

## *Child Care Champions Best Practices*

**Best practices are goals, which are attainable, realistic and proven to be effective. Best practices are designed to help prevent childhood overweight and to promote intuitive eating. They involve the caregiver, parents and the child and include nutrition and physical activity.**



## Best Practices for Prevention of Childhood Overweight

The most effective way to help children adopt healthy behaviors is to provide consistent nutrition, physical activity, and health messages from different sources: at home, in school, and through the community. The motivation and opportunities to establish healthy habits begin at home and in childcare settings. Families play a critical role in shaping their children's eating and activity habits and lifestyle. Childhood overweight prevention programs are valuable sources of accurate, consistent information about physical activity and



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healthy eating for families, preschools, childcare centers,  
and homes. Best practices can help!





# Best Practices for Prevention of Childhood Overweight

## A Guide to Using the Best Practices Document

Most Web site links and references are noted within the Best Practices document when first mentioned. All other texts and extended information can be found in the Reference section and in Appendices A through D. The Early Childhood Resource Kit and other items listed in the Reference section at the end of this document provide specific information on nutrition and physical activity. This document is not meant to be a comprehensive guide of programs and processes for your center or home, but merely a tool of measurement to encourage the best possible environment for the health and well being of the children in your care.

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## Best Practices for Prevention of Childhood Overweight

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**References**

## **Best Practice #1: Model Healthy Eating Behaviors**

*Reasoning:* Positive role models can have great influence on children trying new foods and forming healthy eating habits. Children learn in different ways: through formal education, first-hand experiences, hands-on approaches and observation. Young children look up to adults and peers (usually older children) and often model behaviors such as eating. When adults eat the same foods as children and serve as role models they are sending the message “do as I do” instead of simply “do as I say.”





*Who and How:*

Adults can be positive role models by:


- Sitting with children at mealtime and sharing the same food;
- Serving meals community-style\* to give children the greatest opportunity for demonstrating independence and practicing learned behaviors;
- Discussing and teaching children about different foods, including a focus on healthy foods from different cultures and traditions;
- Trying new foods with the children;
- Avoiding negative facial expressions, body language or verbal cues in regard to the food being served;

- Talking with children about food preferences and why they may not be trying a particular food (i.e., “I tried this already and I really like it. You should try it and see if you like it too!”); and
- Being conscious of their own behaviors to ensure that they are modeling what is intended.

Peers can also serve as positive role models. Children like to do what their friends are doing and often imitate one another. Adults can encourage positive role modeling among peers by:

- Identifying who the more adventurous eaters are and offering new foods to them first.





Likewise, identify who the pickiest eaters are and offer new foods to them after the adventurous eaters have had a chance to try them;

- Encouraging children to talk about the foods – texture, taste, color, etc. – at mealtime;
- Sitting picky eaters next to or across from those who eat a variety of foods, so they can observe and learn to accept new foods; and
- Be persistent and consistent about proper mealtime behavior, thus encouraging a positive mealtime environment.

\* A community-style meal (sometimes referred to as “family-style”) is characterized by: children serving

themselves from a common serving dish; children passing the serving dishes from person to person; children taking as much or as little food as they desire from the serving dishes; and adults supervising and assisting children only when help is requested by the child.



**Best Practice #2: Integrate nutrition and physical activity into all curricula so that these practices are persistent throughout teaching and the childcare environment.**

*Reasoning:* By integrating nutrition and physical activity into all curricula, children receive repeated exposure to information and principles for healthy living. It is this repeated exposure and experience with nutrition education and physical activity that will influence children in a positive way. Integration also tends to “normalize” healthy eating and lifestyles for children. Children will begin to understand that nutrition and activity are a regular and essential part of each day, thus reinforcing a lifetime of healthy habits.






## How:

- Display and read children's books which relate to and present a positive view of healthy eating and physical activity. Teach them about "energy balance," the interaction of how much food and how many calories are eaten vs. what is used up by our bodies each day.
- Incorporate models/toys of fruits, vegetables, and other healthy foods into imaginative play areas within the center or home.
- Use food and cooking methods to teach numbers, colors, textures, patterns, sequencing, and other early math and science concepts at meal and snack times, as well as throughout the day.

- Encourage dance and free movement in response to music, as part of free play and structured group activities.
- Provide opportunities to learn gardening and growing of fruits and vegetables by having a garden at the center or at home or by participating in a community garden.
- Involve children in meal preparation and cooking tasks whenever possible.
- Provide simple equipment, such as balls, jump ropes, or hula-hoops, to encourage physical activity.
- Conduct taste tests of fruits and vegetables or other nutritious foods to promote sensory exploration of new foods.




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- Take field trips to orchards, vegetable farms, or dairy farms to help children learn about food sources.
  - Use food items in edible art projects, such as making flowers or faces from fruit and vegetable pieces.
  - During cultural studies, include foods and food customs unique to each culture being studied.
  - When discussing world geography, talk about related native crops and how climate determines what could be grown in different regions of the world.

### **Best Practice #3: Practice the “Division of Responsibility” in feeding**

*Reasoning:* Power struggles relating to food have the potential to set children up for a lifetime of dysfunctional eating. Caregiver control over the amount of food children consume can override the child’s natural ability to regulate intake. Repeated prompts to eat, using food as a reward or punishment, restricting non-nutritious foods or using other forms of manipulation to control a child’s intake may promote a lifetime of overeating or refusals to eat. By implementing the “Division of Responsibility” at meal and snack times, many of these negative feeding behaviors can be avoided. Ellyn Satter, an author and child nutrition expert, defines this division





as, “The parent (caregiver) is responsible for what the child is offered to eat; the child is responsible for how much, and even whether, he/she eats.” Principles include:


*Who and How:*

The caregiver plans, prepares, and provides:

- Regularly scheduled meals and snacks offered at least every two to three hours. Meal and snack periods must be appropriately scheduled and adjusted, where necessary, to ensure that individual needs are met. Some infants and young toddlers must be fed “on demand” to the extent possible or at appropriate intervals.

- Meals and snacks that allow child participation in the preparation, table setting, serving and clean-up.
- Meals that provide a variety of foods that are offered repeatedly, including food that is commonly known to children and new foods.
- Meals served community-style\* (refer to Best Practice #1) where children are allowed to serve themselves and are trusted to eat as much as they need. The children are encouraged to participate with the social and educational interactions of the meal/snack time, even if they choose not to eat.
- Meals and snacks that meet the USDA Child and Adult Care Food Program (CACFP) Guidelines





for Americans and promote acceptance of a variety of foods.


- ❖ <http://www.fns.usda.gov/cnd/care/CACFP/acfphome.htm>
- ❖ <http://healthierus.gov/dietaryguidelines>

- An eating environment that is free from distractions and is pleasant, enjoyable, and free from conflict.
- Foods served in a form that children can eat without assistance.
- Furniture and eating utensils that enable children to eat, to serve and to pass food without difficulty.

The children are allowed to:

- Choose what foods they want to eat during meal and snack times.
- Choose how much food they would like to eat through “community-style” \* (refer to Best Practice #1) self-service meals and snacks. (Children serve themselves during meals and snacks with adult supervision.)
- Choose if they want to eat, which reinforces internal hunger and fullness cues.
- Follow their own individual eating styles. Each child comes with a unique set of characteristics such as temperament, levels of hunger, food preferences, feeding capability, etc., which may influence eating behavior. These individual needs





and preferences should be acknowledged as normal and honored as frequently as possible. On the other hand, one child's individual needs or preferences should not dictate the menu or meal plans to the exclusion of the other children.

The following “rules” should be observed at all meals and snacks:

- Food should never be used as a reward for good behavior, accomplishing a task, finishing a meal or other reinforcement.
- Denial of food should never be used as a punishment. For example, denying a child dessert for not finishing a meal.


- Caregivers should supervise the meal times without the use of verbal or non-verbal prompts to get children to eat a certain type or amount of food.



**Best Practice #4: Provide the best start for infant feeding, including breastfeeding, developmentally-appropriate first foods, and recognition of hunger and satiety.**

*Reasoning:* It is well recognized among the medical community that infant feeding is crucial to growth and development. Beginning with breastfeeding and continuing with developmentally-appropriate first foods provides the best foundation for infants in relation to food acceptance, growth patterns – including future weight maintenance, reduction of food allergies and intolerances and intake regulation. Research continues to support the following infant feeding practices:





Provide support to breastfeeding mothers and encourage breastfeeding (Caring For Our Children, USDA Feeding Infants Guide).


- For the first six months of life, serve only breast milk to breastfed infants unless specified otherwise by the mother.
- Provide a comfortable, private setting for mothers to breastfeed at the center or home.
- Promote breastfeeding to all parents by providing information and resources.
- Refer to breastfeeding handling guidelines to maintain a safe milk supply. (COPAN Breastfeeding Resource Kit:

<http://www.cdphe.state.co.us/pp/COPAN/resourcekits/resourcekits.html>

Provide foods appropriate for individual nutrition requirements and developmental stages (American Academy of Pediatrics, Caring for Our Children, USDA Feeding Infants Guide).

- In consultation with parents and the health care provider, offer solid foods routinely at no sooner than six months of age as indicated by nutritional and developmental needs. Only offer solid foods earlier than six months upon recommendation by the parent and health professional. To determine if an infant is ready for solid food, ask yourself the following questions: Can the baby hold her head straight up while sitting? Does she open her mouth when food approaches? Is she interested in food when others eat?




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- A vertical decorative border on the left side of the slide, featuring a repeating pattern of red diamonds and white geometric shapes.
- Juice (100% fruit juice) should not be introduced to infants less than six months of age. For infants older than six months, limit 100% fruit juice to no more than four ounces per day. Do not serve juice or other sweetened beverages in a bottle to avoid tooth decay and excess calories. Beverages other than breastmilk or formula should be served in an eight-ounce cup. Supplementing with water is not necessary. (USDA, FNS-288, 1993)
  - Added sugars should be avoided in an infant's diet. Avoid serving dessert foods, sweetened cereals, and sweetened beverages to infants. Foods that are high in sugar and/or fat include commercially prepared baby food desserts, cakes, cookies,

candies, sweet pastries, sweetened fruit drinks, and soda. Do not add sugar, molasses, maple syrup, corn syrup or other syrups to babies' food, beverages or water.

- Avoid processed meats high in sodium, saturated fat and preservatives (nitrates/sulfites) and low in protein. Processed meats include: hot dogs, sausage, bacon, bologna, salami, luncheon meats, cured meats, and fried meats. Trim fat and skin from meats.
- Do not feed honey or any products containing honey, egg whites or regular cow's milk to infants under the age of one year (due to high risk of bacteria).



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- Do not put infants and children under the age of 2 years on a fat-restricted diet.

Use best practices in feeding infants to prevent childhood overweight (American Academy of Pediatrics, Caring for Our Children).

- Recognize and respond to infants' early signs of hunger:
  - ❖ sucking on a fist
  - ❖ fussing
  - ❖ starting to cry
  - ❖ random arm movements
  - ❖ rooting


- Recognize and respond to signs of fullness or disinterest in eating:
  - ❖ sealing the lips together
  - ❖ decreased suckling from the bottle
  - ❖ spitting out the nipple
  - ❖ leaning back
  - ❖ turning away
  - ❖ pushing the food out of their mouths
  - ❖ pushing the bottle or spoon away.
- Avoid allowing infants to carry bottles with them or have bottles in the crib.
- Serve solid foods by spoon, not in bottles.



**Best Practice #5: Become partners in prevention – caregiver and parent involvement, education and guidance.**

*Reasoning:* A child's varying eating behaviors can be addressed more completely if both the caregiver and the parent(s) are involved in intervention. Children can become confused and conflicted when influential adults in their lives deliver mixed messages regarding eating and activity behaviors. By becoming partners in prevention, the caregiver and parent can depend on support and reinforcement when dealing with problems that arise. This partnership can be strengthened and enhanced in a variety of ways, including:



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- Caregiver communication regarding feeding policies in the childcare environment. This should be part of initial orientation and contract agreement.
  - Caregiver communication regarding feeding problems that arise on a daily basis along with listening to suggestions from the parent on how to work together to correct the problem.
  - Caregiver development of resources that address special feeding needs of children with developmental disabilities (or special needs), including research, education and referrals to a physician, dietitian, or an occupational and/or speech therapist professional who specialize in pediatrics.

- Parents of a child with developmental disabilities provide a written description of nutrition or feeding needs to the care provider before the child enters the provider's care.
  - ❖ This written description should include all food substitutions for allergies, intolerances or texture modification verified by the child's physician; length of time for the modification; and expectations for provider-supplied assessment of developmental or mealtime progress.
- Shared information and education regarding early childhood feeding practices. This information sharing should flow in both directions, recognizing






that each party has unique sources of experience and expertise.

- Use of written communication, such as a monthly newsletter, to address common feeding issues in the childcare environment.
- Openness to suggestions should characterize the attitude of both caregiver and parent when dealing with a child's feeding problems.
- Understanding and tolerance of differences that affect feeding such as cultural/religious preferences and traditions, alternative diets, ambivalence about the issue, and lack of time/resources/emotional energy to deal with the problems at hand.

**Best Practice #6: Use the environment effectively to promote physical activity and free play.**

*Reasoning:* Environmental influences play a large role in the type and amount of physical activity and free play engaged in by young children. Increasingly, children are being limited in both the amount of time and the intensity of physical movement. These limitations have had an enormous impact on the health and weight status of today's youth. In addition, research has shown that physical activity decreases dramatically with age, which is a serious problem if children engage in very little activity at a young age. Not only are children limited in their physical activity and free play, these activities are, to a large extent, being replaced by sedentary behaviors.





TV, video games, and movies have replaced physical activity and free play as preferred leisure time activities, to the detriment of the health of our children. The following recommendations outline ways to reverse this trend:


Until more research is done about the effects of TV on very young children, the American Academy of Pediatrics (AAP) does not recommend television for children age 2 or younger. For older children, the AAP recommends no more than one to two hours per day of educational, nonviolent programs.

- This guideline should be extended to all forms of “screen time” including Internet, computer games, hand-held games, video/DVD watching.

- Within the above guidelines a “30-minute rule” should exist. For every 30 minutes of sedentary activity, the child should be expected to take a 10-minute stretch and activity break.
- Utilize part of the allotted recommended time for active viewing, such as TV/video/DVD programming, that encourage children into movement, for example, “The Wiggles.” Provide ample space for movement during such viewing.
- Instead of using visual media, utilize music and activities via audiotape or CD.

Toddlers should accumulate at least 30 minutes daily of structured physical activity, and preschoolers at least 60 minutes (refer to Appendix D).




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- Examples of structured physical activity would include playing on a t-ball team, engaging in swimming lessons, participating in a ballet or gymnastics class. In a childcare environment, this may be 30 minutes of “Simon Says” or a walk to a neighborhood park.
  - Structured physical activity is typically adult-driven. The child’s activity is directed and encouraged by a supervisory adult.
  - Structured physical activity may also include fine and gross motor skill development, such as learning to catch a ball, jumping rope or using a fit ball for balancing activities (Garcia, 2002).

Toddlers and preschoolers should engage in at least 60 minutes and up to several hours per day of unstructured physical activity and should not be sedentary for more than 60 minutes at a time except when sleeping (refer to Appendix D).

- Examples of unstructured physical activity include a game of tag, climbing in a tree fort, pushing a friend on the swing, playing hide-and-go-seek, bike riding through the neighborhood or kicking a soccer ball around the yard.
- Unstructured physical activity is typically child-driven. The child directs his/her own activity and play.
- Unstructured activity is usually sporadic, characterized by a lot of start/stop activity.






Toddlers and preschoolers should have indoor and outdoor areas that meet or exceed recommended safety standards for performing large muscle activities (refer to Appendix D).

- The physical environment should be conducive to play and activity. To improve play space, a parent or childcare provider should:
  - ❖ Eliminate excess clutter on the floor by sorting and containing loose objects and toys.
  - ❖ Remove unnecessary furniture that could cause injury such as coffee/end tables, large lamps, tall bookshelves that could fall, etc.

- ❖ Create an activity space indoors by laying down exercise mats and setting up a rack for balance balls, resistance bands and other activity equipment. The provider may want to put a mirror along one wall with a ballet bar in place for stretching and balancing.
- ❖ Ensure that all outdoor equipment is in good repair and is safe for use, especially climbing equipment.
- ❖ Make good use of outdoor space by making “rooms.” For example, create one corner for swing set/fort, another corner of the yard for sports activities, one area for summer water play, and a portion of the patio for





chalk activities such as hop scotch and four square.

- ❖ Provide music for movement both indoors and outside.

Infants should be placed in safe settings that facilitate physical activity and do not restrict movement for prolonged periods of time (refer to Appendix C).

- Infants should spend a majority of their day free from restrained environments such as bouncy chairs, exercise saucers, high chairs, and infant seats.
- Infants should be given regular sessions of “tummy time” to increase upper body and neck muscle strength.

- For infants who have not yet learned to crawl or creep, set up a blanket with various toys within and just beyond their reach to encourage movement toward such objects.
- For mobile infants, create a large baby-proof area for them to explore under supervision.
- Play active games with infants such as “patty cake” or “peek-a-boo” that will involve the child in song, rhythm and movement.


**\* For specific guidelines regarding physical activity for infants, toddlers, and preschoolers, see Appendix B, Appendix C, and Appendix D.**



**Best Practice #7: Plan menus and meals with the child's nutritional needs in mind, therefore, promoting physical, social, emotional and cognitive development.**

*Reasoning:* Proper nutrition takes planning and forethought; therefore, it is crucial to develop menus and meals in advance to avoid dietary pitfalls such as eating out at restaurants, purchasing fast food, and reliance upon convenience foods. Meal planning does not need to be complicated. There are many resources available to help with planning balanced and nutritious meals and snacks for children. In addition to the food itself, menu and meal planning helps to ensure appropriate serving sizes are being offered to children.






Objectives for use of appropriate dietary guidelines for meal and menu planning:

- Food served to children should meet the USDA Child and Adult Care Food Program (CACFP) Guidelines for Americans and promote acceptance of a variety of foods (refer to Best Practice #3).
- Meals and/or snacks should be planned to meet the child's nutritional requirements as recommended by the CACFP guidelines in proportion to the amount of time the child is in the program each day. The amount of food served is adjusted according to the age of the children since infants and toddlers require smaller amounts of

food served more frequently and school-age children require much more food than preschoolers.

- Each infant and toddler in childcare settings must receive food appropriate to his or her nutrition needs, developmental readiness and feeding skills, as recommended by the USDA Child and Adult Care Food Program (CACFP) Guidelines and children's meal pattern.
- Follow 2005 Dietary Guidelines in menu planning and physical activity.
- Children in childcare settings should be offered five or more servings of fruits, vegetables, and/or juice each day. At least one of these servings should be high in Vitamin C. A fruit, vegetable, or






juice high in Vitamin A should be offered at least three times a week. Fruit juice is limited to one serving per day.

- Parents and appropriate community agencies must be involved in planning, implementing and evaluating the childcare center's nutritional services.
- Written menus should be provided to families as a form of communication and education.
- If the program does not provide food, families should be educated regarding well-balanced meals that may be brought from home. Food brought from home should be stored appropriately until consumed.

- Meals and nutritious snacks must be served at suitable intervals. Children who are at the center or home for more than four hours, day or evening, must be offered a meal that meets at least one-third of their daily nutritional needs.
- In centers or homes that do not regularly provide a meal, if a child brings a meal from home that does not appear to meet one-third of the child's daily nutritional needs, the center must have foods available to supplement that meal.

Guidelines for establishing a positive eating environment during meals and snacks:




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- Mealtimes promote good nutrition habits. All children should be expected to participate in meal and snack times by sitting with the other children even if they choose to not eat at that occasion (refer to Best Practice #3).
  - Children are encouraged to serve and feed themselves, and to assist with food preparation and cleaning.
  - Chairs, tables, and eating utensils must be suitable for the size and developmental levels of the children.
  - Meals and snacks should be pleasant social and learning experiences for children. All conflict should be discouraged during mealtime. Pleasant

music and conversation should be encouraged during mealtime.

- Food is not used as a reward or punishment, and each child is encouraged, but not forced, to eat or to taste his or her food.
- Sufficient time is allowed for each child to eat; 20-30 minutes on average.
- At least one adult should sit with children during meals.
- All toddlers and preschool children and assigned classroom staff, including volunteers, eat together family-style and share the same menu to the extent possible.



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- As developmentally appropriate, opportunity is provided for the involvement of children in food-related activities.
  - Infants are to be held in the caregiver's arms and in an inclined position while bottle-feeding.

Guidelines for handling individual needs and preferences:

- Respecting families' cultural and religious backgrounds, as they relate to eating practices, is crucial. During a family's orientation to the childcare facility, cultural and religious aspects of foods should be discussed thoroughly to avoid later conflict and confusion.

- Any adaptations or accommodations needed for children with disabilities are coordinated with the family and therapists involved in the care process.
- Policies must be developed to accommodate children with food allergies and intolerances.

Guidelines for meal service, including compliance with all applicable federal, state and local food safety and sanitation laws:

- Sanitary drinking water must be readily available throughout the day.
- Caregivers must practice safe food handling at all times.
- Food and supplies should be acquired from trusted and reputable sources.



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**References**

**For a variety of resources, please refer to the Early Childhood Resource Kit from the Colorado Physical Activity and Nutrition Program, which provides more information regarding raising awareness, educational opportunities for caregivers and health care professionals, and the environment.**

Early Childhood Resource Kit by the Colorado Early Childhood Task Force:

<http://www.cdphe.state.co.us/pp/COPAN/resourcekits/EarlyChildhoodResourceKit.pdf>



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### **Best Practice #3**

Ellyn Satter's Web site: <http://www.ellynsatter.com/>

Child and Adult Care Food Program (CACFP) under  
the USDA guidelines:

<http://www.fns.usda.gov/cnd/Care/CACFP/cacfp/home.htm>

Dietary Guidelines for Americans:

<http://healthierus.gov/dietaryguidelines>

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## **Best Practice #4**

USDA Feeding Infants Guide

<http://www.fns.usda.gov/cnd/care/regs-policy/infantmeals/feeding.htm>

*Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*, c. 1992 by American Public Health Association and the American Academy of Pediatrics.





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### **Best Practice #6**

Garcia, C., Garcia, L., Floyd, J., & Lawson, J. (2002).  
Improving Public Health  
Through Early Childhood Movement Programs.  
*Journal of Physical Activity, Recreation and  
Dance*, 73(1): 27-31.

*The Issues: Children and Physical Activity* By Eloise  
Elliott, Ph.D. and Steve  
Sanders, Ph.D.

<http://www.pbs.org/teachersource/prek2/issues/202issue.shtm>

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Health and Human Services Child Care Bureau's *Fit Source* – an interactive Web site for a variety of physical activity and nutrition resources.

<http://nccic.org/fitsource>





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### **Best Practice #7**

American Academy of Pediatrics, American Public Health Association, and the National Resource Center for Health and Safety in Child Care University of Colorado Health Sciences Center at Fitzsimons. *National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Second Edition*. United States of America: American Academy of Pediatrics, 2002. <http://nrc.uchsc.edu/CFOC/>

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CACFP Web site:

<http://www.fns.usda.gov/cnd/care/CACFP/cacfpome.htm>

Food and Nutrition Information Service. *Building Blocks for Fun and Healthy Meals: A Menu Planner for the Child and Adult Care Food Program.*

Washington, D.C.: 2000.

Head Start Performance Standards. (1/25/02).

Performance Standard 1304.23(a-e).

<http://www.acf.hhs.gov/programs/hsb/performance/1304b4.htm>



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National Association for the Education of Young Children. *Early Childhood Classroom Observation Criterion: Nutrition and Food Service*. Washington, D.C.: 1998.  
<http://www.naeyc.org/accreditation/criteria98.asp#nutrition>

National Food Service Management Institute. *Care Connection Training Program: Meal Patterns for the Child and Adult Care Food Program*. University MS: 1997.

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"Nutrition Guidance for Child Care Homes: Making  
Nutrition Count for Children."  
U.S. Department of Agriculture Child and Adult  
Care Food Program.  
[http://www.fns.usda.gov/tn/Resources/nutrition  
count1.pdf](http://www.fns.usda.gov/tn/Resources/nutrition<br/>count1.pdf)

The Division of Child Care Rules Regulating Child  
Care Centers, 7.702.65

USDA Infant Meal Pattern Web site:  
[http://www.fns.usda.gov/cnd/care/regs-  
policy/infantmeals/feeding.htm](http://www.fns.usda.gov/cnd/care/regs-<br/>policy/infantmeals/feeding.htm)





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### **APPENDIX A**

#### **Best Practice #4**

Supplementing with water: Human milk and infant formula provide infants with enough water.

Supplemental water generally is not indicated for healthy infants who are not receiving solid foods.

Discourage parents from routinely using water as a supplement for infants less than 6 months of age.

Infants with diarrhea or vomiting should be referred to their health care provider who will likely recommend an oral re-hydration solution rather than plain water.

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Infant Nutrition and Feeding: A Reference Handbook for Nutrition and Health Counselors in the WIC and CSF Programs. September 1993. Pages 16-19. United States Department of Agriculture. Food and Nutrition Service FNS-288.





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**APPENDIX B**

**Best Practice #6**

The National Association for Sport and Physical Education (1998) has issued physical activity guidelines suggesting that young children should have an accumulation of more than 60 minutes, and up to several hours, of physical activity each day to promote health and well-being. It is also known that it is through movement and physical activity that young children learn about their world. Integrating physical

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activity with other subject areas gives children more opportunities to move during the school day. Learning in all areas of the curriculum is increased as children have more opportunities to understand the relationships that exist across content areas as they transfer what they learn in one area to other environments.

In addition to the health benefits of physical activity, movement is an integral part of the young child's life and education, for it is through movement that children develop social, emotional, and cognitive





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skills. For young children, movement is a critical means of communication, expression, and learning. It is imperative that classroom teachers give children as many opportunities as possible to be physically active and to learn through movement.

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## **APPENDIX C**

### **Best Practice #6**

"Adopting a physically active lifestyle early in life increases the likelihood that infants and young children will learn to move skillfully," said Dr. Clark. "Promoting and fostering enjoyment of movement and motor skill confidence and competence at an early age will help to ensure healthy development and later participation in physical activity." (Dr. Jane Clark is a professor in the Department of Kinesiology at the University of Maryland and chair of the National





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Association of Sport and Physical Education's Early Childhood Physical Activity Guidelines Task Force.)

### **Physical Activity Guidelines for Infants**

The five guidelines for this age group are intended to answer questions relative to the kind of physical activity, the environment and the individuals responsible for facilitating the activity. Part of the infant's day should be spent with a caregiver or parent who provides systematic opportunities for planned physical activity. These experiences should

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incorporate a variety of baby games such as “peek-a-boo” and “patty cake” and sessions in which the child is held, rocked and carried to new environments.

**Guideline 1.** Infants should interact with parents and/or caregivers in daily physical activities that are dedicated to promoting the exploration of their environment.

**Guideline 2.** Infants should be placed in safe settings that facilitate physical activity and do not restrict movement for prolonged periods of time.





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**Guideline 3.** Infants' physical activity should promote the development of movement skills.

**Guideline 4.** Infants should have an environment that meets or exceeds recommended safety standards for performing large muscle activities.

**Guideline 5.** Individuals responsible for the well-being of infants should be aware of the importance of physical activity and should facilitate the child's movement skills.

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National Association for Sport and Physical Education /  
American Alliance for Health, Physical  
Education, Recreation & Dance  
[http://www.aahperd.org/naspe/template.cfm?tem  
plate=toddlers.html](http://www.aahperd.org/naspe/template.cfm?template=toddlers.html)





Best Practices for Prevention of Childhood  
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**APPENDIX D**

**Best Practice #6**

**Guidelines for Toddlers and Preschoolers**

For toddlers, basic movement skills – such as running, jumping, throwing and kicking – do not just appear because a child grows older, but emerge from an interaction between hereditary potential and movement experience. These behaviors are also clearly influenced by the environment. For instance, a child who does not have access to stairs may be delayed in stair climbing and a child who is

## Best Practices for Prevention of Childhood Overweight

discouraged from bouncing and chasing balls may lag in hand-eye coordination.

**Guideline 1.** Toddlers should accumulate at least 30 minutes daily of structured physical activity; preschoolers at least 60 minutes.

**Guideline 2.** Toddlers and preschoolers should engage in at least 60 minutes and up to several hours of daily, unstructured physical activity and should not be sedentary for more than 60 minutes at a time except when sleeping.





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**Guideline 3.** Toddlers should develop movement skills that are building blocks for more complex movement tasks; preschoolers should develop competence in movement skills that are building blocks for more complex movement tasks.

**Guideline 4.** Toddlers and preschoolers should have indoor and outdoor areas that meet or exceed recommended safety standards for performing large muscle activities.

## Best Practices for Prevention of Childhood Overweight

**Guideline 5.** Individuals responsible for the well-being of toddlers and preschoolers should be aware of the importance of physical activity and should facilitate the child's movement skills.

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# Best Practices for Prevention of Childhood Overweight

**If you would like to take the online self-assessment that accompanies this document and receive a Certificate of Completion, please go to**

**<http://sctc.state.co.us/cdphe/login/index.php>**

**To download additional copies of this guidebook, you may go to**

**<http://www.cdphe.state.co.us/pp/COPAN/earlychildhood/earlychildhood.html>**

**For additional information or questions, send inquiries to [cdphepscopan@cdphe.state.co.us](mailto:cdphepscopan@cdphe.state.co.us) , attention Early Childhood Task Force Chair, or call 303-692-2441.**



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