

**HEAD START
NUTRITION ASSESSMENT HANDBOOK
FOR HEAD START AGES 3-5**

SECTION ONE

DOMINICAN UNIVERSITY NUTRITION SERVICES

Revised August 23 2016

INTRODUCTION

Good nutrition is essential to good health. Since food habits develop at an early age, it is especially important that young children be exposed to foods that nurture healthy development and promote life-long well being. Providing a positive atmosphere for children, staff, and parents to experience and learn good nutrition is a critical part of the Head Start experience.

Completing an assessment of the child's nutritional habits, including growth and laboratory evaluation, helps identify possible nutritional inadequacies. Providing information to parents in ways to improve a child's diet can promote good health now and in years to come.

GENERAL NUTRITION INFORMATION

Good nutrition is the foundation to health. The base of all structures in the body come from the nutrients we provide in the form of food. All humans, regardless of age, require approximately 50 nutrients to insure proper body functioning. Since these 50 nutrients cannot be manufactured by the body, people must depend on the foods they eat to supply the nutrients they need.

The amount of nutrients needed to maintain a healthy body varies with age, gender, physical activity and physiologic condition such as pregnancy, lactation and health status. A healthful diet provides nutrients for the body to maximize a robust lifestyle and minimize the risks of chronic diseases. A healthful diet can be met by eating a variety of nutritious foods.

The U.S. government has developed nutrition guidelines for all Americans, aged two years and older, describing what quantities of essential nutrients are needed for the majority of healthy people. These guidelines are known as Recommended Dietary Allowances or RDAs. These RDAs are found on the United States Department of Agriculture (USDA) website. Guidelines on how to meet these recommendations have been translated into an easy to read document called the 2015–2020 Dietary Guidelines for Americans, published by the USDA. The newest guidelines were released in early 2016. The five main guidelines are as follows:

1. Follow a healthy eating pattern across the lifespan.
2. Focus on variety, nutrient density and amount.
3. Limit calories from added sugars and saturated fats and reduce sodium intake.
4. Shift to healthier food and beverage choices.
5. Support healthy eating patterns for all.

The USDA health promotion program, "Choose MyPlate" provides a helpful framework to teach Americans how to make healthy food choices. This user-friendly health initiative is an invaluable resource to Head Start programs. It contains many handouts, posters, topics of discussion and information that are useful and ready-to-print to utilize in centers. Many of these documents have been translated into Spanish, and some information has been translated into other languages. These can be found at <http://www.choosemyplate.gov>

For children ages of 2-19 years old, weight status is based on the Body Mass Index (BMI) percentile for age and sex. BMI is an equation which compares the height to weight of any person over the age of 2 years. Percentile indicates how a child compares to other children the same age and sex. For example, a child with a BMI greater than 95 has a BMI that is higher (greater) than 95 of 100 children of the same age. The BMI percentile can be helpful in identifying trends which may

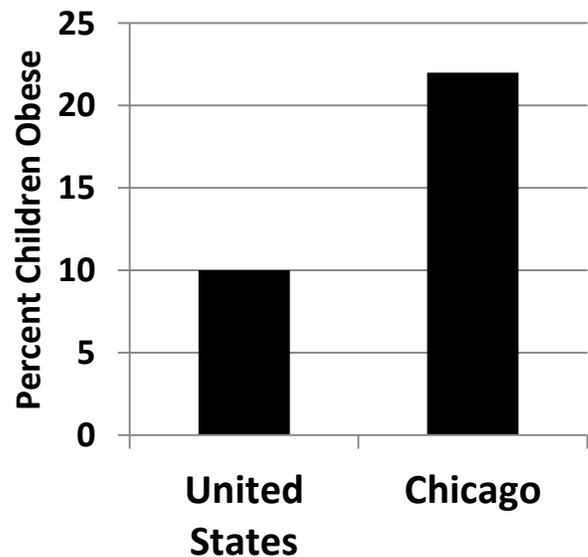
suggest nutritional risk factors such as underweight, overweight or obesity.

Healthful eating patterns can reduce major risk factors for chronic disease such as diabetes, high blood pressure, high cholesterol and obesity. Obesity has become a major health problem for children and adults in this country. It is the goal to address weight related risk status at an early age to provide children all chances and opportunities to lead fulfilling lives unhindered by weight or preventable chronic disease problems. Good habits started at a young age are hoped to provide this foundation to healthy lives.

Tackling overweight and obesity among children is a goal not only pursued by Head Start. The Consortium to Lower Obesity in Chicago Children provides information on many programs in Chicago which are working to promote healthy habits among children. A press release from 2010 highlights the gravity of this issue and notes the importance of health among our children: **In Chicago, children age 3 to 7 have a much higher prevalence of obesity than U.S. Children 2-5 years old**

Additionally, according to a report published in February, 2013 from the City of Chicago: Overweight and Obesity among Chicago Public School Students, 2010-2011 found that one in five children (20%) are obese upon enrolling into public school kindergarten programs. 36% of kindergarteners are either overweight or obese. This recent report highlights the need to promote healthy eating habits of children at an early age.

Head Start standards and policies take many approaches to promote, prevent and provide resources for treatment for all children with weight concerns. Head Start programs shall record the heights and weights of children at least two times a year, request yearly physicals among other documentation and multidisciplinary teams and work with parents to ensure all children are developing healthfully. With this multidisciplinary approach it is hoped that any risk, such as nutrition related risks can be identified early and addressed.



U.S. data based on children 2-5 years old and Chicago data based on children 3-7 years old

Ogden et al, 2010, CLOCC press release, 2010

HEAD START NUTRITION REQUIREMENTS

Head Start Performance Standards require that each child enrolled in the program be screened and nutritional needs identified. Further, Head Start staff is required to inform parents of possible dietary inadequacies and provide information on nutrient needs. This handbook provides information for staff in meeting these responsibilities. *(Additional information has been compiled into the Nutrition Practice Guidelines, which can be found on the DFSS Head Start website.)* The predominate goals of this handbook are:

- To provide guidance to Head Start staff on completing dietary and anthropometric (growth) assessment on all Head Start children.
- To assist staff in interpreting results of dietary, anthropometric and laboratory values.
- To provide information on nutritional needs of normal children including those requiring weight management (both under and overweight issues).
- To make available reproducible handouts for use by staff during parent consultations, staff and parent training.

Food Requirements

Children aged 3-5 years will follow the Head Start meal pattern guidelines. *Detailed information about types of foods service, standards and guidelines shall be found in the Food Service Requirements available on the DFSS website.* The Food Service Requirement guide provides the exact policies to be followed for Head Starts within the DFSS program in Chicago. These guidelines are a compilation of all federal, state, local and specific guidelines for Head Start. This document is updated yearly.

These basic guidelines will be followed:

- Nutrition requirements for Head Start shall be followed.
- Meal patterns and serving sizes shall be followed.
- Menus for Head Start and Early Head Start programs shall be approved by a registered dietitian, licensed nutritionist or by a master's of public health nutritionist.
- Family style meals shall be followed. Menus should be approved prior to service to the children.
- Children will be encouraged to feed themselves, try new foods and allowed the opportunity to make decisions of what they will and will not eat.
- All adults within the Head Start site will provide a good example by role modeling good behavior. No adult should ever discourage a child from participating or consuming a food.
- Food may not be brought in by parents for a classroom celebration. Food from parents may only be for their own child, and for cases of where sites cannot meet the child's special needs such as in the case of food allergies or religious purposes.

Meal requirements for 3-5 year olds		
Breakfast	Lunch	Snack
Milk 3/4 cup	Milk 3/4 cup	Milk 1/2 cup
Grain 0.5 oz	Grain 0.5 oz	Grain 0.5 oz
Fruit (or vegetable) 1/2 cup	Fruit 1/2 cup	Fruit 1/2 cup
	Vegetables <i>two distinct</i> 1/2 cup <u>total</u>	Vegetable 1/2 cup
	Protein 1.5oz	Protein 0.5oz

- Snacks should choose two groups.
- Snack may not serve a fruit and a vegetable as different components.

At least the minimum quantities of food shall be served to children as indicated. Head Start staff should be familiar with these quantities. It is recommended that sites invest in serving utensils for sites that provide the appropriate portion amounts, or to train staff on what the portions look like.

Meal service

Meal service shall be done in the style of family style dining. (Details to follow.) Adults should ensure the eating space is cleaned and sanitized prior to mealtime. Children may be encouraged to assist in table settings.

Children and adults must wash their hands prior to meal service with soap and water. Hand sanitizer is not acceptable.

Food served to children should reflect what is documented on the posted menu in the classroom. This means that if a substitution occurs at a meal (example: apples served in place of pears) then a Head Start staff member (teacher, assistant, food service personnel or other staff) must indicate this on the posted menu. This may be done by posting a bulletin next to the menu or correcting the menu itself by writing on it or applying a note. This is for parents so that they may view the menu and be aware of what is served for informational, medical or religious reasons.

Adults may not eat anything in the classroom other than what the children are served. This includes visitors, parents and staff.

Parents may not bring food to the classroom which is not intended for their child. This includes birthday or holiday celebrations. Please refer to the Food Service Requirements for more information on this topic.

Tables shall be cleaned after meal service. Tables shall be sanitized with a dilute bleach solution. Children **may not** be involved with bleach sanitation.

Family Style Dining

Family style dining, or family style meals is a standard of Head Start and the Child and Adult Food Care Programs (CACFP). When children are old enough to serve themselves and sit at a table on their own they shall engage in family style meal service. Below lists the basics of family style meals. For more information please reference the handouts in the Head Start section or ask your dietitian for training on family style meals. Detailed information can be found in the Nutrition Practice Guidelines document found on the DFSS Head Start website.

- All children and teachers shall enjoy meals together at the same table.
- Seating, dishes, cups, serving dishes, serving tongs/spoons and eating utensils will be appropriately sized for children to handle with ease.
- All food will be placed in serving dishes in the middle of the table prior to the meal. Serving dishes will remain on the table for the duration of the meal.
- Foods should be served at appropriate temperatures to avoid harm and burns to children.
- Children shall serve themselves. (Children who require assistance, difficult foods that are too heavy or hot to serve, pouring milk into cups, etc may be assisted by an adult as appropriate.)
- Children will be encouraged, never forced, to try new foods.
- Adults will enjoy the meal with the children and provide a pleasant experience for the children.
- Children should (as appropriate to their abilities) be involved in setup and cleanup of the meals.

Points to Remember

- Provide appropriate child-size plates, cups, utensils, and serving bowls that children can use comfortably. This will prevent spills and injuries.
- The teacher or childcare provider does not act as server; rather their role is to sit, eat and encourage appropriate mealtime behavior. Manners and etiquette such as passing food, pushing in chairs, and saying “please and thank you” are to be practiced.
- Place all foods on the table at the beginning of the meal. Teacher assistants or parent volunteers are encouraged to help.
- Have enough food available to meet meal pattern requirements. Seconds may be offered if there is enough available. It is encouraged to start by offering seconds of fruits and vegetables.
- Children who may need more help and assistance are recommended to be seated close to an adult.
- Children are still learning and developing. Accidents and spills are likely to occur at the meal table. Adults should clean or assist the children calmly. Harsh words and criticisms are ineffective.
- Mealtimes are an opportunity to engage children in basic nutrition topics and open discussion about the meal that is being enjoyed by the children and adults.

Dental Health

Dental health is an important part of a child’s daily health routine. According to the Centers for Disease Control (CDC) tooth decay (dental carries) affects children in the United States more than any other chronic infectious disease. Head Start has some policies and guidelines for dental hygiene that should be followed and each site should have a daily tooth brushing policy. *Information on dental health and toothbrushing is found in the Toothbrushing Policy, found on the DFSS website. This document shall provide the most current information on toothbrushing policies.*

- Each Head Start program which is half-day should brush their teeth once a day. Full day programs should brush their teeth twice a day.
- Each Head Start program should have a flossing policy initiated. (Information can be found on the Tooth Brushing Policy from DFSS.)
- Adults should supervise all tooth brushing activities to ensure safety and that all toothpaste is spit out.
- Adults should role model tooth brushing.
- Each child shall have their own toothbrush. The child’s name shall be on the toothbrush. (Not just the storage container.)
- Toothbrushes should be appropriately sized for children.
- Toothpaste shall be provided hygienically to children. Each child may have their own tube of toothpaste, or if a class shares a tube then toothpaste must be spread onto a cup, wax paper or paper plate for each child to take their own portion.
- Toothbrushes will be stored in a container which will allow for air circulation.
- Toothbrushes will be replaced every 3-4 months, when worn or unusable.
- Flossing should be done daily.

DOCUMENTATION

Documentation of services provided is extremely important. The following is a list of the required nutrition related documents.

Child/family nutrition assessment

Completed forms should be entered into COPA and a printed copy should be placed in the child's health folder.

Growth assessment/growth chart

Height and weights should be entered into COPA at least twice a year. A printed copy of the growth chart with the plotted BMI should be placed in each child's health folder.

Case notes

If concerns or problems arise regarding the child's eating behavior or if there are other nutritional concerns, these should be communicated to the parent and documented in the case notes in COPA. Refer to dietitian or nutritionist when needed.

Documentation of all nutritional services, referrals and follow-up should be entered into COPA in the referral and case notes screen. A printout of the referral and case notes must be placed in the child's health folder. Approved letters for family, medical providers, and approved action plans are included in the Appendix / Handout Section.

Child and Family Nutrition Needs Assessment

This form is used to complete an evaluation of the child's diet. It is found in COPA. You can download the form and should place a copy in the Health Folder.

This form is designed to help you collect basic nutrition information from the parent/guardian during the initial interview. This background information, along with blood test and growth values, collected from the child's physical exam and growth records, provides a picture of the overall quality of the child's diet. This form also helps you to develop a follow-up plan for children with suspected dietary problems and helps to document services provided.

Instructions for nutrition needs assessment of child health history in COPA

Diet History

These questions, help to identify the nutrition needs of participating families, and should be used in planning your nutrition education program for parents and children.

Food Groups

This section contains a food frequency section which records daily food intake.

Please note that the servings listed in the recommended amount are **minimum** numbers to maintain good health. Some children may require more than the minimum number of servings to be healthy.

Please provide necessary follow up when needed.

Screenings

Hemoglobin and Hematocrit

Results of the child's blood test are entered in the Child's Medical Record. If the hemoglobin value is less than 11gm/dL or the Hematocrit value is less than 33.0%, the child is considered anemic. Follow-up procedures for anemia are on the DFSS Head Start website.

Lead

If the lead level is greater than 5.0 see the lead guidelines for follow-up procedures on the DFSS Head Start website.

Growth Assessment/Growth Chart

Done in the growth assessment screen in COPA. Height and weight data are entered in this screen. After the height and weight data are entered, select the growth chart "BMI-for-age 2 to 20 years" and click calculate. The computer will calculate the BMI and assess the weight status of the child. Print the graph and place a copy in the health folder. If the child is assessed as overweight/obese (greater than or equal to 95th percentile), at risk for overweight (greater than or equal to 85th percentile and less than 95th percentile) or underweight (less than 5th percentile), appropriate follow up should be done as indicated further in this document.

Growth Assessments

The Department of Family and Support Services (DFSS) has adopted a policy to use the Body Mass Index (BMI) as the assessment tool in growth assessment. Children's body fat composition changes as they grow and develop. Also, boys and girls differ in their body fat as they mature. This is why BMI for children, also referred to as BMI -for-age, is gender and age specific.

DFSS requires two growth assessments to be done on each child per year. Height and weights must be obtained on all children at the beginning of the program year and updated in February or March. The beginning of the year values may be recorded from the child's enrollment physical provided the physical examination is not greater than two months old. For children lacking an enrollment physical, height and weights should be assessed on site. The second height and weight measurement is taken on site. Guidelines in taking accurate measurement are described.

For late enrollees, heights and weights must be recorded upon enrollment and updated 4 to 5 months upon entry into the program. The schedule for updating growth assessment on late enrollees is as follows:

<u>Enrolled</u>	<u>Update height/weight</u>
October	February/March
November	March/April
December	April/May
January	May/June
February/March	July/August

A. Measuring stature (height)

Equipment: A yardstick or non stretchable tape measure, attached to a wall. (Do not use the moveable rod attached to the scale because it has a tendency to drop down.) Use a flat headpiece to make a right-angle with the wall and firmly touches the top of the child's head.

Procedure:

1. Remove child foot and head wear. Clean disposable paper should be used for the child to stand on.
2. Position child on the floor with heels slightly apart. Knees and back as straight as possible, heels, buttocks, upper part of back, and back of head touching the wall. Make sure the child is looking forward.
3. Bring a head board to the crown of the head.
4. The viewers eyes should be at the same level as the headpiece used to measure. Read the stature accurately and record the exact measurement immediately.
5. Repeat the procedure to validate accuracy of the first measurement. If the measurements vary by more than 1/4 of an inch, do the procedure again.



B. Measuring weight

Equipment: A scale (do not use bathroom scale). Check periodically, at least twice yearly, to ensure that it is calibrated accurately. Calibrate scale as needed to ensure accuracy.

Procedure:

1. Children should wear lightweight daytime clothing (remove sweaters and jackets) and should be weighed without shoes.
2. Zero the balance beam scale by placing the beam weights at zero and moving the adjustable weight until the beam is in zero balance.
3. Position the child on the scale facing the weights with feet centered on the platform. The child's arms should be hanging loosely at his/her side.
4. To read the balance beam: Move the weight on the main beam away from the zero position until the indicator shows that too much weight had been added, then move the weight back toward the zero position until the excessive amount of weight has been removed. Move the weights from the fractional beam back and forth until the indicator is centered.
5. Read the weights and record the exact measurements immediately. Repeat the procedure to validate accuracy of the first measurement. If the measurement varies by more than 1/2 pound, do the procedure a third time.

Note: When assessing height and weights you may convert measurements from centimeters/kilograms to inches/pounds or vice versa using these conversions:

$$\begin{array}{ll} 1 \text{ inch} = 2.54\text{cm} & 1 \text{ lb} = 0.45\text{kg} \\ 1 \text{ cm} = 0.4 \text{ inch} & 1 \text{ kg} = 2.2\text{ln} \end{array}$$

Comments to Children:

Do not comment on the height or weight of a child at the time the measurements are being taken. Neutral comments such as “Thanks you, you may get off the scale now,” are appropriate.

If a child makes a negative comment about his/her body, it is appropriate to say, “Our bodies come in lots of different sizes and shapes.” “If anyone is teasing you about your body, let’s talk and see what we can do about it.” Teachers and other school staff should discourage teasing by modeling and promoting respectful behavior.

Use and interpretation of the growth charts

1. Obtain accurate weights and measures as explained above.
2. Select the growth chart to use based on the age and gender of the child being weighed.
3. Use the charts listed below when assessing boys and girls from 0 to 24 months old. These charts are listed in COPA at the bottom of the growth assessment screen.

- Length-for-age
- Weight-for-age
- Weight-for-length
- Head circumference-for-age

Use the chart listed below when assessing boys and girls aged 2 to 20 years. This chart is in COPA at the bottom of the growth assessment screen.

- BMI-for-age
- Stature-for-age

4. Determine BMI: COPA will calculate BMI using weight and stature measurements. It will determine the status of the child as healthy weight, overweight, at risk for overweight, or underweight. The chart is used to compare a child’s weight relative to stature with other children of the same age and gender.
5. Print growth chart: To print growth chart, select the applicable growth chart at the bottom of the growth assessment screen. The new screen shows a graph indicating the weight status of the child. Print the graph and place the hard copy on the child’s health folder.
6. Interpret the plot measurements: The curved lines on the growth chart show selected percentiles that indicate the rank of the child’s measurements. For example, when the dot is plotted on the 95th percentile line for BMI-for-Age, it means that only 5 of 100 children (5%) of the same age and gender in the reference population have a higher BMI-for-Age. COPA interpret the plotted measurements based on the percentile ranking and the percentile cutoff corresponding to the nutrition indicator shown on the table below.

If the percentile rank indicates a nutrition related health concern, there may be additional nutrition monitoring and screening required.

Anthropometric Index	Percentile cut-off value	Nutritional status risk indicator
BMI for age	≥ to 95th percentile	Obese
BMI for age	≥ 85th and < 95th percentiles	Overweight
BMI for age	< 5th percentile	Underweight
Length/stature for age	< 5th percentile	Short stature
Head circumference (< 2 years)	< 5th and > 95th percentiles	Developmental for age problem

Not Making a Medical Diagnosis:

Unless you are a licensed health care professional whose scope of practice includes diagnosing medical conditions, refrain from making a diagnosis of overweight or obesity. Labeling a child as “overweight,” “too fat,” “too thin,” or “skinny” based on a single height/weight measurement at one point in time is inappropriate. In order to determine if a child is underweight, overweight or at risk of these conditions, standard practice is for a physician to gather additional medical information necessary for making a diagnosis.

Avoid Stereotyping. It is crucial to avoid stereotyping. A stereotype is an assumption about an individual based on general information. For example, you might know that sometimes Hmong people have large families. If you meet Mai and find out she is Hmong, and say to yourself, “Mai is Hmong; she must have a large family,” you are stereotyping her. To provide the best care we must avoid stereotyping.

This following section has been updated for the 2016 year as approved by the DFSS Health Advisory Council:

Nutritional status indicator	Action to take	Follow up needed
<p>Overweight or obese</p> <p>Above 85th percentile and Above 95th percentile BMI</p>	<p>Provide parent result of assessment.</p> <p>Refer parent to see nutritionist.</p> <p>Nutritionist may choose to:</p> <ul style="list-style-type: none"> Consult with parent Complete action plan for Healthy Lifestyle Provide nutritional information and resources Refer to physician Refer to WIC Provide child's nutritional information to Head Start staff 	<p>Recommendations documented in child's health folder and COPA</p> <p>A copy of recommendations provided to parents.</p> <p>Weigh child every 3 - 4 months until problem resolved.</p> <p>Staff continue to provide nutrition information and physical activity (parent meetings, I am Moving – I am Learning, nutrition newsletters and other nutrition resources)</p> <p>If referred to physician, obtain documentation of recommendations and place in health file.</p>
<p>Underweight</p> <p>Under 5th percentile BMI</p>	<p>Provide parent result of assessment.</p> <p>Provide parent letter, healthcare provider (physician) letter indicating need for follow up.</p> <p>Request documentation of recommendations or action plan for healthy lifestyle.</p> <p>Refer to nutritionist if additional assistance is requested form parent.</p>	<p>Follow up with parent to obtain the recommendations made from the physician to keep in health file. Provide parent with a copy documentation of recommendations to retain. Weigh child every 3-4 months until the problem is resolved.</p>
<p>Short for stature</p>	<p>Refer to health care provider (physician). May also be referred to nutritionist.</p>	<p>Obtain recommendations from healthcare provider.</p>
<p>Head circumference (<5th and >95th%)</p>	<p>Refer to health care provider (physician).</p>	<p>Follow up result from provider and implement healthcare provider's orders. Keep copy of health care provider recommendation in the health folder.</p>

WEIGHT MANAGEMENT

According to the Academy of Nutrition and Dietetics, the health status of American children has generally improved over the past three decades. However, the number of children who are overweight has more than doubled. Children who are overweight are at risk for developing many more health problems including, type 2 diabetes, high blood pressure and even heart disease. Helping children, families and fellow staff to address concerns is an important part of Head Start.

UNDERWEIGHT child – how can we, Head Start staff help?

After infancy, growth in children slows down and occurs in spurts. Weight and height measurements (BMI) are plotted on a growth chart and are used to determine the growth pattern of a child compared to other children with typical growth patterns. If a child's BMI is below the 5th percentile, check the chart above for the necessary actions to be taken. Children who are less than the 10th percentile may be growing appropriately but are considered to be at risk for growth failure and need to be closely evaluated.

It should be emphasized that some children at the 5th percentile could be at that height and weight due to medical concerns, failure to thrive, malnourishment or other conditions. It should also be emphasized that for some children at the 5th percentile, this may be a healthy weight and may not indicate risk of being underweight. Head Start staff should be proactive in working to make sure that families take their children to the physician for a check up. Any determination of health should be upon the evaluation of a physician to determine that the child is growing normally.

OVERWEIGHT child – how can we, Head Start staff help?

There are resources / handouts available within the nutrition section on the DFSS Head Start website which can be used with parents of children identified as overweight or at risk for overweight. The emphasis should always be on helping families to be able to make healthier choices in selecting foods and provide families with ideas and recommendations on how to integrate physical activity into their lives. Changes should be directed to the whole family and should never single out the child who is under or overweight. **It is not recommended to put a child on a weight loss diet**, rather allow young children to “grow into their weight”. Only a medical provider can recommend and supervise a weight loss diet or program for a child. If children do not eat enough, they may not grow and learn as well as they should. Our job is to provide the families with the proper information and resources to make healthy choices.

Ways to help families and staff around weight issues

- Accept Every Child at Every Weight.
- Tell the child she or he is loved, is special, and is important.
- Children and adults come in many sizes and shapes, but we all need to eat well and exercise.
- Work with parents and staff to avoid stereotyping, or using nicknames about body size or shape. Children's feelings about themselves often are based on their parents' and teachers' feelings about them, and these nicknames can be harmful.
- Children who feel good about themselves will take better care of themselves and make better choices around food and exercise.
- Be supportive to families and individuals trying to make changes. Slow, positive changes in eating and exercise work better than sudden or drastic changes.
- Establish good relations with all families to encourage open dialogue and ongoing follow up.

Encourage healthy habits

- Provide positive role models: the best way to teach children is to let them see adults enjoying fruits, vegetables, and whole grains at meals and snacks.
- Encourage family meals. Encourage families to eat together whenever possible.
- Head Start staff should eat with children and be a healthy role model.
- Use “ChooseMyPlate” guidelines for planning meals and snacks.

Recommended healthy eating habits include:

- Children and adults need to eat at regular times.
 - Offer 3 meals and 1-2 snacks per day.
 - Avoid skipping meals or snacking continually.
- Offer fruits and/or vegetables at every meal and snack.
- Offer water and low-fat milk often.
- Fruit juice can be a healthier choice than fruit drinks or soda pop but it is still high in calories.
- Start with age appropriate servings (see Healthy Eating for your Preschooler Handout in Appendix/Handout section and let the child ask for more if he or she is still hungry).
- Trust the child’s stomach. Watch for signals that a child is full and honor this. If a child indicates they are full, do not force them to “clean their plate”.
- Divide responsibility. It is the adult’s responsibility to determine what and when foods are served, and it is the child’s responsibility to determine which and how much of those healthy foods offered he or she will eat.
- Do not use food as a reward. (Like treats and candy.) Never use food as a punishment. (No dinner if you are bad.)
- When encouraging a child to eat avoid, for example, promising dessert for eating vegetables. This sends the message that vegetables are less valuable than dessert and children learn to dislike foods they think are less valuable.

Encourage Physical Activity

Some experts believe most of the health and obesity problems in our country stem more from a lack of physical activity than from our food choices. Adults, children, everyone needs physical activity on a daily basis.

- There are many programs and initiatives to increase physical activity in our children, families and staff.
- “I Am Moving, I Am Learning” is a current program recommended by Head Start to increase movement and address obesity in Head Start children. It includes songs and movements that are not only fun but improve brain development as well as gross and fine motor development.
- Every Head Start site should include “I Am Moving, I Am Learning” activities on a regular basis.

Tips for helping families and staff to increase physical activity include:

- Get trained in and implement “I Am Moving, I Am Learning”
- Encourage families to be active as a family.
- Make play time a family time.
- Make physical activity fun. Do not focus on performance.
- Walk, run, and play together.
- Physical activity can include anything from dancing to jumping rope to housework.
- Variety is the spice of life. Try new and different forms of movement.
- Discourage and limit inactive pastimes. This would include: TV, tablets, phones, computer, video games or other sedentary activities.
- Set limits on the amount of time a child and family watches TV, plays video games, or sits in front of the computer.
- Encourage a child to get up and move during commercials. Let the adult be a role model.
- Discourage eating meals or snacking in front of the TV.