorie daily diet.

http://www.fda.gov/nutritioneducation



Action Steps
For a Healthy Diet

Fruits

- [ ] Consume at least half of your daily fruit choices as whole fruits (such as fresh, frozen, cooked, dried, or canned in 100% fruit juice).
- [ ] Choose 100% fruit juice instead of sugar-sweetened beverages (such as energy drinks, flavored waters, fruit drinks, soft drinks, and sports drinks).
- [ ] Try fruit as snacks, salads, side dishes, and desserts.

Vegetables

- [ ] Eat more colorful vegetables (such as fresh, frozen, canned, and dried) and 100% vegetable juices.
- [ ] Buy frozen (without butter or sauce) or low sodium or no-salt-added canned vegetables.
- [ ] Try vegetables as snacks, salads, and side dishes and incorporate vegetables into main dishes.

Grains

- [ ] Consume at least half of your total grain choices as whole grains (such as whole wheat, whole oats, and brown rice). Whole grains are a source of important vitamins and minerals and are typically high in fiber, too.
- [ ] Switch from refined to whole grain versions of commonly consumed foods (such as breads, cereals, pasta, and rice).
- [ ] Limit refined grains and productsmade with refined grains, especially those high in calories, saturated fat, added sugars, and/or sodium (such as cakes, chips, cookies, and crackers).

Dairy

- [ ] Substitute fat-free (skim) or low-fat (1%) dairy products (such as cheese, milk, and yogurt), or fortified soy beverages for regular/full-fat (whole) dairy products.
- [ ] Limit dairy desserts, especially those high in calories, saturated fat, and added sugars (such as ice cream, other frozen desserts, and puddings).

Protein

- [ ] Eat a variety of protein foods, such as beans and peas, eggs, fat-free (skim) or low-fat (1%) dairy products, lean meats and poultry, seafood (fish and shellfish), soy products, and unsalted nuts and seeds.
- [ ] Choose seafood and plant sources of protein (such as beans and peas, soy products, and unsaltednuts and seeds) in place of some meats and poultry.
- [ ] Add beans or peas to salads, soups, and side dishes, or serve them as a main dish.
- [ ] Snack on a small handful of unsalted nuts or seeds rather than chips or salty snack foods.

Saturated Fat, Sodium, and Sugars

- [ ] Choose fresh meats, poultry, and seafood, rather than processed varieties.
- [ ] Switch from stick margarine to soft margarine (liquid, tub, or spray).
- [ ] Look for light, low sodium, reduced sodium, or no-salt-added versions of packaged foods, snacks, and condiments, when available.
- [ ] Limit desserts, savory snacks, and sweets (such as cakes, chips, candies, cookies, crackers, ice cream, and microwave popcorn).
- [ ] Consume smaller portions of foods and beverages that are higher in saturated fat, sodium, and sugars, or consume them less often.

Helpful Meal Preparation Tips

- Try baking, broiling, grilling, or steaming. These cooking methods do not add extra fat.
- Trim or drain fat from meats before or after cooking and remove poultry skin before cooking or eating.
- Cook and bake with liquid oils (such as canola and olive oil) instead of solid fats (such as butter, lard, and shortening).
- Prepare your own food when you can and limit packaged sauces, mixes, and “instant” products (including flavored rice, instant noodles, and ready-made pasta).
- Limit the amount of salt and sugar you add when cooking, baking, or eating.
- Flavor foods with herbs and spices and no-salt seasoning blends instead of salt.
- Rinse sodium-containing canned foods, such as tuna, vegetables, and beans before eating.
- When eating out, ask how your food is being prepared. You can also request to see nutrition information, which is available in many chain restaurants.

FDA http://www.fda.gov/nutritioneducation

Tips for Transitioning Kids to Healthier Foods

Many young children are picky eaters and prefer to eat simple, familiar foods. However, childhood is an important time that shapes food preferences and lifelong health habits. As an early care and education provider, you have the unique opportunity to introduce children to a variety of nutritious foods to make sure they grow up strong and healthy. While you may encounter small challenges along the way, the tips below for transitioning kids to healthier foods are sure to make the task less daunting.

- Transition foods after a summer, winter or spring break. Children are less likely to notice a difference if they've been away for awhile.
- Transition to new foods or ingredients gradually. For children 2 years and older, slowly transition them from whole milk to fat-free milk. First serve 2% for a few weeks, then 1% (low-fat), before finally arriving at fat-free milk. You can also try mixing whole and fat-free and gradually reducing the amount of whole milk as kids adjust to the taste.
- Be sure to introduce only one new food at a time and allow kids to adjust to the change.
- Introduce new foods in fun and creative ways. For example, freeze small batches of mixed chopped fruit in small cups or ice cube trays, add a stick, and voilà – a delicious frozen treat that kids are sure to enjoy!
- Involve children in preparing meals and snacks created from new foods they are learning about. Children are more likely to try and enjoy food that they have helped prepare.
- Teach children where the food they're eating comes from. This may be comforting for picky eaters and allows them to learn about how food is made or grown. Talk about the food with children during mealtime, and encourage them to share how they like it.
- Introduce new foods outside of mealtime before they are included on the menu. New foods can be introduced through books, pictures, sensory activities, cooking activities or taste testings. If introducing a fruit or vegetable, bring it into the classroom and discuss the shape, size, color, texture, etc.
- Always provide plenty of praise and encouragement when kids try new foods to reinforce this positive behavior. Praising children at the table who are trying the new food may encourage the more hesitant children as well.
- Jazz up favorite recipes with healthier ingredients. For example, cauliflower can be pureed and mixed in with mashed potatoes. As kids adjust to the taste, you can serve cauliflower on its own.

For lots of free and kid-tested healthy recipe ideas that can be adjusted by the size of the center, visit the Institute for Child Nutrition (ICN) Child Nutrition Recipe Box! https://theicn.org/cnrb/recipes-for-child-care/

The New and Improved Nutrition Facts Label – Key Changes

The U.S. Food and Drug Administration has finalized a new Nutrition Facts label for packaged foods that will make it easier for you to make informed food choices that support a healthy diet. The updated label has a fresh new design and reflects current scientific information, including the link between diet and chronic diseases.

1. Servings

The number of "servings per container" and the "Serving Size" declaration have increased and are now in larger and/or bolder type. Serving sizes have been updated to reflect what people actually eat and drink today. For example, the serving size for ice cream was previously 1/2 cup and now is 2/3 cup.

There are also new requirements for certain size packages, such as those that are between one and two servings or are larger than a single serving but could be consumed in one or multiple sittings.

2. Calories

"Calories" is now larger and bolder.

3. Fats

"Calories from Fat" has been removed because research shows the type of fat consumed is more important than the amount.

4. Added Sugars

"Added Sugars" in grams and as a percent Daily Value (%DV) is now required on the label. Added sugars includes sugars that are either added during the processing of foods, or are packaged as such (e.g., a bag of table sugar), and also includes sugars from syrups and honey, and sugars from concentrated fruit or vegetable juices. Scientific data shows that it is difficult to meet nutrient needs while staying within calorie limits if you consume more than 10 percent of your total daily calories from added sugar.

Current Label

Nutrition Facts

Serving Size 2/3 cup (55g)
Servings Per Container About 8

Amount Per Serving

Calories 230	Calories from Fat 72
	% Daily Value*
Total Fat 8g	**12%**
Saturated Fat 1g	**5%**
Trans Fat 0g	
Cholesterol 0mg	**0%**
Sodium 160mg	**7%**
Total Carbohydrate 37g	**12%**
Dietary Fiber 4g	**16%**
Sugars 12g	
Protein 3g	
Vitamin A	10%
Vitamin C	8%
Calcium	20%
Iron	45%

* Percent Daily Values are based on a 2,000 calorie diet. Your daily value 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
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

New Label

Nutrition Facts

1 8 servings per container
Serving size 2/3 cup (55g)

2 **Amount per serving**
Calories 230

	% Daily Value*
3 **Total Fat** 8g	**10%**
Saturated Fat 1g	**5%**
Trans Fat 0g	
Cholesterol 0mg	**0%**
Sodium 160mg	**7%**
Total Carbohydrate 37g	**13%**
Dietary Fiber 4g	**14%**
Total Sugars 12g	
4 Includes 10g Added Sugars	**20%**
Protein 3g	
5 Vitamin D 2mcg	10%
Calcium 200mg	15%
Iron 8mg	45%
Potassium 235mg	6%

6 * The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

5. Nutrients

The lists of nutrients that are required or permitted on the label have been updated. Vitamin D and potassium are now required on the label because Americans do not always get the recommended amounts. Vitamins A and C are no longer required since deficiencies of these vitamins are rare today. The actual amount (in milligrams or micrograms) in addition to the %DV must be listed for vitamin D, calcium, iron, and potassium.

The daily values for nutrients have also been updated based on newer scientific evidence. The daily values are reference amounts of nutrients to consume or not to exceed and are used to calculate the %DV.

6. Footnote

The footnote at the bottom of the label has changed to better explain the meaning of %DV. The %DV helps you understand the nutrition information in the context of a total daily diet.

Transitioning to the New Label

Manufacturers still have time to begin using the new and improved Nutrition Facts label, so you will see both label versions for a while. However, the new label is already starting to appear on products nationwide.

For more information about the new Nutrition Facts label, visit:
www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/LabelingNutrition/ucm385663.htm

January 2018

Choosing Healthy Options in Each Food Group

Planning a menu can be hard. Trying to find foods that meet recommendations and your budget is a challenging task! Use the suggestions below to choose healthy options from each food group when planning menus:

Food Component	Healthy Options
Grains and Breads	■ Whole grain bread (rolls, breadsticks) ■ Whole grain pita ■ Whole grain mini-bagels ■ Whole grain English muffins ■ Whole grain pancake or waffle mix ■ Whole grain or corn tortillas ■ Brown rice ■ Whole grain couscous ■ Oatmeal ■ Low sugar cereal (less than 6 grams of sugar per serving) ■ Rice cakes ■ Whole grain crackers ■ Graham crackers ■ Baked tortilla or corn chips ■ Pretzels
Meat & Meat Alternates	■ Lean and very lean ground meats (80–95% lean) ■ Lean and very lean ground chicken or turkey (80–95% lean) ■ Lean cuts of beef, ham, lamb, pork or veal ■ Boneless, skinless chicken and turkey ■ Fish (e.g., salmon, trout, flounder, tilapia, tuna or cod) ■ Canned tuna packed in water ■ Tofu, Tempeh ■ Real cheeses (e.g., cheddar, provolone, parmesan, Gouda, mozzarella, Swiss or ricotta) ■ Low-fat real cheeses (e.g., cheddar, provolone, parmesan, Gouda, mozzarella, Swiss or ricotta) ■ Cottage cheese (low-fat or fat-free) ■ Yogurt (low-fat or fat-free, plain or flavored with less than 23 grams of sugar per 6 ounces) ■ Nuts and seeds ■ Beans ■ Hummus ■ Eggs
Fruits and Vegetables	■ Fresh—See the “Seasonal Fruits and Vegetables List” for fresh suggestions ■ Canned fruit in 100% juice or water (if in syrup, drained and rinsed) ■ Canned vegetables without added salt or fat ■ Frozen fruits and vegetables without added salt, sugar or fat ■ Unsweetened or no sugar added applesauce ■ Salsa
Milk	■ Unflavored 1% (low-fat) ■ Unflavored fat-free } For children age two and older

Seasonal Fruits & Vegetables[16]

Fresh fruits and vegetables are a delicious, healthy part of meals and snacks. Fruits and vegetables taste better when purchased during their natural growing season. The chart below shows which fruits and vegetables grow best in the fall, winter, spring, and summer. When preparing food at your program, keep this list in mind and use seasonally-appropriate ingredients to save money. If a recipe calls for a vegetable that is not in season, replace it with one from this chart that is. You can also use this chart to teach children about different fruits and veggies!

Fall	Winter	Spring	Summer
September, October, November	December, January, February	March, April, May	June, July, August
Apples	Avocados	Asparagus	Apricots
Broccoli	Broccoli	Avocados	Basil
Brussels sprouts	Brussels sprouts	Basil	Beans
Cabbage	Cabbage	Beans	Beets
Chinese cabbage	Chinese cabbage	Beets	Blackberries
Cauliflower	Cauliflower	Berries	Blueberries
Celery Root	Celery root	Broccoli	Boysenberries
Chicory	Chicory	Cabbage	Carrots
Cranberries	Dates	Chinese cabbage	Cherries
Cucumbers	Fennel	Cucumbers	Collards
Dates	Grapefruit	Lettuce: head or iceberg	Corn
Eggplant	Greens	Mangoes	Cucumbers
Fennel	Lemons	Okra	Dates
Grapes	Wild mushrooms	Sweet oranges	Figs
Greens	Mandarin oranges	Papayas	Grapes
Lettuce: head or iceberg	Sweet oranges	Peas	Green beans
Leaf lettuce	Pears	Chili peppers	Limes
Mushrooms	Spinach	Sweet peppers	Mangoes
Nuts	Sweet potatoes	Radishes	Melons
Okra	Tangerines	Rhubarb	Nectarines
Mandarin oranges	Turnips	Shallots	Okra
Pears		Spinach	Peaches
Chili peppers		Summer squash	Pears
Sweet peppers		Turnips	Chili peppers
Persimmons			Sweet peppers
Pomegranates			Plums
Pumpkin			Raspberries
Quince			Summer squash
Shallots			Tomatoes
Spinach			Watermelon
Winter squash			
Star Fruit			
Sweet potatoes			
Turnips			

Healthy Food Substitutions

Making your menu healthier doesn't always require big changes. It can be easy! Adjusting just one or two ingredients can reduce the fat and sugar content of most meals and snacks. More importantly, many substitutions are so subtle that children won't even notice a difference! Changing the way food is prepared, like switching from frying to baking, is also an effective and simple way to cut calories and fat (see next section: *Healthy Cooking Methods*).

Use the chart below for ideas on healthy substitutions. It organizes foods into categories by the Child and Adult Care Food Program (CACFP) food components. Please note that many of the foods in the first column are not reimbursable and/or do not meet recommendations. While most foods in the second column are reimbursable, some—such as those in the "Condiments" section—are not. You may even find that some healthier options are less expensive than their less healthy counterparts. Either way, switching to healthier ingredients will greatly benefit the health and well-being of the children in your care!

Instead of this…	Try this healthier option!
MILK	
Whole milk or 2% milk	■ Fat-free or 1% (low-fat) milk [for cooking/baking and children aged two and older]
GRAINS & BREADS	
White bread	■ Whole grain bread, pita, roll, etc.
White rice	■ Brown rice
Bagel	■ Whole grain mini bagel
Flour tortilla	■ Corn or whole grain tortilla
Pasta	■ Whole grain pasta
Croissant	■ Whole grain roll, English muffin or mini-bagel
Sugary boxed cereal	■ Whole grain boxed cereal with at least 3 grams of fiber and no more than 6 grams of sugar per serving
Instant sweetened oatmeal	■ Plain instant oats with fruit and/or finely chopped nuts
VEGETABLES	
Adding salt to flavor cooked vegetables	■ A mixture of herbs or spices like garlic powder, onion powder, oregano, basil, lemon pepper, etc.
Creamy sauces	■ Lemon juice
FRUITS	
Fruit pie	■ Baked fruit with raisins
Fruit canned in heavy syrup	■ Fruit canned in 100% juice or water (if canned in syrup, drained and rinsed)
Dried fruit, sweetened	■ Dried fruit, unsweetened (for children aged four years and older) ■ Fresh fruit, fruit canned in 100% juice or water (if canned in syrup, drained and rinsed)
French fries	■ Oven baked potato or sweet potato wedges with skin intact

Instead of this…	Try this healthier option!
MEATS & MEAT ALTERNATES	
Ground beef	■ Lean and very lean ground beef (90% lean or greater) ■ Lean ground turkey or chicken ■ Tofu
Bacon	■ Baked turkey, chicken or pork strips ■ Turkey bacon ■ Spiral ham
Sausage	■ Lean ground turkey ■ 95% fat-free sausage ■ Lean turkey sausage ■ Soy sausage links or patties
Chicken nuggets	■ Baked chicken breast
Fish sticks	■ Baked fish fillets
Cheese	■ Reduced-fat, part-skim, low-fat, or fat-free cheese
Yogurt	■ Low-fat or fat-free yogurt
Ice cream	■ Low-fat or fat-free frozen yogurt ■ Low-fat or fat-free ice cream ■ Frozen fruit juice products or sorbet
Cream cheese	■ Low-fat or fat-free cream cheese
CONDIMENTS *Please note that most condiments are not reimbursable*	
Whipped cream	■ Chilled, whipped evaporated skim milk ■ Nondairy, fat-free or low-fat whipped topping made from polyunsaturated fat ■ Low-fat or fat-free yogurt
Mayonnaise	■ Fat-free or low-fat mayonnaise ■ Fat-free or low-fat salad dressing, whipped ■ Fat-free or low-fat yogurt, plain
Salad dressing	■ Fat-free or low-fat commercial dressings ■ Homemade dressing made with unsaturated oils, water, and vinegar, honey or lemon juice
Sour cream	■ Fat-free or low-fat sour cream ■ Fat-free or low-fat yogurt, plain ■ ½ cup fat-free or low-fat cottage cheese blended with 1½ tsp lemon juice
Vegetable dips, commercial	■ Hummus ■ Low-fat or fat-free plain yogurt
SOUPS	
Cream soups, commercial	■ Broth-based or skim milk-based soups, commercial ■ Fat-free or low-fat cream soups, commercial
Cream or whole milk in soups or casseroles	■ Pureed vegetables ■ Evaporated skim milk
BAKING & COOKING	
Evaporated milk	■ Evaporated skim milk
Butter, margarine or oil to grease pan	■ Cooking spray or a tiny amount of vegetable oil rubbed in with a paper towel
Butter or oil in baked goods	■ Natural applesauce for half of butter, oil or shortening
Refined, all-purpose flour	■ Half whole wheat flour, half all-purpose flour
Sugar	■ Reduce the amount by half and add spices like cinnamon, cloves, all-spice or nutmeg
Salt	■ Reduce the amount by half (unless it's a baked good that requires yeast) ■ Herbs, spices, fruit juices or salt-free seasoning mixes

Healthy Cooking Methods

Preparation and cooking methods make a big difference in determining the nutritional value of a recipe. Use the following easy cooking methods to make everyday dishes healthier.

1. **Baking** – Baking can be used for almost any type of food including meat, fruits and vegetables, mixed dishes (i.e., casseroles) and baked goods such as bread. Place the food in a dish, either covered or uncovered, and allow the hot air from the oven to cook it.
2. **Braising** – Cooking slowly in a covered container with a small amount of liquid or water. The cooking liquid may be used for a sauce.
3. **Broiling** – Cooking meats, poultry, seafood, or vegetables by placing on a broiler rack in the oven below the heat, allowing fat to drip away.
4. **Grilling** – Cooking foods over direct heat on a grill, griddle or pan. Fat can be removed as it accumulates.
5. **Microwaving** – Microwaving can be a fast and easy way to cook food if it is done correctly. Loosen the lid or wrap so that steam can escape. Stir or rotate the food mid-way through cook time so that it is evenly cooked.
6. **Poaching** – Cooking delicate foods like eggs or fish either partially or completely in liquid (such as water or broth) at temperature between 140° and 180°F.
7. **Roasting** – Cooking meat, poultry, and seafood larger than single portions by dry heat, uncovered in an oven. It is a great way to use marinades, herbs and spices.
8. **Sautéing** – Sautéing is a good method for vegetables that are tender and high in moisture such as mushrooms, tomatoes and zucchini. The ingredients are cooked in a small amount of oil or margarine at a very high heat until tender.

9. **Steaming** – A great, healthy way to cook vegetables that produces little to no loss in flavor or moisture. Cut into small, even-size pieces. Fill a pot or pan with 1–2 inches of water or broth, set to medium-high heat, and wait until liquid begins to produce steam. Add the vegetables, cover, and let the steam surround and cook the vegetables. Generally, vegetables are done steaming when they become slightly soft (yet still crunchy) and vibrant in color. To enhance taste, seasoning (e.g., herbs, chicken stock) can be added to the water.
10. **Stir-frying** – Cooking quickly over very high heat in a wok or skillet. Cut all ingredients the same size so that they cook evenly. With a small amount of vegetable or canola oil, keep the food in constant motion by stirring and tossing. Great for large or small batches of meats, seafood, vegetables (fresh, frozen, or precooked) combinations.

Did you know? CACFP has a free worksheet about how to use healthy cooking methods in your program! Visit https://fns-prod.azureedge.net/sites/default/files/resource-files/CACFPWorksheetMethodsHealthyCooking.pdf to learn more!

Engaging Children in the Kitchen

Involving children in meal preparation is an easy way to encourage their growing independence and help them get excited about trying new foods! Children are more likely to try a new or unusual food if they helped prepare it. They will also take pride in their culinary skills and may encourage others to taste what they have made. See the list below for suggestions on age-appropriate activities.

2 year olds

- Rinsing vegetables and fruits
- Tearing lettuce or greens
- Snapping green beans
- Handing items to adult to put away (e.g., after grocery shopping)
- Throwing waste in the trash
- Wiping off tables, chairs and counters

3 year olds

All of the 2 year old activities plus:

- Adding ingredients
- Stirring
- Scooping or mashing potatoes
- Spreading peanut butter or other spreads
- Kneading and shaping dough
- Helping assemble foods (e.g., pizza)
- Naming and counting foods

4 year olds

All of the 2 and 3 year old activities plus:

- Peeling eggs and some fruits and vegetables (e.g., oranges and bananas)
- Setting the table
- Measuring dry ingredients
- Helping make sandwiches and salads
- Mashing soft fruits, vegetables and beans

5 year olds

All of the 2, 3, and 4 year old activities plus:

- Measuring liquids
- Cutting soft fruits with a plastic knife
- Cracking eggs
- Using an egg beater
- Reading a recipe out

Want to learn more about how to involve preschoolers in the kitchen? Visit https://kidshealth.org/en/parents/cooking-preschool.html

Program Policy & Supporting Program Staff

Sample Policies

Having written policies can support your work to improve children's nutrition and healthy habits in your early care and education program, and help to make positive changes sustainable. Policies should be communicated to staff and families on an annual basis. See below for some sample policies.

For Program and Staff Handbooks

Breastfeeding

At *(name of program)*, we support breastfeeding mothers and babies by:

- Providing a private, clean and comfortable place for mothers to breastfeed or express milk. Mothers are also welcome to breastfeed in classrooms or other public spaces.
- Providing refrigerator storage of breast milk and ensuring that each child's bottles are labeled with his/her name, the date, and the contents of the container.
- Training staff to appropriately handle and store breast milk.
- Feeding based on each baby's schedule as well as hunger and fullness cues.
- Timing feedings to accommodate breastfeeding mothers. For example, if they want to breastfeed baby at pick-up, we will not offer a bottle directly beforehand.
- Refraining from supplementing with formula or solid foods without parental permission.
- Displaying visual support of breastfeeding families.
- Connecting families with community support, if they desire it.
- Providing reasonable and flexible break time to accommodate associates who are breastfeeding or expressing milk.

General

At *(name of program)*, we support children's healthy eating by:[17]

- Role-modeling positive behaviors by eating only healthy foods and drinking only healthy beverages in the presence of the children.
- Providing nutrition education weekly, to teach children how to make healthy choices.
- Gently encouraging children to try healthy foods and giving praise when they do.
- Observing and responding to hunger and fullness cues.
- Serving only healthy foods and beverages that meet best practice recommendations.
- Making water clearly visible and available to children at all times, indoors and outdoors.
- Following healthy celebration guidelines.
- Providing nutrition education for our staff at every staff meeting.
- Never using food as a reward or punishment.
- Sitting with children at the table and eating the same meals and snacks.
- Encouraging, but not forcing, children to eat healthy foods.

At *(name of program)*, we support our associates' health by:

- Serving only healthy foods that meet best practice recommendations at meetings and for staff meals.
- Limiting less healthy treats to one or two options at staff celebrations.
- Ensuring that our environment (vending machines, etc.) supports healthy eating.
- Connecting staff to community resources to support healthy eating.

Did you know? The Pennsylvania Chapter of the American Academy of Pediatrics published Model Child Care Policies that you can access for inspiration! Visit http://ecels-healthychildcarepa.org/publications/manuals-pamphlets-policies/item/248-model-child-care-health-policies.html

For Family Handbooks

At *(name of program)*, we support breastfeeding mothers and babies by:

- Providing a private, clean and comfortable place for you to breastfeed or express milk. You are also welcome to breastfeed your baby in his/her classroom or other public space.
- Providing refrigerator storage of breast milk. Please be sure to label your child's bottles with his/her name, the date, and the contents of the container.
- Training staff to appropriately handle and store breast milk.
- Feeding based on your baby's schedule as well as hunger and fullness cues.
- Timing feedings based on your preference. For example, if you want to breastfeed your baby at pick-up, we will not offer a bottle directly beforehand.
- Refraining from supplementing with formula or solid foods without your permission.
- Displaying visual support of breastfeeding families.
- Connecting you with community support, if you desire it.

At *(name of program)*, we support your child's healthy food choices by:

- Role-modeling positive behaviors by eating only healthy foods and drinking only healthy beverages in the presence of the children.
- Providing nutrition education weekly, to teach children how to make healthy choices.
- Gently encouraging children to try healthy foods and giving positive reinforcement when they do.
- Observing and supporting hunger and fullness cues.
- Serving only healthy foods and beverages that meet best practice recommendations.
- Making water clearly visible and available to children at all times, indoors and outdoors.
- Following healthy celebration guidelines.
- Providing nutrition education for our staff at least one time per year.
- Not using food as a reward or punishment.
- Sitting with children at the table and eating the same meals and snacks.
- Encouraging, but not forcing, children to eat healthy foods.

Providing good nutrition for your child is a partnership. We at *(name of program)* ask for your support:[17]

- For packed meals from home, please provide:
  - Fruits and vegetables
  - Whole grain cereals, crackers, breads, pasta, etc.
  - Protein such as lean meat, skinless poultry, fish, cooked beans or peas, nut butters, eggs, yogurt or cheese.
  - Milk
- Please refrain from sending:
  - Pre-fried and highly processed meats (e.g., chicken nuggets, hot dogs, etc.)
  - Chips and similar high-fat snacks
  - Cookies, candy and similar sugary desserts
  - Sugary drinks (e.g., sodas, fruit drinks, sports drinks, etc.)
- For celebrations and holiday parties, please provide healthy foods (especially fruits and vegetables). A list of recommended age-appropriate foods will be provided.

Supporting Program Staff

Professional Development

Professional development supports early care professionals in providing high quality care to children and families. Training and technical assistance around child nutrition support the practices and environments that help children develop healthy habits. Several online modules are available.

The Healthy Kids, Healthy Future module series can be accessed on the Penn State Extension Better Kids Care website. These 5 modules support child nutrition and physical activity practices. The Better Kid Care online lessons are approved or accepted for child care professional development in many states. The website provides a map with information on if credit is accepted in your state.

https://extension.psu.edu/programs/betterkidcare/lessons

A free online module on Responsive Feeding designed for early care and education providers (Head Start and Early Head Start teachers, family child care providers, child care providers) provides content on responsive feeding best practices and implementing responsive feeding best practices in ECE settings.

https://healthykidshealthyfuture.org/5-healthy-goals/nurture-healthy-eaters/resources/feeding-course/

Program Self-Assessment and Action Planning

Self-Assessments allow early care professionals to compare their current practices to best-practice standards. Self-Assessment results can be used to identify goals and create action plans. Several self-assessments are available relating to child nutrition.

Healthy Kids, Healthy Future Child Care Quiz

This quiz is designed for early care and education (ECE) providers (child care, Head Start, Early Head Start, pre-kindergarten) in centers or homes caring for children ages birth – 5 years of age. The quiz consists of 15 best practices which meet the Healthy Kids, Healthy Future goals of:

- Serving healthy food
- Serving healthy beverages
- Encouraging more physical activity
- Limiting screen time
- Supporting breastfeeding

After completing the Healthy Kids, Healthy Future Checklist Quiz, it is time to implement action planning. Action plans keep you on track by setting goals and timelines, provide guidelines for meeting these goals, assign responsibility to someone for working on the steps, and help to monitor progress and success.

https://healthykidshealthyfuture.org/learn-more/quiz/

The Action Plan worksheet includes action steps for program staff to assist children, families, and other staff, and add to the program environment and policies.

https://healthykidshealthyfuture.org/learn-more/quiz/action-plan/

Go NAPSACC

The Nutrition and Physical Activity Self Assessment for Child Care (*Go NAPSACC*) works with child care providers to improve the health of young children through practices, policies, and environments that instill habits supporting lifelong health and well-being. Seven modules cover Breastfeeding & Infant Feeding, Child Nutrition, Infant & Child Physical Activity, Outdoor Play & Learning, Screen Time, Oral Health and Farm to ECE. Separate tools for child care homes and centers are available. Self-Assessments can be accessed at **https://gonapsacc.org/self-assessment-materials**.

Over 20 states have a state-side subscription to the *Go NAPSACC* site that allows access for all providers to the *Go NAPSACC* online tools including action planning and resources. Visit **https://gonapsacc.org/participating-states** to see if your state has subscribed and find contact information for your state-level *Go NAPSACC* representative.

Positive Eating Environment Self-Assessment for ECE Programs

The Positive Eating Environment Self-Assessment for Early Care and Education (ECE) Programs offers a brief, user-friendly way to assess basic mealtime practices. Developed by the Head Start Early Childhood Learning & Knowledge Center, this tool focuses on baseline practices. This assessment can help center-based and family child care programs that serve 3 to 5 year-olds. Staff can use this tool to evaluate the availability of healthy nutrition and mealtime environments. It can also be used for staff discussions and policy planning.

https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/positive-eating-assessment.pdf

Family Tip Sheets

Family Tip Sheet: Healthy Beverages for Infants, Toddlers and Young Children[18]

HEALTHY DRINKS. HEALTHY KIDS.

Research shows that what children drink from birth through age five has a big impact on their health – both now and for years to come. While every child is different, the nation's leading health organizations agree that for most kids, the following recommendations can help to set children on a path for healthy growth and development. As always, consult with your health care provider about your child's individual needs.

See the full guidelines and learn more at HEALTHYDRINKSHEALTHYKIDS.ORG

***NOTES:** Evidence indicates that, with the exception of fortified soy milk, many plant-based/non-dairy milk alternatives lack key nutrients found in cow's milk. Our bodies may not absorb nutrients in these non-dairy milks as well as they can from regular milk. Unsweetened and fortified non-dairy milks may be a good choice if a child is allergic to dairy milk, lactose intolerant, or whose family has made specific dietary choices such as abstaining from animal products. Be sure to consult with your health care provider to choose the right milk substitute to ensure that your child is still getting adequate amounts of the key nutrients found in milk, such as protein, calcium, and vitamin D, which are essential for healthy growth and development.

Family Tip Sheet: Healthy Eating for Infants from Birth through 5 Months

What to Feed Your Baby

- Feed your baby only either breast milk or iron-fortified formula for the first 6 months of life. Even after starting solid foods, breastfeeding and formula feeding should continue until 12 months of age. Unless breastfeeding continues, whole milk should be served after 12 months through 23 months of age.
- Starting and continuing to breastfeed can be challenging. It has benefits for both mother and baby so don't give up! If you need support or have questions, call a local lactation consultant, breastfeeding coalition, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) in your area. For help locating services in your area, call the toll-free National Women's Health Helpline at 1-800-994-9662 or visit La Leche League International's website at illi.org.
- Many infants will need to receive a daily Vitamin D supplement, which is necessary to ensure healthy bone growth and development. Ask your health care provider about the amount of Vitamin D needed for your infant.

Signs of Hunger

Babies should be fed whenever they show you they are hungry. Look for these signs:

- Rooting: a reflex in newborns that makes them turn their head toward a breast or bottle to feed
- Sucking on fingers or a fist, makes sucking noises
- Moving, licking or smacking of lips
- Fussing or crying
- Excited arm and leg movements

Signs of Fullness

It's not necessary for your baby to finish a bottle or container of food. If she shows signs that she is full and there is food left, allow her to stop eating. Look for these signs:

- Starts and stops feeding often
- Spits out or ignores the bottle or breast
- Slows down or falls asleep
- Fidgets or gets distracted easily
- Closes mouth or turns head away from bottle
- Milk begins to run out of the baby's mouth

How Much to Feed Your Baby

Understand your role and your baby's role at mealtimes. Your job is to offer breast milk or formula when your baby displays hunger cues and to create a pleasant feeding interaction; your baby's job is to decide how much to eat.

Ask a registered dietitian, a specialist with the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), or your healthcare provider if you have any questions about feeding your baby.

How Much to Feed Your Baby	
If breastfeeding	On demand
If iron-fortified infant formula*	4 – 6 fluid ounces per feed
Daily Formula Feeding Amounts by Age*	
1 month	14 – 20 fluid ounces per day
2 months	20 – 28 fluid ounces per day
3 months - 5 months	26 – 32 fluid ounces per day

* Formula intake should be adequate to support appropriate weight gain as determined by your infant's doctor.

Never prop bottles or leave infants unattended during feeding.

Family Tip Sheet: Healthy Eating for Infants from Birth through 5 Months

Safety and Storage of Breast Milk at Home

- It is best to defrost breast milk either in the refrigerator overnight, by running under warm water, or by setting in a container of warm water. Never microwave breast milk as it may heat unevenly and scald the baby's mouth or throat. Thawed breast milk should be used within 24 hours. Do not refreeze unused milk. Milk should not be shaken, but swirled gently to mix.
- If your baby doesn't finish the bottle of breast milk within one hour, throw out the rest. Bacteria from saliva can contaminate the milk and make your infant sick if he drinks it later.

Breast Milk Storage, Location and Temperatures[19]

Type of Breast Milk	Countertop 77°F (25°C) or colder (room temperature)	Refrigerator 40°F (4°C)	Freezer 0°F (-18°C) or colder
Freshly Expressed or Pumped	Up to **4 Hours**	Up to **4 Days**	Within **6 months** is best Up to **12 months** is acceptable
Thawed, Previously Frozen	**1-2 Hours**	Up to **1 Day** (24 hours)	NEVER refreeze human milk after it has been thawed
Leftover from a Feeding (baby did not finish the bottle)	Use within **2 hours** after the baby is finished feeding		

Safety and Storage of Formula at Home

- Always follow label directions carefully.
- If your baby doesn't finish the bottle of formula within 1 hour, throw out the remainder. Bacteria from saliva can contaminate the formula and make your infant sick if she drinks it later.
- To prevent waste and save time, mix a large batch of formula and divide it into bottles that you can refrigerate and use throughout the day.

Formula Storage Guidelines[9]

Location of Storage	Maximum Recommended Storage Time
Room Temperature	2 hours
Room Temperature	1 hour if warmed
Refrigerator	24 hours

Reminder: Never use a microwave to heat a bottle of breast milk or formula.

Family Tip Sheet: Healthy Eating for Infants Ages 6 through 11 Months

Breast Milk and Formula

- Feed your baby only either breast milk or iron-fortified formula for the first 6 months of life. Even after starting solid foods, breastfeeding and formula feeding should continue until 12 months of age. Unless breastfeeding continues, whole milk should be served after 12 months of age.
- Breastfeeding can be challenging. It has benefits for both mother and baby so don't give up! If you need support or have questions, call a local lactation consultant, breastfeeding coalition, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) in your area. For help locating services in your area, call the toll-free National Women's Health Helpline at 1-800-994-9662 or visit La Leche League International's website at llli.org.
- Many infants will need to receive a daily Vitamin D supplement, which is necessary to ensure healthy bone growth and development. Ask your health care provider about the amount of Vitamin D needed for your infant.
- Between 6 and 12 months, it is recommended to transition infants from using a bottle to a cup. Using a cup supports the development of motor skills. A sippy cup is a transition tool that helps children learn to use a regular cup.

Solid Foods

- Encourage your baby to begin feeding herself simple finger foods during meals and snacks (e.g., small pieces of banana; cooked, cut carrots; soft cheese, etc.).
- Offer single-ingredient foods first and wait 2 – 3 days between each new food. This makes it easier to identify the offending food if she experiences a bad reaction (i.e., allergy).
- It may take multiple tries (5 – 20) before your baby accepts a new food. Don't get discouraged!
- Introduce a large variety of vegetables and fruits prepared in different healthy ways and textures before your baby turns 1 year old. This will expose your baby to an array of flavors and textures that will make it easier for her/him to accept and learn to like healthy food from all the food groups offer mashed fresh fruits instead of fruit juices since they have a higher nutritional value
- You can also introduce:
  - Iron-fortified infant cereal
  - Lean beef, veal, and/or pork*
  - Skinless chicken and/or turkey*
  - Cooked beans and peas

* For children under age four, meats, beans and peas should be soft, puréed, ground, mashed or finely chopped to prevent choking.

Choking Hazards

Do not feed children younger than four years of age round, firm food unless it is chopped completely.

The following foods are choking hazards:

- Nuts and seeds
- Large chunks of cheese or meat (e.g., hot dogs)
- Whole grapes, chunks of hard fruit (e.g., apples) and raw vegetables
- Peanut butter
- Ice cubes
- Raisins
- Popcorn
- Hard, gooey, or sticky candy, chewing gum

*Never leave an infant unattended while she/he is eating.

Signs of Hunger

Babies should be fed whenever they show you they are hungry. Look for these signs:

- Sucking on fingers or a fist
- Moving, licking or smacking of lips
- Fussing or crying
- Excited arm and leg movements
- Displays excitement when food is present
- Focuses on and follows food with eyes
- Leans toward food
- Reaches for food
- Opens mouth

Signs of Fullness

It's not necessary for your baby to finish a bottle or container of food. If he shows signs that he is full and there is food left, allow him to stop eating. When making a meal, offer the correct amount of food for his age and offer more only if he is still hungry and engaged in eating. Look for these signs of fullness:

- Sealing lips together, decreasing sucking, spitting out or refusing the nipple, or pushing or turning away from the breast or bottle
- Spits out or pushes food away
- Closes mouth when food is offered
- Turns head away from food
- Fidgets or get distracted easily
- Plays with food
- Shakes head "no"

Family Tip Sheet: Healthy Eating for Infants Ages 6 through 11 Months

Safety and Storage of Breast Milk at Home

- It is best to defrost breast milk either in the refrigerator overnight, by running under warm water, or by setting in a container of warm water. Never microwave breast milk as it may heat unevenly and scald the baby's mouth or throat. Thawed breast milk should be used within 24 hours. Do not refreeze unused milk. Milk should not be shaken but swirled gently to mix.

- If your baby doesn't finish the bottle of breast milk within one hour, throw out the rest. Bacteria from saliva can contaminate the milk and make your infant sick if he drinks it later.

Breast Milk Storage, Location and Temperatures[19]			
Type of Breast Milk	**Countertop 77°F (25°C) or colder** (room temperature)	**Refrigerator 40°F (4°C)**	**Freezer 0°F (-18°C) or colder**
Freshly Expressed or Pumped	Up to **4 Hours**	Up to **4 Days**	Within **6 months** is best Up to **12 months** is acceptable
Thawed, Previously Frozen	**1-2 Hours**	Up to **1 Day** (24 hours)	NEVER refreeze human milk after it has been thawed
Leftover from a Feeding (baby did not finish the bottle)	Use within **2 hours** after the baby is finished feeding		

Safety and Storage of Formula at Home

- Always follow label directions carefully.
- If your baby doesn't finish the bottle of formula within 1 hour, throw out the remainder. Bacteria from saliva can contaminate the formula and make your infant sick if she drinks it later.
- To prevent waste and save time, mix a large batch of formula and divide it into bottles that you can refrigerate and use throughout the day.

Formula Storage Guidelines[9]	
Location of Storage	**Maximum Recommended Storage Time**
Room Temperature	2 hours
Room Temperature	1 hour if warmed
Refrigerator	24 hours

How Much to Feed Your Baby

Understand your role and your baby's role at mealtimes. Your job is to recognize and respond to your baby's hunger and fullness cues, offer healthy foods and provide a pleasant eating experience; your baby's job is to decide how much to eat.

Ask a registered dietitian, a specialist with the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), or your healthcare provider if you have any questions about feeding your baby.

How Much to Feed Your Baby[20]	
If breastfeeding	On demand
If iron-fortified infant formula*	6 – 8 fluid ounces per feed
Water with no added sweeteners	If desired, small amounts can be given after breast milk or iron-fortified formula
Daily Formula Feeding Amounts by Age*	
6 through 11 months	26 – 32 fluid ounces per day

* Formula intake should be adequate to support appropriate weight gain as determined by the infant's doctor.

Family Tip Sheet: Healthy Eating for Infants Ages 6 through 11 Months

Age-Appropriate Servings for Lunch/Supper for Ages 6 through 11 Months

Lunch/Supper shown on 8" plate. **Add breast milk or formula** to complete the meal requirements.

Family Tip Sheet: Healthy Eating for Toddlers Ages 1 through 2 Years

Developing Healthy Eating Habits

- Establish regular meal and snack times. Toddlers need 3 regular meals and 2-3 snacks daily.
- Provide healthy foods and snacks for the whole family. Avoid sugar-sweetened beverages, sweets, salty snacks, and fried food/snacks.
- Create a pleasant eating environment by minimizing distractions, turning off screens and engaging in conversation.
- Teach her to eat slowly. Ask if she is still hungry before allowing her to serve herself more food. Taking the time to decide if she is hungry or full will help her pay attention to important cues from her body.
- Avoid requiring your child to clean his plate. Help him learn to eat based on how hungry he is, not on how much food is still on his plate. To minimize food waste, start with small, age appropriate servings.
- Understand your role and your child's. Your job is to offer a variety of healthy foods at regular meal times; her job is to decide what and how much to eat.
- Be a positive role model. Sit with your child and let him observe you eat a healthy, balanced diet. Serve yourself appropriate portions and try "new" foods. Explain what you are doing.
- Pay attention to your toddler's hunger cues. She may not say that she is full, but may start playing, become distracted, shake her head "no," close her mouth or refuse to continue eating.
- Complaints of being hungry, especially when a child has just eaten, may be due to other triggers such as boredom, TV advertising or seeing another person eating.
- Given healthy servings, most toddlers sense when they are full and will stop eating if you let them. The amount of food a toddler eats may change from day to day, but a healthy child will generally consume just the right amount of food to nourish his body.
- Allow your toddler to self-feed using toddler utensils such as spoons and cups. Although this can be messy, your toddler will be learning skills and better able to respond to his fullness cues.
- From age 1-2 your toddler is transitioning to table food. During this time expose her to a variety of healthy foods. By age 2 she should be eating the same foods as the family.
- Picky eating is a common challenge during this period. Keep your routine of healthy meals and snacks and encourage but don't overly pressure your toddler to eat.
- Sippy cups are a transition tool to help children learn to use a regular cup. Their use encourages children to carry the cup and take frequent sips of formula, juice or milk. However, this frequent use can put them at a higher risk of developing dental caries so do not use for too long.

Trying New Foods

It is natural for your toddler to be cautious with new foods. It may take 10 or more times tasting a food before he will come to like it. Minimize the struggles of introducing new foods by:

- Alternating bites between a new food and a food your child is familiar with and likes.
- Encouraging children to try new foods. Begin by putting a very small portion on your child's plate (e.g., two peas). However, do not force her to finish more than she wants.
- Avoiding rewarding good behavior or that they cleaned their plate. Especially avoid forcing a child to finish the "healthy foods" to get dessert or sweets—this can make the healthy food seem like punishment and cause him to eat when he is full.

How Much to Feed Your Child

Understand your role and your child's role at mealtimes. Your job is to offer healthy foods at regular times; your child's job is to decide whether and how much to eat.

Ask a registered dietitian, a specialist with the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), your healthcare provider if you have any questions about feeding your toddler.

Choking Hazards

Do not feed children younger than four years of age round, firm food unless it is chopped completely.

The following foods are choking hazards:

- Nuts and seeds
- Large chunks of cheese or meat (e.g., hot dogs)
- Whole grapes, chunks of hard fruit (e.g., apples) and raw vegetables
- Peanut butter
- Ice cubes
- Raisins
- Popcorn
- Hard, gooey, or sticky candy, chewing gum

*Never leave a young child unattended while she/he is eating.

Family Tip Sheet: Healthy Eating for Toddlers Ages 1 through 2 Years

United States Department of Agriculture

Serve Tasty and Healthy Foods in the Child and Adult Care Food Program (CACFP)

Sample Meals for Children Ages 1-2

What is in a Breakfast?

Milk (**4** fl. oz. or **½** cup)
Vegetables, Fruits, or Both (**¼** cup)
Grains (**½** oz. eq.)

Optional: Meats/meat alternates may be served in place of the entire grains component up to 3 times per week at breakfast.

¼ cup Diced Peaches

¼ cup Oatmeal

½ cup
1-year-olds: Unflavored Whole Milk
2-year-olds: Unflavored Low-Fat (1%) or Fat-Free (Skim) Milk

Sample Breakfast

½ cup
1-year-olds: Unflavored Whole Milk
2-year-olds: Unflavored Low-Fat (1%) or Fat-Free (Skim) Milk

Grilled Cheese Sandwich
Made with **½ oz. eq.** Enriched Bread and **1 oz.** Cheese

⅛ cup Broccoli

⅛ cup Blueberries

Sample Lunch/Supper

What is in a Lunch or Supper?

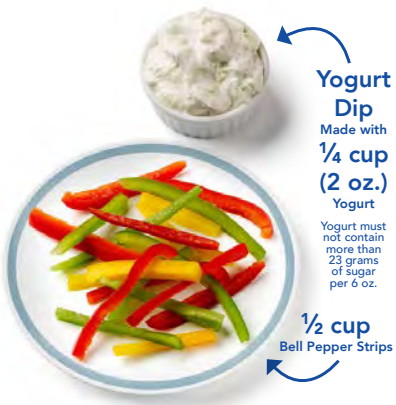
Milk (**4** fl. oz. or **½** cup)
Meats/Meat Alternates (**1** oz. eq.)
Vegetables (**⅛** cup)
Fruits (**⅛** cup)
Grains (**½** oz. eq.)

All grains served must be whole grain-rich or enriched.
Breakfast cereals may also be fortified.
At least one grain served each day must be whole grain-rich.

Offer and make water available all day.

What is in a Snack?

Pick 2:
Milk (**4** fl. oz. or **½** cup)
Meats/Meat Alternates (**½** oz. eq.)
Vegetables (**½** cup)
Fruits (**½** cup)
Grains (**½** oz. eq.)



Yogurt Dip
Made with **¼ cup (2 oz.)** Yogurt

Yogurt must not contain more than 23 grams of sugar per 6 oz.

½ cup Bell Pepper Strips

Sample Snack

Note: Serving sizes are minimums.

Learn more about the CACFP meal patterns at **https://teamnutrition.usda.gov**.

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Family Tip Sheet: Healthy Eating for Preschoolers Ages 3 through 5 Years

Encouraging Healthy Eating Habits

- Start with age-appropriate servings, as listed in the chart on the next page.
- Teach him to eat slowly. Ask if he is still hungry before allowing him to serve himself more food. Taking the time to decide if he is hungry or full will help him pay attention to important cues from his body.
- Avoid requiring your child to clean her plate. Help her learn to eat based on how hungry she is, not on how much food is still on her plate.
- Understand your role and your child's. Your job is to offer a variety of healthy foods at regular meal times and create a pleasant eating environment; his job is to decide what and how much to eat.
- Create a pleasant eating environment by turning off media, minimizing distractions and conversing.
- Be a positive role model. Sit with your child and let her observe you eat a healthy, balanced diet. Serve yourself appropriate portions and try "new" foods. Eat when you are hungry and stop when you are full, even if there is food left on your plate. Talk about what you are doing. Children will learn from and mimic the behaviors that adults model during meals.
- Pay attention to your preschooler's cues. He may not say that he is full, but may show it by starting to play, becoming distracted, shaking his head "no," pushing food around on his plate or simply refusing to eat.
- Complaints of being hungry, especially when a child has just eaten, may be due to other triggers such as boredom, TV advertising or seeing another person eating.
- Given healthy servings, most children can sense when they are full and will stop eating if you let them. The amount of food a preschooler eats may change from day to day, but a healthy child will generally consume just the right amount of food to nourish her body.

Trying New Foods

It is natural for preschoolers to be cautious about trying new foods; but remember that by and large, they should eat what the rest of the family is eating. If you are eating and enjoying a variety of healthy foods, they won't want to be left out.

- When offering a new food, feed a familiar food with the new one, alternating bites between each.
- Some children are less likely than others to try new things. It may take her 5 – 20 times of trying a new food before she will like it. Don't give up!
- Encourage your child to try new foods—at least one bite. Begin by putting a small amount on his plate (e.g., two peas). However, do not force him to finish more than he feels comfortable eating.
- Model trying new foods. Try a new fruit or vegetable and talk about how it looks, smells and tastes.
- Avoid rewarding good behavior or a clean plate with foods of any kind. Especially avoid forcing your child to finish the "healthy foods" to get dessert or sweets—this can make the healthy food seem like punishment and force her to eat when she is full.
- Offer desserts rarely so he does not expect one at every meal.

How Much to Feed Your Child

Understand your role and your child's role at mealtimes. Your job is to offer healthy foods at regular times; your child's job is to decide whether and how much to eat.

Ask your healthcare provider if you have any questions about feeding your child.

Choking Hazards

Do not feed children younger than four years of age round, firm food unless it is chopped completely.

The following foods are choking hazards:

- Nuts and seeds
- Large chunks of cheese or meat (e.g., hot dogs)
- Whole grapes, chunks of hard fruit (e.g., apples) and raw vegetables
- Peanut butter
- Ice cubes
- Raisins
- Popcorn
- Hard, gooey, or sticky candy, chewing gum

*Never leave a young child unattended while she/he is eating.

United States Department of Agriculture

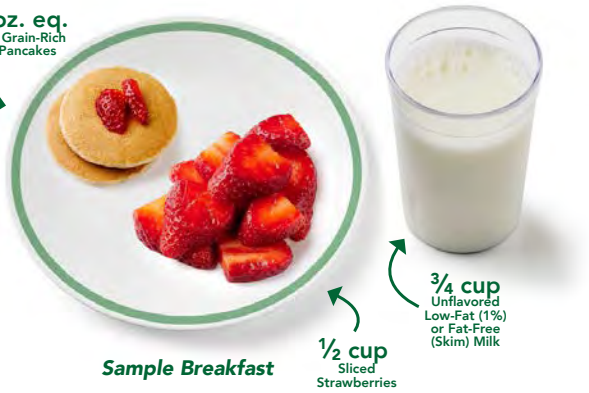
Serve Tasty and Healthy Foods in the Child and Adult Care Food Program (CACFP)

Sample Meals for Children Ages 3-5

What is in a Breakfast?

Milk (**6** fl. oz. or ¾ cup)
Vegetables, Fruits, or Both (½ cup)
Grains (½ oz. eq.)

Optional: Meats/meat alternates may be served in place of the entire grains component up to 3 times per week at breakfast.



Sample Breakfast

Sample Lunch/Supper

A second, different vegetable may be served in place of fruit at lunch and supper. In this meal, the ¼ cup of lettuce and ⅛ cup of tomatoes in the taco meets the vegetables component, and the ¼ cup of sweet potatoes is used to meet the fruits component.

**Raw leafy greens, such as lettuce, credit for half the amount served. The ¼ cup of lettuce in the taco counts as ⅛ cup of vegetables in this meal.*

What is in a Lunch or Supper?

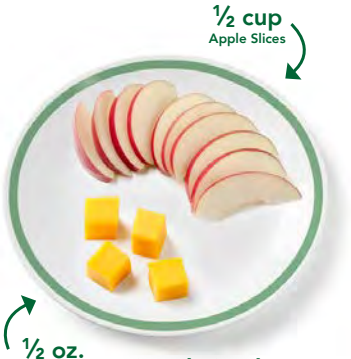
Milk (**6** fl. oz. or ¾ cup)
Meats/Meat Alternates (**1**½ oz. eq.)
Vegetables (¼ cup)
Fruits (¼ cup)
Grains (½ oz. eq.)

All grains served must be whole grain-rich or enriched.
Breakfast cereals may also be fortified.
At least one grain served each day must be whole grain-rich.

Offer and make water available all day.

What is in a Snack?

Pick 2:
Milk (**4** fl. oz. or ½ cup)
Meats/Meat Alternates (½ oz. eq.)
Vegetables (½ cup)
Fruits (½ cup)
Grains (½ oz. eq.)



Sample Snack

Note: Serving sizes are minimums.

Learn more about the CACFP meal patterns at **https://teamnutrition.usda.gov**.

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Ellyn Satter's Division of Responsibility in Feeding[21]

Ellyn Satter is an internationally recognized authority on eating and feeding. The Division of Responsibility she authored is the gold standard for feeding children. Parents provide *structure, support* and *opportunities*. Children choose *how much* and *whether* to eat from what the parents provide.

The Division of Responsibility for Infants:

- The parent is responsible for *what*
- The child is responsible for *how much* (and everything else)

The parent helps the infant to be calm and organized and feeds smoothly, paying attention to information coming from the baby about timing, tempo, frequency and amounts.

The Division of Responsibility for Toddlers through Adolescents

- The parent is responsible for *what, when, where*
- The child is responsible for *how much* and *whether*

Parents' Feeding Jobs:

- Choose and prepare the food
- Provide regular meals and snacks
- Make eating times pleasant
- Show children what they have to learn about food and mealtime behavior
- Do not let children graze for food or beverages between meal and snack times

Fundamental to parents' jobs is to trust children to decide *how much* and *whether* to eat. If parents do their jobs with *feeding*, children will do their jobs with *eating*.

Children's Eating Jobs:

- Children will eat
- They will eat the amount they need over time. Some days may be more—some days less
- They will learn to eat the food their parents eat
- They will grow predictably
- They will learn to behave well at the table

For more information, visit ellynsatterinstitute.org

Food and Beverage Recommendations At-A-Glance

	Recommended	Limit	Not Recommended
Beverages	■ Water without flavoring or additives ■ Fat-free and 1% (low-fat) milk, plain	■ 100% fruit juice ■ 2% milk, plain ■ Fat-free, 1%, or 2% flavored milk	■ Whole milk, plain or flavored ■ 2% milk, flavored ■ Regular or diet sodas ■ Sweetened teas, lemonade and fruit drinks with less than 100% juice ■ Sports drinks and energy drinks
Vegetables	■ Fresh, frozen, and canned vegetables without added fat, sugar or salt	■ Vegetables with added fat, sugar or salt	■ Fried vegetables (e.g., French fries)
Fruits	■ Fresh, frozen, and canned fruits packed in 100% juice or water	■ 100% fruit juice ■ Fruits with added fat, sugar or salt ■ Dried fruits	■ Fruits canned in heavy syrup ■ Fried fruits
Dairy	■ Fat-free or low-fat yogurt ■ Fat-free or low-fat cottage cheese ■ Fat-free or part-skim real cheese ■ Fat-free or low-fat cream cheese	■ Reduced-fat yogurt or cottage cheese ■ Reduced-fat real cheese ■ Reduced-fat cream cheese	■ Whole milk ■ Full-fat yogurt ■ Full-fat cottage cheese ■ Full-fat real cheese ■ Full-fat cream cheese ■ Cheese food or cheese product
Grains and Breads	■ Whole-grain breads, pitas and tortillas ■ Whole-grain pasta ■ Brown rice ■ Cereals and grains with 6 or fewer grams of sugar and 3 or more grams of fiber per serving	■ White bread and pasta ■ Taco shells ■ French toast, waffles, and pancakes ■ Biscuits ■ Low-fat granola ■ Whole grain, low-fat muffins and crackers	■ Doughnuts, muffins, croissants, and sweet rolls ■ Biscuits ■ Full-fat granola ■ Sweetened, low-fiber cereals ■ Crackers made with hydrogenated oils (*trans* fats)
Meats and Meat Alternates	■ Extra-lean ground beef ■ Beef or pork that has been trimmed of fat ■ Chicken and turkey without skin ■ Tuna canned in water ■ Fish and shellfish ■ Beans, split peas, and lentils ■ Tofu and soy products ■ Nuts (for children over 4) ■ Egg whites and egg substitutes	■ Lean ground beef ■ Turkey and chicken with skin ■ Broiled hamburgers ■ Ham, Canadian bacon ■ Low-fat hot dogs ■ Tuna canned in oil ■ Whole eggs cooked without added fat ■ Peanut-butter ■ Nuts	■ Fried/pre-fried meats (e.g. fried chicken, chicken nuggets, fish sticks) ■ Hot dogs, bologna and other lunch meats, bacon, pepperoni, and sausage ■ Beef and pork that has not been trimmed of its fat ■ Ribs, bacon ■ Fried fish and shellfish ■ Whole eggs cooked with added fat
Sweets and Snacks	■ Air-popped or low-fat popcorn (for children over 4) ■ Whole grain pretzels ■ Whole grain crackers	■ Frozen 100% juice bars ■ Whole grain fig bars ■ Animal and graham crackers ■ Baked chips	■ Cookies, cakes, and pies ■ Candy ■ Chips ■ Buttered popcorn ■ Full-fat ice cream ■ Water ice and popsicles ■ Fat-free, low-fat or light frozen yogurt or ice cream
Condiments	■ Ketchup ■ Mustard ■ Fat-free salad dressing ■ Fat-free mayonnaise ■ Fat-free sour cream ■ Vinegar ■ Herbs and spices	■ Oils ■ Low-fat/light salad dressings ■ Low-fat/light mayonnaise ■ Low-fat/light sour cream	■ Butter, lard, and margarine ■ Salt ■ Pork gravy ■ Creamy salad dressing (full-fat) ■ Mayonnaise or tartar sauce (full-fat) ■ Sour cream (full-fat) ■ Cheese or cream sauces and dips

Dear Parent(s)/Families,

To support your child as a competent, healthy eater, we are teaching him/her about where food comes from, how it is prepared, and encouraging him/her to try healthy new foods.

Today your child:

☐ Learned something new about a food. She/he learned _____

_____

_____

☐ Participated in preparing food for a meal or snack by _____

_____

_____

☐ Tasted a new food. It was _____

_____

_____

You can reinforce the experiences above by discussing them with your child and trying similar experiences at home.

Dear Parent(s)/Families,

To support your child as a competent, healthy eater, we are teaching him/her about where food comes from, how it is prepared, and encouraging him/her to try healthy new foods.

Today your child:

☐ Learned something new about a food. She/he learned _____

_____

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☐ Participated in preparing food for a meal or snack by _____

_____

_____

☐ Tasted a new food. It was _____

_____

_____

You can reinforce the experiences above by discussing them with your child and trying similar experiences at home

Daily Care Log for Infants

Baby's Name:_____ **Today's Date:** _____

Eating Times:	Amount of Breastmilk/Formula	Solid Foods:
_____AM	_____OZ	_____Type/Amount
_____AM	_____OZ	_____Type/Amount
_____AM	_____OZ	_____Type/Amount
_____PM	_____OZ.	_____Type/Amount
_____PM	_____OZ.	_____Type/Amount
_____PM	_____OZ.	_____Type/Amount

Number of Wet Diapers: _____ Number of Soiled Diapers:_____

Baby Slept During the Following Times:

_____AM to _____AM _____AM to _____AM

_____PM to _____PM _____PM to _____PM

Tummy Time:

Other Events & Activities in Baby's Day: _____

_____

Daily Care Log for Infants

Baby's Name:_____ **Today's Date:** _____

Eating Times:	Amount of Breastmilk/Formula	Solid Foods:
_____AM	_____OZ	_____Type/Amount
_____AM	_____OZ	_____Type/Amount
_____AM	_____OZ	_____Type/Amount
_____PM	_____OZ.	_____Type/Amount
_____PM	_____OZ.	_____Type/Amount
_____PM	_____OZ.	_____Type/Amount

Number of Wet Diapers: _____ Number of Soiled Diapers:_____

Baby Slept During the Following Times:

_____AM to _____AM _____AM to _____AM

_____PM to _____PM _____PM to _____PM

Tummy Time:

Other Events & Activities in Baby's Day: _____

_____

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