

WIC Child Nutrition Modules 1&2

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This text is intended to be used in conjunction with the online portion of these modules.

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Module 1

Introduction

Learning healthy eating habits as a child can be a lesson in prevention that lasts a lifetime. WIC can help caregivers become positive role models, helping children develop healthy eating habits and an active lifestyle. It's especially important for caregivers to set a good example when children are developing their fine motor skills, beginning to feed themselves, develop their fine motor skills and find their independence.

Growth

Toddlers grow at a slower rate than infants. As their growth slows their appetites decrease. Still, children need adequate nutrients to support growth and activity.

Different rates of growth:

- Infants – often grow around 3 inches every 3 months
- Toddlers – average 3 to 5 inches & 5 to 7 pounds every year
- As the growth rate slows, appetites decrease

MyPlate for Preschoolers

MyPlate for preschoolers helps caregivers of children from 2 to 5 years of age explore ways to help their preschoolers:

- Grow up healthy
- Develop healthy eating habits
- Try new foods
- Play actively every day
- Follow food safety rules

MyPlate for preschoolers isn't a one size fits all:

- Children grow at different rates and appetites will vary accordingly
- When assessing children be sure to account for height, weight and growth patterns
- MyPlate for preschoolers has estimates of calorie levels for children.
<http://www.choosemyplate.gov/supertracker-tools/daily-food-plans.html>

Serving Sizes

Trying to figure out serving sizes for young children can be a difficult task. Here's few things to keep in mind:

- Young children typically eat smaller portions than older children
- Suggestion for children one to three years old – one tablespoon of food item per year of age

- Check MyPyramid for Preschoolers website for specific serving sizes and daily amounts of food items

Tips for Feeding Children

- Offer smaller serving sizes, children can always ask for more
- Trials – use new foods in small “try me” portions
- Observe – remove foods when finished
- Do not force – say no to the clean plate club
- Age – appetite decreases when growth rate slows
- Schedule – three meals and two snacks a day

Nutrition Tips for Children 1 to 2 Years Old

MyPlate does not specifically offer guidelines for children ages 1 to 2. However, it is still important to monitor toddlers during these years as they try new foods and progress to new stages in their development.

Some tips for children ages 1 to 2 include:

- Offer smaller serving sizes.
- Provide whole milk.
- Offer a balanced, healthy diet, not a restricted or low-fat diet.
- Avoid foods that could potentially cause choking.

Prevention from Choking Hazards

Children younger than four years of age have the highest risk for choking on food since they don't have molar teeth and may not chew food thoroughly. Foods that can get lodged in the throat and obstruct airways are the greatest risk. To prevent choking, it is best to:

- Cut foods into small pieces or thin slices that can be easily chewed.
- Cut round foods into quarter pieces no larger than 1/2 inch. Cut into short strips rather than round pieces.
- Raw vegetables - serve soft-cooked and cut into small pieces.
- Spread peanut butter thinly.
- Remove bones, pits, and seeds.

Snacks

Healthy snacks are an important part of a child's diet and essential to make sure that they get all the nutrients they need to grow. Because children have smaller stomachs, they need to eat more frequently throughout the day than adults.

- 2 to 3 snacks per day in addition to regular meals
- Snacks provide 20 % of a child's energy and nutrient requirements

Tips for Snacks

- All foods in moderation can fit into a child's diet
- Provide healthy snacks more often
- Use snacks for hunger, not for rewards
- Offer snacks 1 to 2 hours prior to mealtime
- Refer to MyPlate for Preschoolers for snack serving sizes
<http://www.choosemyplate.gov/preschoolers/meal-and-snack-patterns-ideas.html>

Juices

While fruit juice may seem like a healthy option for children, drinking too much juice isn't recommended. Fruit juice holds no additional nutritional value when compared to eating whole fruit.

- Often "fruit drinks" don't contain 100% juice, so they may be missing essential nutrients - but still have extra sugar and calories
- Drinking too much juice may make children feel too full to eat solid food
- Children may miss out on milk and whole fruit
- American Academy of Pediatrics recommends limiting juice to 4 to 6 oz per day

Breastfeeding Toddlers

Breastfeeding past infancy is perfectly normal and can provide benefits for both baby and mother beyond the first year.

- Breastfed toddlers have fewer and shorter illnesses than those not breastfed
- Breastfeeding gives comfort when toddler is tired, upset, ill or hurt
- A sick child can more easily digest human milk, compared to cow's milk
- Breastfeeding provides physical closeness
- Natural weaning occurs between 2 to 4 years
- Nursing toddlers still need to include a variety of food in addition to mother's milk

Physical Activity for Children

Keeping children active is just as important as providing a healthy diet. Physical activity helps young children:

- Increase strength and coordination
- Build self-confidence
- Maintain a healthy weight
- Reduce stress
- Over a lifetime – reduce risk for heart disease, stroke, high blood pressure, diabetes and obesity

Toddlers and Preschoolers should have structured and unstructured physical activity daily. Refer to the National Association for Sport and Physical Activity (NASPE) physical activity guidelines for toddlers and preschoolers, below.

<http://www.aahperd.org/naspe/standards/nationalguidelines/activestart.cfm>

Guidelines for Toddlers:

- a total of at least 30 minutes of structured physical activity each day.

- at least 60 minutes -- and up to several hours -- per day of unstructured physical activity and should not be sedentary for more than 60 minutes at a time, except when sleeping.
- be given ample opportunities to develop movement skills that will serve as the building blocks for future motor skillfulness and physical activity.
- access to indoor and outdoor areas that meet or exceed recommended safety standards for performing large-muscle activities.

Guidelines for Preschoolers:

- accumulate at least 60 minutes of structured physical activity each day.
- at least 60 minutes -- and up to several hours -- of unstructured physical activity each day, and should not be sedentary for more than 60 minutes at a time, except when sleeping.
- encouraged to develop competence in fundamental motor skills that will serve as the building blocks for future motor skillfulness and physical activity.
- access to indoor and outdoor areas that meet or exceed recommended safety standards for performing large-muscle activities.

Tips to Increase Children's Physical Activity

- Focus on having fun when being active; children are more likely to stay active if they are enjoying themselves
- Caregivers should set a good example by being active themselves and involving the whole family in activities
- Caregivers should provide positive reinforcement of the child's efforts
- Make sure activities are age appropriate and safe (such as using helmets)
- Reduce TV time and replace it with activities that involve running, jumping, and playing
- Plan ahead for leisure time activities such as family hikes or nature walks
- Teach kids to swim, bicycle, and play active games
- Turn chores such as raking leaves, shoveling snow, and gardening into fun activities
- Check to see what recreational programs are available, such as swimming lessons, neighborhood activity centers, YMCA programs, and city park programs

Module 2

Introduction

The first module looked at the basics of child nutrition, the nuts and bolts so to speak. This module takes a more in depth look at keeping children healthy in terms of nutrition, normal growth patterns, weight, common illness, and development.

Fluids

While Dietary Guidelines don't recommend a specific amount of fluid for children's consumption per day, they do recommend that children "drink to thirst". They also suggest an increase in fluid intake when children are exposed to heat or exercise.

Milk

We usually think of milk when we think of a balanced diet for children, but drinking too much milk can become a problem, especially when it makes children feel too full and unable to eat other foods. The Dietary Guidelines 2010 and MyPlate recommendations:

- 2 cups per day for children ages 2 to 3 years; 2-1/2 cups per day for children ages 4 to 8 years.
- Whole milk for children between the ages 1 to 2 years.
- MyPlate Healthy Eating for Preschoolers handout; available through WIC Works: <http://www.nal.usda.gov/wicworks/Topics/Preschooler.pdf>

Caffeine

While caregivers may not plan on giving children caffeine, the stimulant is found in many products including certain sodas, energy drinks, tea, coffee, and chocolate (in small amounts). Before offering children caffeinated foods, caregivers should consider:

- Some children are more sensitive to the side effects of caffeine
- May affect children for up to 6 hours
- Should avoid 6 hours prior to bedtime

Normal Growth

Normal growth for children:

- Most rapid in first year – infant doubles birth weight 4 to 6 months, triples by one year
- After the first year, the growth rate slows – 5 lbs. per year
- Many different normal body shapes and sizes
- Genetics often determine growth

Promoting Healthful Eating and Healthy Weight

While healthy children come in all shapes and sizes, a child who becomes overweight or obese may not be healthy. Caregivers play an important role in promoting healthy weight in children by establishing a positive feeding relationship and encouraging physical activity. Certifiers may find it difficult to approach conversations with caregivers on how to promote healthful eating and healthy weight for their children. Tips that might be helpful –

Be present

- sensitive and supportive; the way a child feels their parents view them is important to a child's self-esteem.
- accepting and non-judgmental; gather information without blame or shame.

Encourage caregivers to do most of the talking. Listen to determine –

- what they already know. For example, if a child is overweight or gaining too much weight quickly, ask if they might know why?
- their understanding of foods needed for health and good growth. Ask if they are interested nutrition education information such as appropriate serving sizes.
- their understanding and interest in including physical activity into the family's usual daily routine.

Affirm their efforts and abilities by –

- focusing on their strengths
- providing compliments

Summarize their plan!

Promoting Healthful Eating

Ellyn Satter – Division of Responsibility

A division of responsibility in feeding is when the caregiver takes the responsibility for providing nutritious foods, the *what* to eat, and the child decides *how much* to eat.

- Caregivers provide nutritious and appealing food at regular times in a pleasant atmosphere
- Caregivers must trust the child to choose from what is made available and eat the amount they desire

<u>Caregiver's Role</u>	<u>Child's Role</u>
<ul style="list-style-type: none"> • Choose and prepare food • Provide regular meals and snacks • Have family meals • Trust child's decision about how much to eat 	<ul style="list-style-type: none"> • Eat amount of food they need • Decide if they want to eat at all

Tips for mealtime

- Avoid being a “short order cook”
- Don't make a child clean his/her plate
- No food should be forbidden (moderation)
- Involve children in meal preparation
- When a child stops eating and starts to play, it may be a sign of fullness and readiness to leave the table.
- Utilize child size plates and utensils

Monitoring a Child's Weight

In WIC, the weight of a child who is over 2 years of age is assessed by using the Body Mass Index Calculator (BMI). Children with a BMI greater than the 95th %tile should have their weight monitored.

- Overweight on growth chart – not necessarily obese
- Other factors – caregiver's build, child's history of growth, health and nutrition conditions

Promoting Healthy Weight

For a child who is overweight, talk with the caregiver on ways they can help their child to reduce the high rate of weight gain while allowing for normal growth and development. This may help to decrease the child's Body Mass Index (BMI) as the child grows in height. When concerned with a child's weight send a referral to the child's healthcare provider.

Young children should not be placed on a weight loss diet unless it is the recommendation of the child's healthcare provider. Managing obesity in children may also require a team of healthcare professionals that would include physicians, dietitians, psychologists, and social workers.

Underweight Children

A child birth to 24 months $\leq 5^{\text{th}}$ percentile weight for length or a child 2-5 years $\leq 10^{\text{th}}$ percentile BMI.

- Being underweight can also cause health problems
- Poor nutrient intake
- Medical causes – inability to absorb nutrients

Iron Deficiency

Good nutrition is important and helps to prevent nutrient deficiencies. One of the most common nutritional deficiencies in young children is iron deficiency.

Facts:

- Children ages 2 to 3 are at greater risk because they need higher levels of iron for growth
- Untreated iron deficiency interferes with development of brain and nervous system
- Children with iron deficiency are at greater risk for lead poisoning and infections
- Children should be screened for iron deficiency.

Anemia

Young children may also be at risk for anemia. Anemia occurs when iron deficiency worsens. Low levels of iron make it difficult for the body to produce hemoglobin – in turn, hemoglobin levels then fall below normal. Anemia is present when:

- Hemoglobin (protein in blood that carries oxygen) concentration below normal levels
- Symptoms – fatigue, irritability, pale appearance, loss of appetite
- If child's hemoglobin level meets WIC criteria of low iron status – the child should be referred to registered dietitian or nutritionist
- Send referral to child's healthcare provider

Lead Poisoning

During developmental years, children are at high risk for lead poisoning.

- Higher levels of lead can cause– impaired growth, kidney damage, seizures, coma and even death
- Lower levels of lead can – decrease child's intelligence, cause learning disabilities and behavioral problems
- Common sources include – lead-based paint, pottery made with lead glaze, lead contaminated work sites and some home remedies

Lead Poisoning Prevention

- Elimination of source
- Frequently wash child's hands, pacifiers and toys

- Use only cold tap water for cooking, drinking and baby formula
- Avoid using home remedies that may contain lead
- Avoid using pottery with a lead glaze
- Use good nutrition practices to reduce the amount of lead a child absorbs
- Simple blood testing – consult a health care professional

Oral Health

It's never too early to be concerned about tooth decay, even in babies. Babies are susceptible to tooth decay as soon as their first teeth appear. It's especially important to maintain healthy baby teeth because children need them for chewing, speaking and creating space for adult teeth to grow.

Early Childhood Caries (ECC) affects infants and young children in all social and economic groups. Dental caries is the most prevalent chronic infectious disease in childhood.

Risk factors contributing to ECC –

- Prolonged use of a bottle or sippy cup filled with fermentable liquids such as milk, juice or sweetened beverages.
- Transferring germs by sharing food, utensils, or pacifiers.

Hyperactivity and Diet

Many caregivers believe that refined sugar and certain food additives cause hyperactivity in children, a condition where children have trouble controlling their behavior. However, current studies do not support these claims.

Foodborne Illnesses

Food borne illness occurs when a food or beverage is contaminated with a microbe, a bacteria or virus and then eaten.

- Symptoms – nausea, vomiting, abdominal cramps, diarrhea
- May lead to dehydration

Steps for Prevention Food Borne Illnesses

The four steps for preventing food borne illness from the **Fight BAC** campaign (by the Partnership for Food Safety Education):

- **CLEAN:** Wash hands and surfaces often.
- **SEPARATE:** Don't cross-contaminate.
- **COOK:** Cook to proper temperature.
- **CHILL:** Refrigerate promptly.

Eating raw and unpasteurized foods can be dangerous for young children. Pasteurization is a process where food is heated to a high enough temperature to destroy germs that cause illness.

Safety Tips for Preparing and Storing Food

- Hot foods stay hot at 140 degrees or greater
- Cold foods stay cold at 40 degrees or lower
- Don't let food sit out more than 2 hours
- Reheat leftovers to at least 165 degrees
- Only defrost food in refrigerator or microwave, not on counter
- Use separate cutting boards for different foods
- Wash hands under running water at least 20 seconds

Assessing Development

During the early years, some children may exhibit signs of developmental disabilities. Early detection of these signs is extremely important since the child may have a developmental delay. Caregivers may voice their concern about abnormal behaviors in their child or you may notice a behavior in their child that may indicate a developmental delay. If you have a concern about a child's development encourage the caregiver to talk to the child's healthcare provider or make a referral to the healthcare provider.

Normal Development

- Most children feed themselves by ages 1 to 2
- Spills and messes are common between 12 to 18 months
- Age of 2, spills should be less common

Tips for Children Feeding Themselves

- Young children are interested in how food feels. Caregivers can encourage finger-feeding by giving children small pieces of food. It helps to cut meat, vegetables, bread and cheese into small strips that a toddler can easily pick up and handle.
- Purchase beginner utensils for toddlers. The fork should have a short, strait, broad, solid handle with blunt tines. The spoon should have a wide mouth. Children will begin to feed themselves with a spoon first and learn to use the fork later. As children become more skilled with tableware, they gradually stop eating with their fingers.

Normal Abilities

Children don't all develop at the same rate, but the following information can be used as a general guideline for normal child development.

12 TO 18 MONTHS

Food and Meal time:

- Holds, bites and chews crackers
- Picks up small items using tips of thumb and first finger
- Picks up and eats finger foods (by 15 months)
- Wants foods others are eating

18 TO 24 MONTHS

Food and Meal time:

- Holds a cup (by 15 – 18 months, tips cup by 18 – 24 months)
- Appetite decreases
- Likes eating with hands
- Distracts easily, displays food preferences

2 TO 3 YEARS

Food and Meal time:

- Eats most food without choking (age 2)
- Eats with utensils with little spilling (age 2)
- Likes to do things without help (age 2)
- Copies caregivers (age 2)
- Lifts and drinks from a cup and places it on the table
- Definite likes and dislikes
- Dawdles (eats slowly)
- Has food jags
- Demands certain foods (shapes)
- Preschoolers can determine how much to eat

3 TO 6 YEARS

Food and Meal time:

- Holds a cup
- Uses a fork (age 4)
- Uses a knife and fork (age 5)
- Improved appetite and interest in food
- Favorite foods are requested
- Peer influences increase (age 4)
- Less suspicious of textures, but prefers plain food (age 5)

References

- American Academy of Pediatrics (2008). BrightFutures. *Recommendations for preventative pediatric health care*. Retrieved from: accessed 6/8/08
<http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Sched%20101107.pdf>
- American Academy of Pediatrics. *Caregiving corner Q & A: ADHA*, June 19, 2008. Retrieved from: http://www.aap.org/publiced/BR_ADHD.htm
- American Academy of Pediatrics. Developmental Milestones. *Caring for your baby and your child: Birth to age 5*. Retrieved from:
<http://www.aap.org/>
- American Academy of Pediatrics (2006). *Dietary recommendations for children and adolescents: A guide for practitioners*. *Pediatrics*, 117 (2).
- American Academy of Pediatrics, *Early childhood 1-4 years, bright futures Guidelines for health supervision of infants, children and adolescence*. Retrieved from: <http://www.brightfutures.org/bf2/pdf/>
- American Academy of Pediatrics (2008). *Effects of Early Nutritional Interventions on the Development of Atopic Disease in Infants and Children: The Role of Maternal Dietary Restriction, Breastfeeding, Timing of Introduction of Complementary Foods, and Hydrolyzed Formulas*. *Pediatrics*, 121 (1). Retrieved from:
<http://aappolicy.aappublications.org/cgi/reprint/pediatrics;121/1/183.pdf>
- American Academy of Pediatrics (2008). *Pediatric Nutrition Handbook* (6th Ed.). United States.
- American Academy of Pediatrics (2001). The use and misuse of fruit juice in pediatrics. *Committee on Nutrition, Pediatrics*, 107(5).
- American Dental Association (2008). Statement on early childhood caries. Retrieved from: <http://www.ada.org/2057.aspx>
- American Dietetic Association (2008). *Home food safety*. Retrieved August 4, 2008 from: <http://www.homefoodsafety.org/index.jsp>
- American Dietetic Association (2003). *Pediatric Manual of Clinical Dietetics*. Pediatric Nutrition Practice Group (2nd Ed.) United States.
- The American Academy of Pediatric Dentistry Foundation (2007). *The dental home: It's never too early to start*. Retrieved from:
<http://www.aapd.org/foundation/pdfs/DentalHomeFinal.pdf>

- American Heart Association (2005). Dietary recommendations for children and adolescents: A guide for practitioners: Consensus statement. *American Heart Journals* 112, 2061-2075. Retrieved from: <http://circ.ahajournals.org/cgi/content/full/112/13/2061>
- ASQ Oregon (2010). *Ages & Stages Questionnaires*. Retrieved January 27, 2010 from: <http://www.asqoregon.com/>
- Barlow S. E. & Dietz W. H. (1998). Obesity evaluation and treatment: Expert committee recommendations. *PEDIATRICS* 102 (3), 29 <http://pediatrics.aappublications.org/cgi/content/full/102/3/e29>
- Butte, N., Cobb, K., Dwyer J., Graney, L., Heird, W., Rickard, K. (2004). Research conclusions that form the scientific foundation for the start healthy infant and toddler feeding guidelines. *The Journal of the American Dietetic Association*, 104(3), 442-54. Retrieved from: <http://www.kidsnutrition.org/consumer/nyc/vol20043/StartHealthyGuidelines.html>
- Canadian Pediatrics Society (2004). The use of growth charts for assessing and monitoring growth in Canadian infants and children. *Pediatrics & Child Health*. 9(3), 171-180. Retrieved from: Reference No. CPS04-01 <http://www.cps.ca/english/statements/n/cps04-01.htm>
- Centers for Disease Control and Prevention (2008). Developmental screening. *National Center on Birth Defects and Developmental Disabilities* (2005). Retrieved January 14, 2011 from: <http://www.cdc.gov/ncbddd/child/devtool.htm>
- Cronan, MD, K. (2007). Choking. *Kids Health*. Retrieved July 28, 2008 from: <http://kidshealth.org/caregiver/food/general/choking.html>.
- Centers for Disease Control and Prevention (2011). *Lead*. Retrieved from: <http://www.cdc.gov/nceh/lead/>
- Centers for Disease Control and Prevention (2007). *Using the BMI for Age Growth Charts*. Retrieved from: <http://www.cdc.gov/nccdphp/dnpa/growthcharts/training/modules/module1/text/intro.htm>
- Centers for Disease Control and Prevention (2008). *General lead information-questions and answers*. Retrieved July 28, 2008 from: <http://www.cdc.gov/nceh/lead/tips.htm>

- Centers for Disease Control and Prevention (2011). *Iron and Iron Deficiency*. Retrieved January 14, 2011 from: <http://www.cdc.gov/nutrition/everyone/basics/vitamins/iron.html>
- Centers for Disease Control and Prevention (1998). *Recommendations to prevent and control iron deficiency in the United States*. Retrieved from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/00051880.htm>
- Dennison, B. Rockwell, H., & Baker, S. (1977). Excess fruit juice consumption by preschool-aged children is associated with short stature and obesity. *Pediatrics*. 99 (1), 15-22.
- Duyff, Roberta Larson. 2006, *The American Dietetic Association's Complete Food and Nutrition Guide*. (3rd ed). New Jersey, Wiley,
- Ellyn Satter's Associates (2007). *Ellyn Satter's Division of Responsibility in Feeding*. Retrieved August 1, 2008 from: <http://www.eyllnsatter.com>
- Food and Nutrition Information Center (1988). *Nutrition update: Preventing young children from choking on food. Number 2*. Beltsville, Maryland: Food and Nutrition Service. Nutrition and Technical Services Division. Nutrition Science and Education Branch.
- KERA (2010). *Ready for Life*. Retrieved January 27, 2011 from: <http://www.readyforlife.org/>
- Leonard T., Watson R., & Mohs, M (1987). The effects of caffeine on various body systems. *Journal of American Dietetic Association*, 87(8), 1048-1053.
- Lifshitz, F. (1992). Role of juice carbohydrate malabsorption in chronic nonspecific diarrhea in children. *The Journal of Pediatrics*, 120(5), 825-829.
- March of Dimes (2008). Pregnancy & newborn health center. *Developmental Milestones fro Babies*. Retrieved from <http://search.marchofdimes.com/cgi-bin/MsmGo.exe?grabid=6&pageid=1966336&query=developmental=milestones&hiword=DEVELOPMENT+DEVELOPMENTALLY+DEVELOPMENTALY+DEVELOPMENTS+MILESTONES+developmental+milestones+>
- Mayo Foundation for Medical Education and Research (2008). *ADHD diet: Do food additives cause hyperactivity?* Retrieved from: <http://www.mayoclinic.com/health/adhd/AN01721>
- Mayo Foundation for Medical Education and Research (2008). *Attention-*

- deficit/hyperactivity disorder (ADHD)*. Retrieved from:
<http://www.mayoclinic.com/health/adhd/DS00275>. Accessed 1/18/08
- Mayo Foundation for Medical Education and Research (2011). *Caffeine content for coffee, tea, soda and more*. Retrieved January 14, 2011 from:
<http://www.mayoclinic.com/health/caffeine/AN01211>
- National Institute of Mental Health (2011). *Attention deficit hyperactive disorder*. Retrieved from: <http://www.nimh.nih.gov/health/topics/attention-deficit-hyperactivity-disorder-adhd/index.shtml>
- National Heart, Lung and Blood Institute (2006). *Iron Deficiency Anemia*. Retrieved January 14, 2011 from:
http://www.nhlbi.nih.gov/health/dci/Diseases/ida/ida_what.html
- National Institute of Health (2008). *Helping your overweight child*. NIH Publication No. 08-4096. Retrieved from:
http://www.win.niddk.nih.gov/publications/over_child.htm
- North American Society of Pediatric Gastroenterology, Herpetology and Nutrition (2003). *Constipation in children*. Retrieved from: <http://naspghan.org/user-assets/Documents/pdf/diseaseInfo/Constipation-E.pdf>
- Nielsen, S. J., Siega-Riz, A.M., & Popkin, B.M. (2002). Trends in energy intake in U.S. between 1977 and 1996: Similar shifts seen across age groups. *Obesity Research* 10, 370-378.
- Ontario Society of Nutrition Professionals in Public Health (2004). *Pediatric Nutrition Guideline for Primary Health Care Providers*. Retrieved from:
http://www.osnpph.on.ca/pdfs/pediatric_nutrition_guidelines.pdf.
- O'Reilly, D., MD, MPH (2007). Failure to thrive. *Neonatologist, Division of Newborn Medicine*.
- Partnership for Food Education (2010). *Fight BAC*. Retrieved August 4, 2008 from: <http://www.fightbac.org/>
- Pennington U., Douglass, J. (2005). *Bowes & Church Food Values of Portions Commonly Used* (18th ed). Baltimore: Lippincott Williams & Wilkins.
- United Food and Drug Administration FDA Consumer Magazine (2005). *Prevent your child from choking*. Retrieved from:
http://www.midwestmonkeys.com/files/FDA_Choking_prevention_article.pdf
- Sanchez, D.M.D., M.S., & Childers, N.K., D.D.S., M.S., PH.D (2000). Anticipatory guidance in infant oral health: Rationale and

- recommendations. *American Family Physicians, January 2000*. Retrieved from: <http://www.aafp.org/afp/20000101/115.html>
- Satter, E. (1987). *How to get your kid to eat...but not too much*. Bull Publishing Company: Palo Alto, California.
- United States Environmental Protection Agency (2001). *Lead and a healthy diet*. Retrieved from: <http://epa.gov/lead/pubs/nutrition.pdf>
- United States Department of Agriculture. *ChooseMyPlate.gov*. Retrieved from www.choosemyplate.gov
- U.S. Department of Health and Human Services (2008). *Dietary Guideline for Americans 2005*. Retrieved from: <http://www.healthierus.gov/dietaryguidelines>
- U.S. Environmental Protection Agency. "Lead in Your Home: A Caregiver's Reference Guide." EPA 747-B-98-002, June 1998.
- United States Department of Agriculture (2010). *Dietary Reference Intakes*. Retrieved from: http://fnic.nal.usda.gov/nal_display/index.php?info_center=4&tax_level=3&tax_subject=256&topic_id=1342&level3_id=5140
- United States Food and Drug Administration. *Do color additives in food cause hyperactivity?* Retrieved January 14, 2011 from: <http://www.fda.gov/food/foodingredientspackaging/ucm094211.htm#qahyper>
- Wilkinson Enns, C., Milke, S.J., & Goldman, J.D. (2002). Trends in food and nutrient intakes by children in the United States. *Family Economics and Nutrition Review*, Spring 2002. Retrieved from: <http://etmd.nal.usda.gov/bitstream/10113/34668/1/IND23340914.pdf>
- Yu, S., Kogan, M., & Gergen, P. (1997). Vitamin-Mineral supplement use among preschool children in the United States. *Pediatrics*, 100 (5), 4.