



# All Children Considered

VOL. II • 2003/04

A NEWSLETTER FOR PEOPLE WHO CARE FOR CHILDREN

## Children's Physical Fitness—What Child Care Providers Can Do

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Published by



COOPERATIVE EXTENSION SYSTEM  
College of Agriculture & Natural Resources  
and the School of Family Studies

In collaboration with



Connecticut  
Departments of  
Social Services  
and Public Health

## Preventing Childhood Obesity: Tips for Child Care Professionals

Susan S. Fiore, MS, RD  
Nutrition Education Coordinator, CCAC  
Approved Trainer, Connecticut State  
Department of Education

### PROVIDE HEALTHY EATING EXPERIENCES

- Provide healthy meals and snacks that meet the requirements of USDA's Child and Adult Care Food Program (CACFP). For children 2 years and older, plan meals to follow the guidelines of the Dietary Guidelines for Americans. Use plenty of vegetables, fruits, and whole grains.
- Limit high sugar and fat foods without being overly restrictive. Fat should not be restricted in the diets of children younger than 2 years of age. Children between 2 and 5 should consume gradually diminishing amounts of fat so that, by about age five, their diet contains no more than 30 percent of calories from fat.
- Make mealtimes a pleasant and sociable experience. Provide opportunities to help

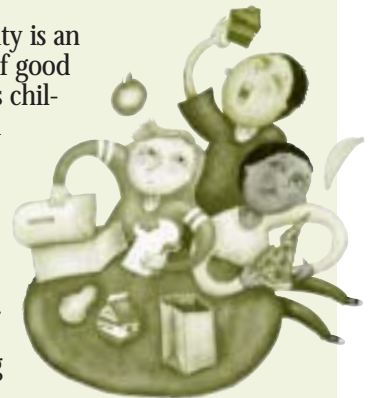
children develop positive attitudes about healthy foods and learn appropriate eating patterns, mealtime behavior, and communication skills. Allow children to decide how much to eat. Encourage children to eat slowly. Do not use food as punishment or reward.

### PROMOTE PHYSICAL ACTIVITY

Physical activity is an important part of good health, and helps children to maintain appropriate healthy weights. Young children need at least 60 minutes of physical activity daily. Keep it fun and safe by providing age-appropriate equipment and activities.

- Provide daily outdoor play or alternative

*(Continued on page 2.)*



### From the editor...

Our theme for this issue is "Children's Physical Fitness—What Child Care Providers Can Do!" Contributing authors discuss the role of physical activity in positive youth development, the use of cooperative rather than competitive games, the damaging gender stereotypes surrounding the area of physical activities, and strategies to decrease obesity of the youth in our programs.

In addition, there are updates from the Departments of Social Services and

Public Health that include the Child Care Annual Report, additional resources for providers, and information on Connecticut public health regulations that relate to physical fitness and nutrition. Our Mailbag feature answers a caller's question regarding expanding her child care business.

We hope you find the issue stimulating and invite your written comments and suggestions.

*Harry Mangle*

activities during bad weather. Maximize opportunities for large motor muscle activity, e.g., jumping, dancing, marching, kicking, running, riding a tricycle, or throwing a ball.

- Encourage children to keep moving by including active games and play throughout the day, e.g., music, dance, and make-believe. Provide toys and equipment that encourage physical activity, e.g., balls, hula hoops, bubbles, and cardboard boxes.

### TEACH HEALTHY EATING HABITS

- Provide daily nutrition activities, lessons, and learning experiences to promote positive attitudes about good nutrition and health. Teaching healthy eating practices early will help children approach eating with the right attitude





that food should be enjoyed and is necessary for growth, development, and energy.

- Help families to understand and practice healthy eating habits. Provide parents with information on children's nutritional needs and healthy eating, so that they can encourage young children to develop healthy eating habits.
- Provide child care staff with appropriate nutrition and foodservice training. Staff should know the basic principles of child nutrition, strategies for creating a positive environment that promotes the development of good eating habits, the importance of modeling healthful behaviors, and healthy culinary techniques.
- Be a role model. Set a good example for children to follow by healthy eating

behaviors and an active lifestyle. Model appropriate behaviors, such as enjoying a variety of foods, being willing to taste new foods, and enjoying physical activity. If you eat or drink anything that children are not allowed to have, e.g., soda, candy, or coffee, do so on your break, out of children's sight.

### PROMOTE A HEALTHY BODY IMAGE

- Be supportive. Help children to accept and feel good about themselves by supporting, accepting, and encouraging them, regardless of their body size or shape.
- Provide opportunities for children to master skills using their bodies. Build self-esteem by praising each child's strengths.

HEALTHY SNACK IDEAS FOR CHILDREN AGES 3-5					
BASED ON THE U.S. DEPARTMENT OF AGRICULTURE CHILD AND ADULT CARE FOOD PROGRAM (CACFP) MEAL PATTERN					
CACFP Meal Component	Monday	Tuesday	Wednesday	Thursday	Friday
Milk				3/4 cup	
Fruits/Vegetables	1/2 Vegetable Bites (carrots, broccoli, celery, peppers)	Friendship Fruit Salad (recipe below)			Shredded Carrots (1 Tbsp. as garnish)
Grains/Breads 1 serving	Bread Sticks	Granola Topping (1 Tbsp. as garnish)*	Crackers	Pasta Veggie Salad with Grated Cheese	Wheat Pita Bread
Meat/Meat Alternate 1 ounce		Vanilla Yogurt	Sliced Turkey and Cheese		Hummus (Click Pea Spread)
Other	Lowfat Ranch Dip				

### Friendship Fruit Salad

Combine nutritional education and healthy eating with this colorful fruit salad. Fruits used can vary according to seasonal availability.

**Yield:** 10 servings CACFP Meal Pattern Contribution: 1/2 cup fruit/vegetable\*

**Serving size:** 1/2 cup

**CACFP Meal Pattern Contribution:** 1/2 cup fruit/vegetable\*

#### Ingredients:

- 1/2 cup seedless watermelon
- 1/2 cup apples (1 small)
- 1/2 cup mandarin oranges (in juice or light syrup)
- 1/2 cup cantaloupe
- 1/2 cup blueberries
- 1/2 cup pineapple rings (in juice)
- 1/2 cup seedless grapes, sliced lengthwise in quarters\*\*
- 1/2 cup strawberries

- 1/2 cup honeydew melon
- 1/2 cup banana (1 small)

#### Procedure

1. Have children wash hands thoroughly for at least 20 seconds in warm soapy water.
2. Prepare fruit (adults): Wash and drain fresh fruit (grapes, blueberries, strawberries, apples). Core apples. Remove rind and seeds from melons. Pour juice from canned oranges and pineapples into large bowl. Cut melons and apples into large pieces (children will cut larger pieces into bite size pieces). While working, discuss each ingredient with children, e.g., size, shape, color, taste, how it grows, etc.
3. With adult supervision, give each child a plastic knife and a piece of fruit to cut up.
4. Have children take turns pouring their fruit into the bowl. As each child pours fruit into the bowl, ask

them to name the fruit and tell something about it. Mix together when all fruit is added.

5. Serve 1/2 cup fruit salad per child.

\*For a snack that meets the CACFP meal pattern for ages 3-5, top fruit salad with 1 ounce vanilla or fruit yogurt. Garnish with 1 tablespoon granola cereal.

\*\*Whole grapes are a choking hazard for young children. Cut lengthwise in quarters. Adapted from: *Connecticut Cooks for Kids*, Connecticut State Department of Education and the University of Connecticut, 1996.

#### Sources

Barlow, S and Dietz, W. Obesity Evaluation and Treatment: Expert Committee Recommendations. *Pediatrics*, Vol. 102 No 3, 1998.  
Holmes, B., *Childhood and Adolescent Obesity in America: What's a Parent To Do?* University of Wyoming Cooperative Extension Service, 1998.  
Story M, Holt K, Sofka, D, eds. *Bright Futures in Practice: Nutrition*. Arlington, VA: Nat Center for Ed in Maternal and Child Health, 2000.  
Weight-control Information Network, National Institutes of Health. (1998) *Helping Your Overweight Child*. (On-line). Available at: [www.niddk.nih.gov/health/nutrit/pubs/helpchld.htm](http://www.niddk.nih.gov/health/nutrit/pubs/helpchld.htm) ■

# After-school Sports and Games – Gender Stereotypes and Program Balance

Barbara Colombo-Adams, MS Ed  
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## TEACH HEALTHY EATING HABITS

Physical activities and games are important components to a child's overall health and development. Participation in a variety of physical activities and sports promote physical development, social-emotional skills, and cognitive abilities. Since schools across the country have rolled back physical education programs, child care and out of school time programs are some of the only places where a girl or boy can access daily physical activity, often in a non-competitive environment.

## WHO CHOOSES TO PLAY ACTIVE GAMES?

There are more girls involved in school-based and community league sports than ever before. However, research finds that most girls in coed after-school care and youth programs tend to opt out of gym games and sports on a regular basis.

Gender pressures in school-age settings keep girls, as well as boys, from crossing gender line lines when making activity choices in after-school settings. They are very vulnerable to the sex-role expectations of their parents, peers, and society in general and the fallout that comes from making nontraditional choices. Over time, children come to recognize the gender associations linked with various activities and rely on them for judging which activities are 'best' to pursue

## GENDER BARRIERS TO PARTICIPATION AND SUGGESTED REMEDIES:

**1) Girls lag behind boys in experience and confidence.** In most cases, school-age girls tend to come to after-school programs with less experience, confidence, and skill than male peers. Since sport skills instruction is not typically offered in most after-school child care settings, girls

and boys must already have knowledge and skills in order to join in a game of basketball, soccer, or floor hockey. As a result, many girls are typically shy to join in team-based games with more experienced peers.

↪ **Remedy:** Level the playing field by offering sports skills instruction in your programs. Make time available in your program for novice players to develop and practice basic sports skills such as kicking, throwing, pitching, batting, and dribbling on a regular basis.

**2) Activity formats that force a choice between traditional and nontraditional activities.** Research has shown that when children are given a choice between traditional and nontraditional activities, like arts/crafts and gym games, the gender association of each activity is emphasized. In such cases, most children will make stereotypical choices.



↪ **Remedy:** Present daily activity options that offer choices within a content area rather than forcing a choice between one content area and another. Offering a choice between soccer and floor hockey one day and between two arts and crafts options another day will send a message to girls and boys that both content areas are acceptable endeavors for each to explore.

**3) Lack of 'girl-only' space in gym or sports activities.** Girls, as well as boys, may feel uncomfortable exploring new and/or nontraditional activities in a coed group.

↪ **Remedy:** Provide activity formats that allow for single gender activity sessions in nontraditional areas. Programs can make it safe for girls and boys to participate in nontraditional activities by creating a schedule that offers boys choices in the art room for 30-40 minutes while girls are given choices in the gym. Then, both groups can switch.

**4) Lack of access to resources focusing on female athletes.** It is not typical for girls in after-school care and youth program settings to have access to books and magazines, bulletin boards and murals, or posters depicting a variety of images of women in nontraditional, as well as traditional, sports.

↪ **Remedy:** Provide access to stories and images of female athletes and role models. Invest in magazines, such as *Real-Sports Magazine*, which features women in a wide range of sports without all the negative advertising. Invest or borrow from the library new books and videos on women in sports when possible. Have girls create drawings, posters, and/or murals of women athletes in a wide range of sports. ■

## ALL CHILDREN CONSIDERED VOL. II • 2003-04

The *All Children Considered* newsletter is published by the University of Connecticut Cooperative Extension System in partnership with the UConn School of Family Studies and the Connecticut Department of Social Services and Public Health. We welcome readers' comments and contributions related to child care. Please send correspondence to the editor via email: [Harry.Mangle@uconn.edu](mailto:Harry.Mangle@uconn.edu), (860) 570-9077 or to UConn Greater Hartford, 1800 Asylum Avenue, West Hartford, CT 06117-2659.

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# Physical Activity for Children: Healthy Now, Healthy Later!

Barbara Westwater, Acting Chief  
Bureau of Curriculum and Instruction  
Consultant, Health and Physical Education  
Connecticut State Department of  
Education

Throughout history, inventions have made tasks easier to perform. However, they have also decreased the physical activity in which people engage. The benefits derived from being physically active can help children now and later in life. Inactivity is considered a major contributor to the rise in obesity rates and increased prevalence of Type 2 (commonly known as adult onset) diabetes in children. **The National Association for Sport and Physical Education recently increased their recommended amount of physical activity for children five to 12 years of age. They now suggest at least 60 minutes of age appropriate physical activity on all or most days of the week.**

## PHYSICAL ACTIVITY CAN:

- Increase children's self-esteem and the capacity for learning;
- Help children handle stress;
- Build and maintain healthy bones, muscles, and joints;
- Lower the risk of injury and disease; and
- Help maintain a healthy weight.

The child care physical education program should engage ALL children in a variety of age appropriate physical activities. Its purpose is not to develop athletes to enhance athletic teams, although that might be a direction some children

choose. Physical activity opportunities should be provided during organized before and after school programs.

This activity time can be an unstructured time where children are encouraged to make choices. Physical activity also gives children many opportunities to use and enhance important social and leadership skills, such as negotiating and conflict resolution. After school physical activity often involves organized sports. When this is the case, make sure this is what the child wants, and it fits his/her interests and abilities.

Parents and after school providers need to remember that physical activity does not need to be a structured program but can be that physical "play time," walking the dog, raking leaves, or other physically engaging chores. Think about what the child has been doing for the past 2-4 hours. Before sending them off to do homework or allowing them sedentary free time (i.e., TV, computer) encourage some stress reducing physical activity. Adults should be models who encourage physical activity.

An important part of any opportunity for physical activity is the environment in which it takes place. It is the adults' responsibility to assure that when they are designing, supervising, or instructing physical activity opportunities, they assure

the physical, emotional, and social safety of all children.

## HINTS FOR PARENTS AND AFTER SCHOOL PROGRAM PROVIDERS

You can help children by:

- Encouraging and providing opportunities for children to be physically active every day
- Emphasizing a variety of recreational, sport, and lifetime physical activities;
- Matching the child's interests, personality, and abilities with the choices of organized activities to ensure appropriateness;
- Placing limits on the time children spend doing sedentary activities (for example, playing computer games and watching television);
- Setting a good example by making physical activity part of your daily routine and engaging in physical activity with children;
- Linking physical activity with proper nutrition, emphasizing variety, balance, and moderation.



For additional ideas, check out these web sites:

- [www.verbparents.com](http://www.verbparents.com)
- [www.shapeup.org/publications/99.tips](http://www.shapeup.org/publications/99.tips)
- [www.americanheart.org](http://www.americanheart.org)
- <http://fitness.gov/funfit/funfit.html> ■

## Cooperative Games – Try Some Today!

Susan Krampitz  
Connecticut School-Age Care Association  
(CSACA) Connecticut's Afterschool  
Professional Organization

### WHY USE COOPERATIVE (NON-COMPETITIVE) GAMES?

Cooperative games focus on participation, challenge, and fun rather than defeating someone. They emphasize play rather than competition. Instead of having children losing and sitting out the rest of the game, cooperative games may

involve switching teams so that everyone ends up on the winning team. Included in this article are only a few of the many engaging and productive non-competitive games available for children. Check out the bibliography at the end of the article, with many additional suggestions for games to play with your children. Have fun!

## COOPERATIVE GAMES AND SUGGESTED AGE LEVELS

### 1 Cookie Monster (Ages 4-8)

Children line up along a wall, fence, or demarcation line. They become the "cookies." One child is the Cookie Monster who stands some distance away. The children chant, "Cookie Monster, Cookie Monster, what time is it?" The Cookie Monster responds with a clock time, choosing any number he or she wishes, e.g., "Eight o'clock." The 'cookies' then count out loud together as they take large steps toward the Cookie Monster, "One, two, three, four, five, six, seven, eight." The 'cookies' repeat their 'what time' call. The Cookie Monster continues to respond with time numbers until he or she decides to answer, "Cookie time!" whereupon the Cookie Monster chases the cookies back to the wall. When the Cookie Monster touches a cookie, that child joins the Cookie Monster's team and chases other cookies. The last cookie to be caught can become the new Cookie Monster.



### 2 The Lava Pit (Ages 9-13)

Tell a story where the group is being chased, and they need to get across a pit of hot lava (the ends of the pit marked in some manner). Give each group paper plates explaining that when they step on these plates they will not sink into the lava. (Give each team about 1/3 the number of plates as people.) The group must figure out how to get the entire group across the hot lava pit. Only one person can be on a plate at a time, and the plates may be picked up and moved. The key to the game is that only part of the team will be able to cross the field at a time, and one person will need to work his/her way back across the field to help the rest of the team across. A time limit can also be placed on this game.

### 3 Blob Tag (Ages 9-13)

One person begins as "it." The participants who are caught join hands with "it" to form a blob. As more people are caught, they join the blob, which becomes larger. Participants can only be tagged if the blob is intact. If the blob is broken, it must pause to form itself again.

### 4 People To People (Ages 9-13)

Participants form pairs facing each other. A single player at the end of the line is designated the "caller." As the caller yells "toe to toe," "knee to knee,"

"elbow to foot," etc., the pairs perform the described connection. On the call "people to people" the players switch partners. The player without a new partner becomes the new caller. You cannot have the same partner twice, unless it is a small group. Try to think of a new combination every time!

Source: *A Cooperative Game workshop at 2003 CSACA Fall Conference given by Tony Sharillo, Northern Middlesex YMCA.*

#### Resources:

- Achieving Gender Equity in the Gym and on the Playing Field, WFD Consulting, (617) 673-3100 or [www.wfd.com](http://www.wfd.com)
- Double Dutch 4-H Health & Fitness Program, University of Connecticut Cooperative Extension System (203) 407-3169
- Cooperative Games for Young Children, North Seattle Community College Early Childhood website <http://northonline.sccd.ctc.edu/eceprog/games.html>
- The following books are available from "School-Age Notes," (800) 410-8780 or [www.afterschoolcatalog.com](http://www.afterschoolcatalog.com)
  - *Best New Games* by Dale Le Fevre
  - *The Outrageous Outdoor Games Book* by Bob Gregson; and
  - *Games, Games, Games: Creating Hundreds of Group Games & Sports* by Dave Whitaker ■

## CHILD CARE INFOLINE MAILBAG

***Q. I am considering expanding my child care business. How do I know if there is a need?***

2-1-1 Child Care Infoline helps many individuals each year who are interested in expanding their current business or opening a new business. This includes licensed providers that are relocating to another town.

Many of the calls we receive are from individuals who need to put together a business plan. 2-1-1 Child Care Infoline can provide reports on current child care availability, average

fees, and number of requests received for child care services in each town. The information can be provided to the caller to include in their business plan.

Our Annual Capacity/Availability/Enrollment Availability survey, which provides a snapshot of the availability of child care in Connecticut and the number of chil-



dren served, is also found on-line at [www.childcareinfoline.org](http://www.childcareinfoline.org).

2-1-1 Child Care Infoline can also offer additional assistance to child care professionals including information on local child care associations, business loans, food program, first aid, CPR, and medication administration training.

***For more information on how 2-1-1 Child Care Infoline can assist you with your child care business, please call us directly at (800) 505-1000.***

## Department of Social Services (DSS)

<http://www.dss.state.ct.us/ccare/>

### Child Care Annual Report

Amparo Garcia  
CT Department of Social Services

In January 2004, the Department of Social Services (DSS) prepared its latest child care annual report, Annual Report to the State General Assembly on The Status of Child Care in Connecticut. The full report may be viewed in its entirety at the DSS website <http://www.dss.state.ct.us/ccare/CCAnnReport03.pdf>

Highlights from the report, which provides an update on child care related activities during the past fiscal year (July 2, 2002 – June 30, 2003) are provided below.

- In April 2003, Connecticut was selected to participate in the national Infant & Toddler Child Care Planning Initiative, which will examine the state's current infant/toddler related services and identify areas that require improvement or better coordination. The US

Department of Health and Human Services website [www.nccic.org/itcc](http://www.nccic.org/itcc) provides additional information about the initiative.

- The Kith & Kin Initiative was implemented. This Initiative targets health and safety education activities to relatives, friends, and neighbors who care for other people's children.
- Six hundred Kith & Kin child care providers received fire extinguishers and technical assistance via home visits.
- DSS assisted the Connecticut Department of Children and Families to implement their Early Childhood Consultation Project, which provided behavioral and mental health training and direct consultative services to selected personnel at state funded child care centers.

A monthly average of 22,633 children and their families received financial assistance from the Care 4 Kids program.



- 6,165 preschool children participated in the School Readiness Program, and another 4,000 children participated in the State-funded Day Care Center Program.

- 5,501 early caregivers participated in the statewide training offered through the Training Program in Child Development, a partnership between the Department of Social Services and the Child Health and Development Institute;

- Connecticut-Charts-A-Course Training Support Fund scholarships benefited 1,252 individuals. Of them, 231 achieved the Child Development Associate (CDA) credential.

Please submit any questions or comments about the annual report directly to Amparo Garcia, DSS-Child Care Team, 25 Sigourney Street, 10th Floor, Hartford, CT 06106 or via e-mail to [amparo.garcia@po.state.ct.us](mailto:amparo.garcia@po.state.ct.us) ■

Division of Community-Based Regulation  
<http://www.dss.state.ct.us/ccare/>  
1-800-282-6063, 1-800-439-0437, 1-860-509-8045

## Department of Public Health (DPH)

### Safe Surfacing under Indoor and Outdoor Plastic Climbing Equipment

Marion Storch  
Family Health Division – Injury Prevention Program, Department of Public Health  
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[marian.storch@po.state.ct.us](mailto:marian.storch@po.state.ct.us)

The U.S. Consumer Product Safety Commission (CPSC) warns that plastic climbing equipment should not be used on hard surfaces indoors or out. Carpeting has also been shown not to be effective in preventing injuries.

Only impact absorbing materials that have tested effective for use under playground equipment can protect against serious injuries. CPSC recommends that impact-absorbing surface be used under and at least 6 feet around all playground equipment. The only exception to this is equipment where the child is sitting or standing at ground level during play such as sand boxes and playhouses. Appropriate surfaces include “loose-fill” materials such as sand, wood chips, and bark mulch or unitary materials such as rubber tiles, rubber mats, and poured in place rubber

CPSC has reports of two children killed and hundreds injured when they fell from climbing equipment placed indoors on cement, wood, or carpeted

floors. The National Program for Playground Safety (NPPS) has conducted research on the hazards of using playground equipment indoors. They found that many of the materials commonly used indoors under climbing equipment (carpets, exercise, tumbling, and play mats) would not protect against serious head injuries in a fall from one foot or less. In addition there were problems keeping the equipment and mats stable. The NPPS recommends that if playground equipment is used inside it should only be used on materials that are specifically designed and tested as playground surfacing composition.

#### Resources and references:

U.S. CPSC Product Safety Alert. Never

Put Children's Climbing Gyms on Hard Surfaces, Indoors or Outdoors.  
<http://www.cpsc.gov/cpsc/pub/pubs/5119.pdf>

National Program for Playground Safety. Child Care Alert: Testing Results Released About Surfacing Used Under Indoor Playground Equipment  
<http://www.uni.edu/playground/tips/gener->

[al/indoor\\_mats.html](al/indoor_mats.html)

US CPSC Handbook for Public Playground Safety  
<http://www.cpsc.gov/cpsc/pub/pubs/325.pdf>

American Academy of Pediatrics. Caring for Our Children – National Health and Safety Performance Standards: Guidelines

for Out-of-Home Child Care, 2nd Ed. Standards 5.183 and 5.163  
<http://nrc.uchsc.edu/>

Thompson D, Hudson S. The Inside Information about Safety Surfacing. Journal of the National Association for the Education of Young Children. March 2003. ■

## REGULATIONS THAT PROMOTE HEALTHY CHILDREN IN LICENSED CHILD DAY CARE CENTERS AND GROUP DAY CARE HOMES

Terri Ruducha-Roberts,  
Child Care Licensing Specialist  
Child Day Care Licensing  
Division of Community Based Regulation

Department of Public Health,  
(800) 282-6063, (800) 439-0437,  
(860) 509-8045, and  
[http://www.dph.state.ct.us/BRS/Day\\_Care/day\\_care.htm](http://www.dph.state.ct.us/BRS/Day_Care/day_care.htm)

According to the American Academy of Pediatrics (1), the prevalence of childhood obesity has doubled in the past two decades in the United States. Recent data from the Center for Disease Control and Prevention indicate that children under five years of age have had significant increases in obesity as well (2). The two key reasons for this change are that American children today are less physically active, and their diet is less nutritious.

With so many young children spending a majority of their day in child day care settings, it is the provider's responsibility to keep children healthy and safe. Below are some examples, included in the child day care licensing regulations for child day care centers and group day care homes, of how child care providers impact children's physical and nutritional development.

Public Health Code, Section 19a-79-8a Educational requirements, states, "Each child day care center and group day care home shall develop and imple-

ment a written plan for the daily program that includes a flexible schedule and shall be available to parents and staff. Child day care centers and group day care homes shall have policies, procedures, and activities that meet and enhance the individual needs of the diverse population of children served, which includes children with cultural, language, and developmental differences. The plan shall include: (a)(1) indoor and outdoor physical activities which provide opportunities for fine and gross motor development..."

Children and staff should be getting outside daily, weather permitting, for some exercise and fresh air. As long as everyone is dressed appropriately, take the opportunity to explore the wonderful seasonal changes that occur in winter and spring.

Public Health Code, Section 19a-79-8a(a)(6) requires that the plan include, "health education experiences that include modeling good health practices, sound nutrition, and safety awareness." Examples of modeling sound nutrition practices include staff eating healthy foods for snack and lunch instead of fast foods or fatty snacks with low nutritional value, and designing activities that teach children about healthy and non-healthy foods and safe and unsafe situations. Your program's health and nutrition consultants can be great resources in developing these activities.

Public Health Code, Section 19a-79-6a, Health and Safety (a)(2), also addresses nutritional requirements for meals and snacks in child day care centers and group day care homes. It requires that the child day care center, group day care home, or parent provide a nutritionally adequate meal whenever a child remains on the premises for five hours or more, in accordance with federal nutrition regulations. Children who stay on the

premises less than five hours must have a nutritious snack. Children who stay on the premises longer than five but less than eight hours must have one meal and one nutritious snack. Children who stay on the premises eight or more hours must have one meal plus two nutritious snacks, or two meals and one nutritious snack. A meal is defined as the food served and eaten in one sitting containing the four food groups (PHC, Sec. 19a-79-1a(36)). A snack is defined as a light meal containing two food groups (PHC, Sec. 19a-79-1a(53)). Fruit juice can be counted as a food group as long as it is not diluted and is 100% juice. Be sure to check the labels.

The development of a healthy lifestyle should be a goal for all children. You can do your part by providing regular physical activity, both indoors and out, and nutritious meals and snacks.

1) Troiano RP, Flegal KM, Kuczmarski RJ et al. "Overweight prevalence and trends for children and adolescents: The National Health and Nutrition Examination Surveys, 1963-1991." Archives of Pediatric & Adolescent Medicine 1995; 149:1085-1091.

2) Ogden CL, Flegal KM, Carroll MD et al. "Prevalence and trends in overweight among US children and adolescents, 1999-2000." JAMA 2002. 288; 14:1728-1732 American Academy of Pediatrics, [www.aap.org](http://www.aap.org) ■



## RESOURCES TO PROMOTE HEALTHY CHILDREN IN LICENSED CHILD DAY CARE CENTERS AND GROUP DAY CARE HOMES

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**I**t would be difficult not to be aware of the growing epidemic of obesity among adults and children. The media brings this to our attention through magazine and newspaper articles, television specials, and radio reports. Parents and caregivers have increasing concerns about a healthy approach to feeding children. Child care providers are in a perfect position to provide guidance and resources on this issue.

A child care program that has clear

policies and recommendations about nutritious food choices, appropriate portion sizes, and a positive approach to meal and snack times can facilitate these practices. Parents and caretakers look for guidance and direction on common problems encountered when shaping the eating habits of young children. An excellent resource on this subject is *How to Get Your Kid to Eat, But Not Too Much* by Ellyn Satter.

Two other resources that can be accessed via the Internet are part of the *Bright Futures in Practice* series created by the U.S. Department of Health and Human Services. This series addresses nutrition, physical activity, dental health, and other health topics. You can find them at [www.brightfutures.org](http://www.brightfutures.org). Additional resources are listed on the Connecticut Department of Public Health (DPH) website, [www.dph.state.ct.us](http://www.dph.state.ct.us), under the "Obesity Prevention Program" heading on the homepage. While on the homepage, click on the icons for "Kids" and "Healthfinder." Both provide a treasure trove full of information and helpful health tips.

You may have heard of "Captain 5 a Day," a colorful Connecticut character who encourages fruit and vegetable consumption and promotes physical activity among young children. He was created by DPH to convey nutrition messages in a lively manner that appeals to children. Videos, audiotapes, additional resources, and information on workshops for child care program staff are available by calling the Department at (860) 509-7433. Also, visit [www.5aday.com](http://www.5aday.com) ■



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