



Program Updates

February-March 2011



IMPORTANT NOTICE

We will be mailing a renewal application and child re-enrollment packet the first week of February. Please watch for them. They need to be completed and back in our office by March 1, 2011. Instructions will be attached.

February 2011

National Heart Month
Bake for Family Fun Month

Days to Remember...

- 1- Mail in/submit your claim
- 2- Groundhog Day
- 12-Abraham Lincoln's Birthday
- 14-Valentine's Day
- 21-President's Day
- 22- George Washington's birthday

SPOT THE TOT

Did you know that each year in Utah, an average of 65 children under age 10 are stuck or run over and 5 are killed by a motor vehicle on private property. Most vehicles involved in these incidents are traveling slowly, many moving in reverse.

Despite the low speed of vehicles in driveways, parking lots and other private property locations, the majority of children struck or run over suffer some type of serious injury and, in many cases, even death.

These events are tragedies that **CAN BE PREVENTED**. Inside you will find safety tips and other important information to keep your family and day care children safe.

Please share this with your parents. Let's keep our kids safe!

Aunt Bee

Reminders...

- **DON'T FORGET CLASSES BEGIN IN FEBRUARY**—the schedule will be arriving shortly. Everyone needs to attend one class each year.
- Please remember claims are due in our office by the 5th of each month. There were several late claims this month.
- If you find yourself serving meals outside your scheduled meal time, call the office and adjust them so the monitor can observe you for meal visits.
- Don't forget—the children should be washing their hands prior to every meal. The provider should be washing their hands prior to preparing the meal. [in other words-all day long :)]
- When entering in minute menu make sure you are entering accurate in/out times daily.
- Save in/out sheets with parent signatures for **6 months**, because the monitor needs to review them at your visit.



March 2011

Nutrition Month
March 13-19 National CACFP Week

Days to Remember...

- 1- Mail in/submit your claim
- 13-Daylight Savings Begins
- 17-St. Patrick's Day
- 20-First Day of Spring
- 20-Absolutely Incredible Kid Day

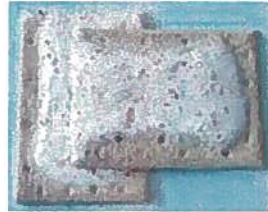
HOLIDAY CARE

If you plan on providing care Presidents Day, Memorial Day, 4th of July or Labor Day you must call the office for pre-approval 4 days prior to the holiday. If you don't get pre-approval the meals on that day will be disallowed.

Presidents Day pre-approval must be obtained by February 17

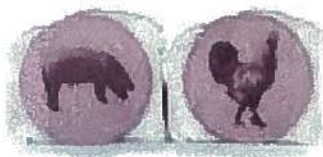
Food Frequency Rules

Did you know there is a rule we need to be more aware of as meals are being served to children in your care. We haven't spent a lot of time discussing this, but we are noticing a trend. We need to ensure that all providers are aware of this rule. The following items or any combination of the following items **cannot** be served more than **TWO times per week**



Dessert Items:

Brownies
Cake(No frosting)
Cinnamon or Sweet Rolls
Coffee Cake .
Cookies
Donuts, Cake or raised
Fritters, Apple, Banana, or Corn
Fry Bread
Gingerbread
Granola, Cereal Bars, or Toaster Pastries
Poptarts
Rice Krispie Treats



High Fat Meats:

Lunchmeat/Processed; Beef, Chicken, Pork, or Turkey
Chicken Nuggets
Chicken Sticks
Pork Franks
Fish Sticks
Sausage; Beef or Pork

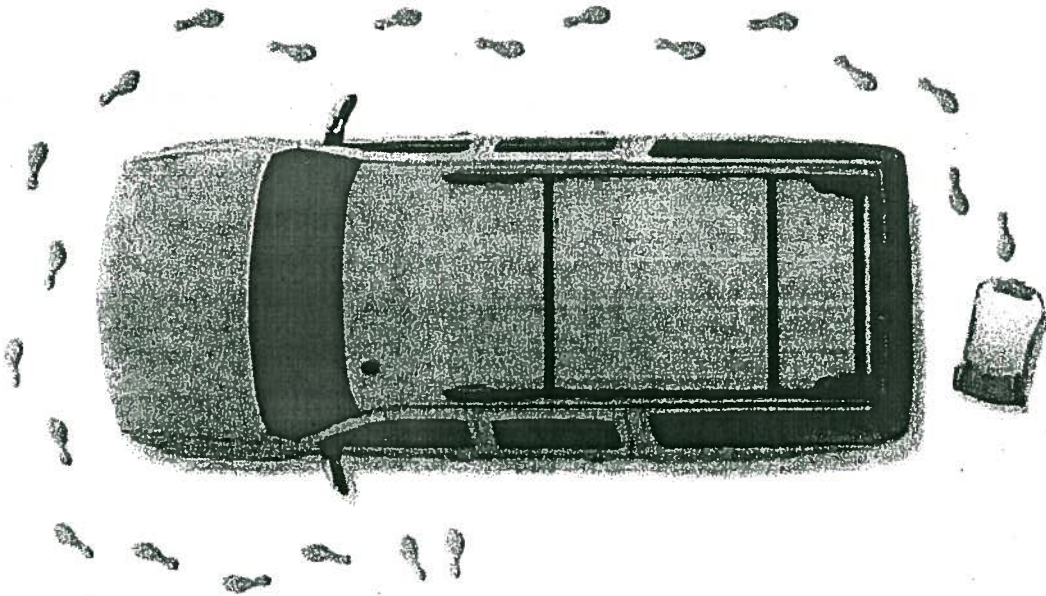
Let's work together in making changes and adding more variety to the meals served to the children in your care.

THANKS!!!! We appreciate all you do!!

This Institution is an equal opportunity provider

Prevention Tips

- Walk completely around your vehicle before getting in.
- Know where children are. Have children stand in a place where they are in full view.
- Be aware of young children. Young children are small and hard to see.
- Parents, caregivers and all adults need to be vigilant in supervising children, especially when children are in the yard, driveway or parking lot playing near parked cars.
- Roll down your window so you will be able to hear what is happening outside your vehicle.
- Owners of SUVs, trucks, and vans need to take extra care to avoid hitting or running over a child.
- Teach children to move away from a vehicle whenever it is started.



For more information contact the Violence and Injury Prevention Program at the Utah Department of Health at 801-538-6864, or visit www.health.utah.gov/vipp





■ Infants, Toddlers and Preschoolers

Nutrient intakes were found to be adequate for the majority of US infants, toddlers and preschoolers, according to a national sample of more than 3000 children.

Overall, protein and calorie requirements were met or exceeded with minimal risk of vitamin and mineral deficiencies—except for *iron* and *zinc* in a small subset of older infants, and *vitamin E* and *potassium* in toddlers and preschoolers.

Fiber intakes were low in the vast majority of toddlers and preschoolers. *Sodium* and *saturated fat* intakes were higher than recommended in most preschoolers.

“Diet quality should be improved in the transition from infancy to early childhood, particularly with respect to healthier fats and fiber,” the researchers stated.

J Am Diet Assoc, Dec 2010

■ Changing Patterns

A national sample of 1600 infants and toddlers found that compared to 2002 data more children are continuing to be breastfed from 4 months to 1 year of age.

Fruit and vegetable consumption was generally low. But there was a significant reduction in the percentage of kids consuming any desserts, candy, sweetened beverages, and salty snacks.

J Am Diet Assoc, Dec 2010

■ Healthy, Hunger-Free Kids

On December 13, President Obama signed the *Healthy, Hunger-Free Kids Act of 2010* to make available \$4.5 billion to enhance access and eligibility to nutritious school lunches.

It is the most significant investment in the National School Lunch Program in more than 30 years.

www.whitehouse.gov, Dec 13, 2010

■ Calcium & Vitamin D

New Dietary Reference Intakes (DRIs) for calcium and vitamin D were recently issued at the government’s request.

For kids 1 to 3 years old, 500 mg calcium/day is the average requirement, and 700 mg/day the RDA.*

For kids 4 to 8 years old, 800 mg/day is the average requirement and 1,000 mg/day the RDA.

As for vitamin D, 400 IU/day is the average requirement, and 600 IU/day is the RDA for kids 1 to 8 years old.

DRIs are intended to be used as a guide for good nutrition.

Institute of Medicine, Nov 30, 2010

* *Recommended Dietary Allowance*

■ Prunes

Building strong bones is of concern in childhood and up until early adulthood. Thereafter, bone is progressively lost with advancing age.

Prunes (dried plums) are known to contain several bone-building factors. Recent findings from a dietary study done with adult and old mice showed that prunes can dramatically increase bone volume and also reverse age-related bone loss. More research is needed to see if the findings apply to humans.

Journal of Nutrition, Aug 2010

■ Protein

A study in Europe yielded interesting findings regarding protein and weight. More than 89,000 people in 5 countries participated in the study for an average of 6 years.

Overall, higher protein intake was not found to be associated with lower weight or smaller waist.

People with higher intakes of animal protein from *red and processed meat* and *poultry* rather than from fish and dairy products were more likely to have long-term weight gain.

International Journal of Obesity, Dec 2010

■ Record Rates of Hunger

Close to 15% of households in America had a food shortage at some point last year, according to a recent government report. Hardest hit were single mothers, many of whom reported going without a meal now and then to provide more food for their children.

Some people reported going without food for a whole day because they were unable to afford to eat. Food pantries, soup kitchens, and charitable organizations that help the poor are facing mounting pressure to meet record rates of hunger.

Also hit hard are people living on small fixed incomes, the elderly, the disabled, the homeless, and those working minimum wage jobs and living below the poverty line.

BBC, Nov 16, 2010

■ Nation’s Nutrition

Nearly the entire US population consumes a diet that is not on par with the federal dietary recommendations, say researchers at the National Institutes of Health who conducted a survey.

They looked at data of more than 16,000 Americans, aged 2 and older. Overconsumption of calories from solid fats, added sugars and alcoholic beverages accounted for lots of empty calories in the average diet.

The majority of the population did not meet recommendations for all the foods groups, with the exception of grains, and meat and beans.

Journal of Nutrition, Nov, 2010

© 2010-11 Children’s Nutrition / Winter

This is general information for the public. It is not medical advice. For medical advice, a doctor should be consulted. To find a registered dietitian in your area, please call 800-366-1655.

Notes for Caregivers



■ Infant Feeding Methods and Mother's Sleep

Formula feeding compared to breast feeding is sometimes credited with allowing mothers of young infants to get more sleep. But a new study has found otherwise.

Observing infants aged 2 to 12 weeks and mothers' quality and quantity of sleep, researchers did not find differences between women exclusively breastfeeding, exclusively formula feeding, or using a combination of both methods. They concluded, "Choosing to formula feed does not equate with improved sleep."

Pediatrics, Dec 2010

■ Too Early for Cow's Milk

Children fed cow's milk before 4 months of age were more likely to have *asthma* between 3 and 4 years of age, as per a recent study.

Journal of Pediatrics, Sep-Oct 2010

■ Diets of Preschoolers

French fries and other fried potatoes were the most commonly consumed vegetable, according to a national random sampling of the diets of 1461 children aged 2 and 3 years.

About a third of 2-year-olds and a quarter of 3-year-olds drank whole milk (instead of recommended lower-fat milk). About 85% of these kids consumed a sweetened beverage, sweet or salty snack, or dessert in a day.

"Parents and caregivers should be encouraged to expose young children to a wide variety of fruits and vegetables, whole grains, low-fat dairy products, and healthier fats, and to limit consumption of low-nutrient, energy-dense foods and beverages," researchers concluded.

J Am Diet Assoc, Dec 2010

■ Preschoolers' Intake of Whole Grains

Among children aged 2 to 5 years, consumption of whole grains is low—about 1/2 serving a day on average, a national survey has found.

Those who ate more servings of whole grains had overall better diet quality. Vitamin B6, folate, magnesium, phosphorus, iron, calories, and fiber intakes were higher in kids eating 3 or more servings a day.

Public Health Nutrition, Oct 2010

■ Breakfast & Lunch

Preschoolers were reportedly hungrier at lunchtime after having eaten a high glycemic load* breakfast 4 hours earlier compared to kids who ate a low glycemic load (higher protein/fat) breakfast, in a recent study.

But both groups ate about the same amount of food and calories at lunch. Thus, researchers concluded, "Diets that are low in glycemic load can be recommended as part of a healthy diet for preschool children."

Nutrition Journal, Nov 2010

**glycemic load* is a technical term based on absorbable carbohydrate in a food.

■ Iron Absorption

Iron absorption is enhanced in plant foods by *vitamin C*, and by *lutein* and *zeaxanthin*, two carotenenes.

So adding fresh fruit to iron-fortified cereal, for example, can increase iron absorption. Bananas contain lutein and zeaxanthin (as do many other fruits) but are low in vitamin C. A fruit containing significant amounts of all three substances is gold kiwi fruit.

British Journal of Nutrition, Aug 2010

■ BPA in Food

Bisphenol A (BPA) is a man-made chemical used in lining metal cans and in polycarbonate plastics, such as baby bottles.

In animal studies, BPA is associated with early sexual development, altered behavior, and effects on sex glands. In humans, BPA is associated with heart disease, diabetes, and male sexual dysfunction in exposed workers.

In a recent study, BPA at various levels was found in 63 of 105 samples of fresh food, canned food, and food in plastic packaging. Among these were fresh turkey, canned green beans, and canned infant formula.

More research and legislation is needed to address the presence of BPA in foods and in the environment.

Environmental Science Technology, Nov 2010

■ Learning & Blood Pressure

Learning disabilities, with or without ADHD, was significantly higher in kids with high blood pressure (hypertension) compared to those with normal blood pressure in a recent study.

The study looked at children 10 to 18 years old. The authors stated, "These findings add to the growing evidence for an association between primary hypertension and cognitive function..."

Pediatrics, Dec 2010

Little strokes fell great oaks.

—Ben Franklin

Beans, Peas, Lentils



COMMON DRY BEANS include:

black	pinto
red	kidney
lima	great northern
anasazi	navy
cannellini	adzuki
garbanzo	soy
mung	calico

*Cocoa, vanilla, and coffee beans are botanically not legumes.

PEAS include:

green (e.g. sugar snap, snow)
black-eyed
split green or yellow
chick-peas (garbanzos)
peanuts (botanically a legume)

LENTILS include:

brown
green
red (orange)

Legumes have significant health-promoting properties.

- Legumes are nutrient-rich.
- Legumes are generally about 25% protein. They provide about 8 grams of protein per half cup. They are sources of complex carbohydrates, B vitamins, fiber, iron, potassium, phosphorus, magnesium, and zinc.
- Many legumes are good sources of folate, an important B vitamin.
- Phytonutrients in legumes appear to help protect against type 2 diabetes, cancer, and heart disease.

Beans, peas, and lentils are legumes.



BEANS, PEAS and LENTILS generally provide:

- ◆ protein
- ◆ vitamins (especially B)
- ◆ minerals
- ◆ antioxidants
- ◆ slowly digested carbohydrates
- ◆ no cholesterol
- ◆ dietary fiber

- Soaking beans (overnight for example) shortens cooking time.
- Legumes tend to absorb flavors during cooking.
- Traditionally, in many cultures, beans are served with grains.
- Cooked, puréed, unseasoned beans can be added to some cookie and brownie recipes for a nutritional boost. Replace up to 25% of the fat called for in the recipe with beans.
- Dry split peas and lentils can be made into flour using a small coffee grinder. Legume flour can be added to recipes to increase nutritional value.
- Puréed, cooked beans can be made into sandwich spreads, dips, or patés.
- Add beans to salads, soups, pasta, ground meat, etc.

Some PICTURE BOOKS about legumes:

Black Beans and Lamb, Poached Eggs and Ham by Brian Cleary;
One Bean by Anne Rockwell;
Jack and the Beanstalk by various authors;
From Bean to Bean Plant by Anita Ganeri;
The Life Cycle of a Bean by Linda Tagliaferro;
The Meat and Beans Group by Mari Schuh;
Bean Thirteen by Margaret McElligott;
Little Pea by Amy Rosenthal;
The Pea Blossom by Anne Poole;
From Peanut to Peanut Butter by Robin Nelson;
Pickin' Peas by Margaret MacDonald;
The Princess and the Pea by various authors

Bean & pea ACTIVITIES for older preschoolers*

collages
classification projects
identification by shape/color
sprout mung beans
observe with a magnifying glass
observe that legumes grow in pods
count using beans
make bean shakers (art project)
make soy milk
make a 3-bean salad
make a 10-bean soup
make bean dip
make playdough from pea flour
grow beans indoors or outdoors

*Not for children for whom beans and peas may pose a choking risk.

Iron in Foods

Adequate iron in the diet is essential. During infancy and childhood, iron is especially important for brain development, cognitive and motor function, and growth. According to research, 7% to 15% of US toddlers are iron deficient. Iron-deficiency and iron deficiency anemia can result in poor growth, lower mental and motor abilities, behavior problems, and increased susceptibility to infection. The requirement (DRI) for children aged 1 to 3 years is 7 milligrams (mg) per day. For children aged 4 to 8 years, it is 10 mg per day. (For infants' requirements, a pediatrician should be consulted.) Below are iron values of some foods.

	mg
Baby food, chicken, strained, 1 jar (2.5 oz)	1.0
Baby food, lamb, strained, 1 jar (2.5 oz)	0.8
Baby food, beef, junior, 1 jar (2.5 oz)	0.7
Baby food, chicken, junior, 1 jar (2.5 oz)	0.7
Baby food, pork, strained, 1 jar (2.5 oz)	0.7
Baby food, ham, junior, 1 jar (2.5 oz)	0.7
Baby food, turkey, strained, 1 jar (2.5 oz)	0.5
Baby food, veal, strained, 1 jar (2.5 oz)	0.5
Baby food, green beans, junior 1 jar (6 oz)	1.8
Baby food, peas, strained, 1 jar (3.4 oz)	0.9
Baby food, green beans, strained, 1 jar (4 oz)	0.8
Baby food, spinach, creamed, strained, 1 jar (4 oz)	0.7
Baby food, sweet potatoes, junior, (6 oz)	0.7
Baby food, brown rice cereal, dry, inst, 1 tbsp	1.8
Baby food, oatmeal cereal, dry, 1 tbsp	1.6
Baby food, rice cereal, dry, 1 tbsp	1.2
Baby food, barley cereal, dry, 1 tbsp	1.1

TABLE FOODS (animal / heme iron)

Clams, canned, drained solids, 3 oz	23.8
Chicken liver, cooked, simmered, 3 oz	9.9
Oysters, Eastern, canned, 3 oz	5.7
Beef liver, cooked braised, 3 oz	5.6
Shrimp, cooked moist heat, 3 oz	2.6
Beef, trimmed cuts, lean, all grades, cooked, 3 oz	2.5
Sardines, Atlantic, cnd in oil, drained/bone, 3 oz	2.5
Turkey, all classes, dark meat, roasted, 3 oz	2.0
Lamb, trimmed cuts, lean, choice, cooked, 3 oz	1.7
Tuna, light, canned in water, drained solids, 3 oz	1.3
Chicken, broiler or fryer, dark meat, roasted, 3 oz	1.1
Turkey, all classes, light meat, roasted, 3 oz	1.1
Veal, trimmed cuts, lean, cooked, 3 oz	1.0
Pork, leg, loin, shoulder, lean, cooked, 3 oz	0.9
Salmon, pink, cooked, 3 oz	0.8
Milk, whole, reduced fat, or skim, 1 cup	0.1

TABLE FOODS (plant / nonheme iron)

	mg
Oatmeal, instant, fortified, cooked, 1 cup	14.0
Pumpkin seeds, 1/2 cup	9.0
Blackstrap molasses, 2 tbsp	7.4
Tofu, raw, regular, 1/2 cup	6.7
Wheat germ, toasted, 1/2 cup	5.1
Ready-to-eat cereal, fortified, 1 cup	~ 4.5 to 18.0
Soybeans, mature seeds, boiled, 1/2 cup	4.4
Apricots, dehydrated, uncooked, 1/2 cup	3.8
Sunflower seeds, dried, 1/2 cup	3.7
Lentils, mature seeds, cooked, 1/2 cup	3.3
Spinach, boiled, drained, 1/2 cup	3.2
Chick-peas, mature seeds, cooked, 1/2 cup	2.4
Prunes, dehydrated, uncooked, 1/2 cup	2.3
Lima beans, large, mature seeds, cooked, 1/2 cup	2.2
Navy beans, mature seeds, cooked, 1/2 cup	2.2
Kidney beans, mature seeds, cooked, 1/2 cup	2.0
Molasses, 2 tbsp	1.9
Pinto beans, mature seeds, cooked, 1/2 cup	1.8
Raisin, seedless, packed, 1/2 cup	1.6
Prune juice, canned, 4 oz	1.5
Green peas, boiled, drained, 1/2 cup	1.2
White rice, enriched, long grain, cooked, 1/2 cup	1.0
Whole egg, fried or poached, 1 large	0.9
Spaghetti, enriched, cooked, 1/2 cup	0.9
White bread, commercially prepared, 1 slice	0.9
Whole wheat bread, commercially prepared, 1 slice	0.7
Macaroni or spaghetti, whole wheat, cooked, 1/2 cup	0.7
Peanut butter, smooth style, 2 tbsp	0.6
Brown rice, medium grain, cooked, 1/2 cup	0.5

GOOD SOURCES of VITAMIN C to increase IRON absorption

Foods that contain Vitamin C help in absorption of iron.

These fruits and vegetables are sources of vitamin C:

citrus fruits	bell peppers
pineapples	broccoli
fruit juice, enriched	tomatoes
strawberries	cabbage
cantaloupe	potatoes
kiwi	leafy green vegetables
raspberries	cauliflower

Toddlers who drink excessive amounts of cow's milk may be at risk for iron deficiency because cow's milk is a poor source of iron.

NOTE: Consult a pediatrician before giving a child iron pills. Too much iron can be toxic. Keep pills and supplements out of children's reach.

Source of iron values: *Pediatrics*, Nov 2010 / USDA databases.
Baby food values generally based on generic, not branded jars.
www.ars.usda.gov/ba/bhnrc/ndl



Caregivers & Feeding

An Interview with Lynn Brann, RD, PhD

Lynn Brann is assistant professor in the Department of Nutrition Science and Dietetics at Syracuse University in New York. In this interview she shares with us findings from her recent research on child feeding practices.

What feeding practices did you look at in your study?

Lynn Brann: I specifically looked at three child feeding practices in relation to child overweight: 1) *restriction* of children's food intake, 2) *pressure* on the children to eat more, and 3) *monitoring* of food intake. I used the Child Feeding Questionnaire developed by Birch and colleagues.

I also used two other concepts from the questionnaire that relate to feeding and child overweight: 1) *responsibility* in child feeding, and 2) *concern* about child weight.

What did you find?

LB: Child care providers reported that they were very much responsible for feeding the children in their care (as expected) but were somewhat neutral on whether they were concerned about the child in their care being/becoming overweight.

For the specific feeding practices, the most reported practice was monitoring food intake (types and amounts of mostly "unhealthy" foods) of the children. Providers were again overall somewhat neutral on whether they pressured children in their care to eat more (e.g. eat most/all food on their plate) or whether they restricted children's access to "unhealthy" foods.

What about providers' perceptions of children's weight?

LB: I only found significant results between providers' perceptions of child weight status when examining girls (based on figure drawings of boys and girls).

Providers who chose the smaller figures (from the drawings) to represent the cutpoint for child overweight had higher scores on the questions related to their concern for the children in their care becoming overweight compared to providers who chose the larger figures as the cutpoint for overweight.

The same results were true for the child feeding practice of monitoring – those that chose the smaller girl figures as the cutpoint for overweight were more likely to use restrictive child feeding practices.

What is your image of a positive feeding environment in child care settings?

LB: I am an advocate for Ellyn Satter's model of a positive feeding environment where children and caregivers have different responsibilities in feeding/eating.

Caregivers are responsible for providing a variety of healthy foods in a safe and positive environment and children decide *whether* they will eat and *how much* they will eat. This takes "pressuring" out of the picture since the child is responsible for eating and it gives the child control.

Since caregivers are responsible for the food served, they will monitor and restrict to some level. However, it is important to provide a variety of foods so those foods that are not as nutritious can be served on occasion. The caregiver should not be a short order cook, but should provide a menu that will serve all children.

One of the challenges providers face is getting the children to eat these "healthy" foods, especially if they are different from what they are exposed to at home. Providers can be a role model for eating. I believe they should be eating/drinking the same foods as the children and should eat with the children.

Providers can also use cooking as a learning experience for children to practice measuring when cooking or experience foods in their various forms (raw, cooked, etc). Gardening is another way to get children excited about food. This could be as simple as a potted tomato plant in the summer time. □

*In everyday life,
and especially at mealtime,
the behavior of young
children can seem chaotic.*

*Great variability in the
intensity of activity and a
capricious appetite
are the norm, as are vigorous
likes and dislikes,
dawdling over food,
spillage,
refusal of nutritious foods,
and variation in intake.*

— Gilbert B. Forbes, MD
New England Journal of Medicine, Jan 1991