

Position of the American Dietetic Association: Benchmarks for Nutrition in Child Care

ABSTRACT

It is the position of the American Dietetic Association that child-care programs should achieve recommended benchmarks for meeting children's nutrition needs in a safe, sanitary, and supportive environment that promotes optimal growth and development. Use of child care has become increasingly common and is now the norm for the majority of families in the United States. Therefore, it is essential that registered dietitians; dietetic technicians, registered; and other food and nutrition practitioners work in partnership with child-care providers and families of children in child care to meet children's nutrition needs and provide them with models of healthful eating and active lifestyles. This Position Paper provides guidance for food and nutrition practitioners, health professionals, and child-care providers regarding recommendations for nutritional quality of foods and beverages served; menus, meal patterns, and portion sizes; food preparation and service; physical and social environment; nutrition training; nutrition consultation; physical activity and active play; and working with families. This Position Paper targets children aged 2 to 5 years attending child-care programs and highlights opportunities for food and nutrition practitioners to promote healthful eating in child care through both intervention and policy-based initiatives.

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POSITION STATEMENT

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nutrition needs in a safe, sanitary, and supportive environment that promotes optimal growth and development.

Child-care providers play an important role in shaping the health of our nation's children. Nearly three quarters of children aged 3 to 6 years in the United States spend time in organized child care (1), with even more cared for in less-formal arrangements such as family, friend, or neighbor care. According to estimates, nearly 9 million children attend child care (2), and the majority of them spend more than 15 hours per week there (3). The number of child-care centers has increased from less than 5,000 in 1977 to roughly 119,000 in 2007, with an estimated additional 238,103 family child-care homes (4). To promote healthful eating in all child-care settings, food and nutrition practitioners need to work in partnership with child-care providers and families to ensure that meals and snacks served in child care meet children's nutrition needs and that providers support and model healthful eating to create a positive child-care environment.

Child-care programs often serve as homes away from home, where children adopt early nutrition-related behaviors. Young children appear more likely than older children to be influenced by adults in an eating environment (5), and food habits and patterns of nutrient intake acquired in childhood track into adolescence and adulthood (6,7). In addition, young children typically consume half to three quarters of their daily energy while in full-time child-care programs (8,9), making this an ideal setting for the promotion of healthful eating. Thus, achieving recommended benchmarks for nutrition in child-care programs is an important public health priority, and food and nutrition practitioners can play a key role in that charge. This Position Paper identifies

nutrition benchmarks for children aged 2 to 5 years attending child care and provides guidance for food and nutrition practitioners, health professionals, and providers regarding recommendations for: nutritional quality of foods and beverages served; menus, meal patterns, and portion sizes; food preparation and service; physical and social environment; nutrition training; nutrition consultation; physical activity and active play; and working with families.

BENCHMARKS FOR NUTRITION IN CHILD CARE

Nutritional Quality of Foods and Beverages Served

Foods and Beverages Served Should Be Nutritionally Adequate and Consistent with the Dietary Guidelines for Americans (DGA). Foods and beverages served in child-care programs should be consistent with the DGA (10). Child-care providers can help ensure that children eat nutritious foods that promote optimal growth and development in their early and formative years. The importance of this benchmark is underscored in the *Healthy People* objectives for the nation to increase the proportion of persons aged 2 years and older whose diets are consistent with the DGA. The Dietary Reference Intakes (DRIs) also provide guidance on children's nutrient needs (11). Foods and beverages served to children in child care should provide a proportional share of daily nutrient requirements. Children in part-time programs should receive foods and beverages that provide at least one third of the daily nutrient requirements, whereas those in full-time programs should receive foods and beverages that meet at least one half to two thirds of daily nutrient needs (12).

A Variety of Healthful Foods, Including Fruits, Vegetables, Whole Grains, and Low-

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Fat Dairy Products, Should Be Offered to Children Daily. A key recommendation in the DGA is that children consume five or more servings of fruits and vegetables, especially dark-green and yellow vegetables and citrus fruits every day (10). Children should be served fruits and vegetables high in vitamin C daily and high in vitamin A at least three times a week. Emphasis should be placed on minimally processed fruits and vegetables when available from a safe and clean source. Choosing fresh fruits and vegetables and serving them raw rather than cooked helps increase the amount of dietary fiber, minimize fat and sodium in the diet, and avoid the loss of nutrients, such as vitamin C, through cooking. Frozen fruits and vegetables are also good options; however, canned fruits and vegetables may be more economical in the child-care setting. Fruits packed in water rather than syrup and vegetables low in sodium are good options when fresh or frozen fruits and vegetables are unavailable or costly. Providers can rinse canned fruits and vegetables to reduce added sugar and sodium before serving them.

Juice is often served in lieu of whole fruits or vegetables in child-care programs for convenience, cost, shelf life, and perceived health benefits. The American Academy of Pediatrics recommends limiting juice to 4 to 6 oz/day, but less should be served in child-care programs because children may consume juice at home (13). Juice provides less fiber and fewer nutrients than whole fruits or vegetables. Moreover, excessive juice consumption may contribute to the development of obesity (14,15).

In addition to consuming adequate amounts of fruits and vegetables, children should consume at least six servings of a combination of breads, cereals, and legumes daily, and at least half of all grains consumed should be whole grains. Whole-grain products such as whole-wheat bread, brown rice, and oatmeal help provide dietary fiber, which may be lacking in meals provided to children in child care (16).

Dairy products are an important source of calcium and vitamin D for children. As young children age, they should consume less energy from fat, including fat in milk, and increase their consumption of 1% or fat-free

milk for children older than age 2 years (10,17). Despite these recommendations, few children drink reduced-fat or fat-free milk (17,18).

Foods and Beverages High in Energy, Sugar, and Sodium and Low in Vitamins and Minerals Should Be Limited. Foods high in nutrients and low in fat, sugar, and sodium may help prevent the development of chronic diseases such as obesity. Child-care programs are an important setting for the promotion of healthful eating and the prevention of obesity (19,20). Researchers have started to explore the relationship between child-care attendance and obesity, with one study linking part-time child care with a decreased risk of obesity later in childhood compared to children cared for at home (21). Another study found that full-day Head Start programs may provide more protection against obesity (22) than part-day Head Start programs (9). A study examining the quality of foods and beverages served in Head Start programs through a national survey of directors and found that more than half of programs surveyed did not allow flavored milk or vending machines, and nearly all did not allow sugar-sweetened beverages (23). The Head Start program performance standards (24) can serve as a model for other child-care programs. These standards require participating child-care programs to focus on healthful options and to limit foods of minimal nutritional value. More recent studies have found that child-care attendance may actually contribute to development of obesity (25,26). Despite mixed results on the relationship between child-care attendance and obesity, promotion of healthful eating in child care remains an important issue when addressing long-term healthful behavior.

Menus, Meal Patterns, and Portion Sizes
Foods and Beverages Should Be Provided in Quantities and Meal Patterns Appropriate to Ensure Optimal Growth and Development. Children typically grow 2.5 in and gain 5 to 6 lb each year from age 1 year through adolescence. Total energy needs increase slightly with age, although energy needs per kilogram of body weight actually decline gradually during childhood.

Meals and snacks should be offered to children every 2 to 3 hours in child-

care programs (27). Generally, children in care for 8 hours or less should be offered at least one meal and two snacks or two meals and one snack (27). Children in care more than 8 hours should be offered at least two meals and two snacks or three snacks and one meal (27). Recommended patterns and portion sizes for providing well-balanced meals and snacks are available from a variety of sources, including the US Department of Agriculture's Child and Adult Care Food Program (CACFP) (28,29). Portion sizes and frequency of meals and snacks affect the energy intake of children (30,31).

By ensuring that children receive adequate amounts of foods and beverages, served at appropriate intervals, child-care programs can make substantial contributions to helping prevent hunger in children. Nearly 15% of families in the United States report food insecurity, and a number of these families include young children (32). Child-care providers should follow current portion size recommendations but should also respond to children's cues related to hunger and satiety.

Child-Care Programs that Meet Requirements Can Benefit from Participation in the CACFP. The CACFP (28) is a federal nutrition assistance program that provides reimbursement for meals and snacks served to children from families with low incomes and some children with disabilities and chronic health conditions enrolled in child-care facilities. The program also delivers nutrition education, regulates meal patterns and portion sizes, and offers sample menus to help child-care providers comply with nutrition standards. The program provides meal-pattern and child-size-portion guides for feeding infants and children ages 1 through 2 years, 3 through 5 years, and 6 through 12 years. Both child-care centers and family child-care homes are eligible to participate in the program, but homes must work with a sponsoring agency. Child-care programs not eligible to participate in CACFP are encouraged to follow CACFP guidelines for healthy meals and snacks. Centers that participate in CACFP, including Head Start programs (22) not participating in the National School Lunch and Breakfast Program (33), must

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