



Health Services Newsletter

Understanding Nutrition Needs in Early Care and Education

Nutrition plays a vital role in the healthy growth, development, and early learning of children. Early care and education programs support healthy development by serving healthy foods, fostering a positive eating environment, and providing nutrition education. Foods served in your program can provide over half of the day's caloric needs for some children (USDA). A proper balance of calories and nutrients is critical for normal brain development and can be linked to cognition, academic performance, and behavior.

While the breadth of nutrition services provided may vary in programs, the nutrition services your program provides can be informed and strengthened by a [nutrition assessment](#). A formal or informal nutrition assessment is an opportunity for staff and families to work together to identify feeding and medical concerns, inform menu development, classroom nutrition education, and family engagement and education. This edition of the Health Services Newsletter describes what should be included in a nutrition assessment, provides an overview of common family feeding concerns, and shares examples of questions staff can use to talk with families. The National Center on Early Childhood Health and Wellness (NCECHW) encourages you to use this newsletter to inform your current practices. Your program can also contact the NCECHW for further information or guidance.

A nutrition assessment should include

- **Anthropometric measurements** such as height, weight, head circumference for infants, BMI for children older than 2, and weight for length percentiles for children age 2 or less.
- **Food/nutrition-related history** which should include an open dialogue with the family regarding feeding habits and routines, cultural preferences, food allergies, and special dietary needs. For infants and toddlers: feeding schedules, including whether breastmilk or formula is used; recognizing when a child is hungry and full; and plan to introduce solid or new foods should also be discussed.
- **Opportunity for families** to discuss concerns or questions related to their child's feeding.
- **Review of other screening results** such as a medical or physical exam, hemoglobin or hematocrit, lead, or sickle cell.

Your community assessment, public health department, or Health Services Advisory Committee are helpful resources to inform your nutrition assessment as they can identify community nutrition issues such as lead in the water supply or access to fresh fruits and vegetables. The nutrition assessment as well as other nutrition



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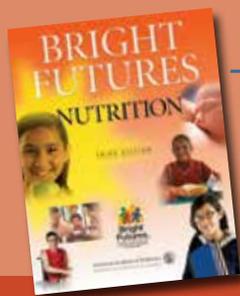
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Sample Assessment Questions

1. What do you do if your child doesn't like a particular food?
2. What concerns do you have about your child's weight?
3. Do you have concerns about the food served to her when she is away from home?
4. Describe what your child does during meal times? What do you do?
5. How does your child let you know when she is hungry and when she is full?
6. What concerns do you have about your child's eating behaviors or growth?
7. How often do you not have enough money to afford the kind of food you and your family should?
8. In the past 6 months, do you go without food because you did not have enough money to pay for it?
9. How do you feel about the way your baby is growing?
10. How do you think feeding is going for you and your baby? Do you have any questions?
11. How often do you feed your baby?
12. Does your baby receive anything else besides breast milk or infant formula?



— *Bright Futures Nutrition Handbook, 3rd edition*

services such as family education might identify further family needs. For that purpose, it might also be helpful to have a list of community referrals and information for families available with your nutrition assessment such as the local Women, Infants, and Children office, Supplemental Nutrition Assistance Program (SNAP), food pantries, Cooperative Extension, etc.

Common nutrition concerns identified in the nutrition assessment

Every child is different and the role of food will vary by family and culture. However, there are similar feeding concerns that often surface in early childhood. If they surface in your nutrition assessment or when talking with families, it might be helpful to tailor a response or approach that works best for the family or your community.

Excess milk or juice. Families may provide more milk or juice than a child needs, especially as their infant is transitioning from breast milk or infant formula to child eating patterns. From ages of 1–2, a child needs 2–3 servings of whole milk or other dairy products a day. A toddler serving is 4 ounces, half the serving size of adults. For children older than age 2, 2 servings (8-oz. cups) of low-fat (1%, 2%) or fat-free (skim) milk is recommended.

Children less than 1 year old should not be served fruit juice. Families should be encouraged to offer whole fruit instead of fruit juice. If fruit juice is served to children older than 1, it should be limited to one 4-6 oz. cup of 100% fruit juice per day. Too much juice can lead to a reduced appetite, dental caries, and diarrhea. Programs can eliminate juice from menus and encourage families to limit the amount of fruit juice served at home. Families should offer milk at mealtimes and water throughout the day. Water contains important nutrients to keep children healthy and does not contain sugar. In most communities, water also contains fluoride, which helps prevent tooth decay. If families are concerned about the safety of their drinking water, it might be helpful to connect them to their local health department for more information about the community water supply and testing their water at home.

Anemia: [Anemia](#) occurs when the body lacks red blood cells that carry oxygen through the blood to the body. This can affect a child's energy, growth, and development. Children who consume more than 24 oz. of milk a day might experience difficulty absorbing iron from food and supplemental sources such as multi-vitamins. This is often seen when infants are transitioning from infant formula to child eating patterns. Other causes of anemia include lead poisoning, sickle cell disease, lack of iron-rich foods in the diet, or severe illness. Families should be encouraged to serve iron-rich foods such as legumes, red meat, pork, poultry, seafood, or dark green leafy vegetables, and iron-fortified grain products (cereals, breads, pasta) with foods high in vitamin C, such as fruit to aid in absorption of iron in the body.





Food jags: Children often develop [food jags](#), only wanting to eat the same food for every meal, or testing their independence at mealtime by refusing to eat a food they previously enjoyed. Parents should be reassured that this is normal childhood development and encouraged to continue offering a variety of healthy foods. Fostering a positive eating

Positive eating environment

Mealtimes should provide an opportunity for children to build self-feeding skills as well as explore and try new foods. Adults should encourage children to decide what foods they would like to eat and how much. Controlling what and how much a child eats may negatively affect what a child chooses to eat, how much they eat, and how they understand being full or hungry. Providers and parents can try:

- **Eating with the children during mealtimes.** It is important to eat the same foods as the children during mealtimes, avoid bringing in outside drinks or other foods, and talk about trying new foods.
- **Offering foods again,** later in the meal, to children who did not want a certain food or only took a small amount.
- **Adopting a warm give and take conversation style.** Use meal time to reinforce the daily lesson plan such as colors, shapes, manners, or new words.
- **Helping children listen to their body.** Use questions such as “Are you full?” and “Would you like to try some more of that?” that ask the child to listen to their internal cues compared with statements such as “Eat more of that”.

environment is important at home and in the program. A culture of healthy eating never includes forcing children to eat or using food as a reward or punishment.

Children with special health care needs: Children with chronic health conditions, restricted diets, or recovering from surgery may have special dietary needs. These children may benefit from additional support from a registered dietitian and medical provider. Special dietary needs should be reflected in each child’s [individualized](#)

[healthcare plan](#) (IHP) to ensure programs and families receive the needed support.

Food insecurity: Children from families experiencing food insecurity may not have enough food or enough food from all food groups placing them at risk for delayed cognitive growth, obesity, and other long-term problems. Providers and parents might see this at mealtime with common signs such a child pocketing food in their cheeks, expressing anxiety before meals or snacks especially when waiting their turn to serve themselves, or consistently serving themselves very large portions of food. These families could benefit from referrals to a local Women, Infants, and Children clinic ([WIC](#)), Supplemental Nutrition Assistance Program ([SNAP](#)), [cooperative extension](#), or [food bank](#).

A family is considered food-insecure if they frequently:

- Are unable to afford balanced meals
- Reduce the size of meals because of lack of money
- Reduce the quality and variety of their normal diet due to lack of money

Lead: Lead can cause anemia, learning difficulties, and behavior problems with long lasting impact. Healthy foods can play a role in blocking the absorption of [lead](#). Nutrients such as calcium, iron, and Vitamin C are important in the fight against lead absorption. Calcium inhibits the absorption of lead in the body. Calcium rich foods include: milk and milk products such as cheese, and yogurt; green leafy vegetables such as spinach, kale, or collard greens; and canned salmon and sardines. Iron blocks lead from being exposed in the body. Foods such as lean red meats, iron-fortified cereal, bread, pasta, beans and lentils are great sources of iron. Vitamin C helps the body absorb iron. Programs can serve a vitamin C rich food such as citrus fruit, peppers, and potatoes with iron rich foods during meals and snacks.

The Centers for Medicare and Medicaid Services (CMS) requires all children eligible for Medicaid-eligible children receive blood level lead screening at 12 and 24 months of age. A child should also be screened if they:

- Live in or regularly visit a house built before 1950;
- Live in or regularly visit a house built before 1978 with ongoing or recent renovations
- Have a sibling or playmate who has or had lead poisoning.

Families may access lead screenings in their medical home, WIC office, or public health department. Child care and Head Start providers can play an important role in connecting families to these services. Programs should check with their state's Childhood Lead Poisoning Prevention Program for more information.



Pica: It is common for young children to put nonfood items in their mouths. However, when this behavior becomes a persistent and compulsive craving, it may be [pica](#). While not overly prevalent (10-30% of children under 6 years old), it can result in serious health problems such as lead poisoning, iron deficiency anemia, constipation or diarrhea, intestinal obstructions, dental injury, or infection. Pica occurs most often in children with developmental disabilities, including autism, and children between the ages of 2 and 3. It may also occur for women during pregnancy. The most common nonfood items include; dirt, clay, paint chips, chalk, baking soda, ice, glue, soap, and hair. Since pica is a mental health diagnosis, a family experiencing pica should be referred to a licensed mental health provider. If a community lacks access to appropriate mental health services, the medical home and a registered dietitian are also appropriate referrals.

Resources

http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/nutrition/nutrition-assessment/health_fts_00739_072905.html

http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/school-readiness/assessment/health_fts_00744_120505.html

<http://www.choosemyplate.gov/pregnancy-weight-gain-calculator>

Other resources to consider:

<http://www.harvestforhealthykids.org>

<http://www.cditeam.org/table/>

<http://cals.uidaho.edu/FEEDING/>

<http://www.fda.gov/AboutFDA/EnEspanol/default.htm> and <http://www.fda.gov>

<http://www.leannebrown.com>

<http://www.fns.usda.gov/core-nutrition/core-nutrition-messagesnutrition.gov>



NATIONAL CENTER ON
Early Childhood Health and Wellness

The National Center on Early Childhood Health and Wellness welcomes your feedback on this newsletter issue as well as your suggestions for topics for future issues. Please forward your comments to health@ecetta.info or call (888) 227-5125.

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School readiness begins with health!