

Healthy Living Guidelines for Early Learning and Child Care Centres on Prince Edward Island

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A Collaborative Effort of

The P.E.I. Healthy Eating Alliance

with support from

The Prince Edward Island Department of Education and Early Childhood Development

and the Children's Secretariat Partnerships for Children



PEI Healthy
Eating Alliance

Alliance pour la saine
alimentation de l'Î.-P.-É.



Education and Early
Childhood Development

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HEALTHY LIVING GUIDELINES FOR EARLY LEARNING AND CHILD CARE CENTRES ON PRINCE EDWARD ISLAND

GENERAL STATEMENT OF THE HEALTHY LIVING GUIDELINES

The Government of Prince Edward Island believes that healthy Island communities begin with healthy families.

To foster health supporting behaviors in our population, Government recognizes and accepts the need to support the development of Healthy Living initiatives in the Province's early learning and childhood education system. As such, a comprehensive approach to promoting a healthy social and physical environment and Healthy Living Guidelines which help shape management practices, decision-making processes, procedures and policies within these settings should promote health and well-being and prevent injury, and shape a respectful, welcoming and caring environment for Island children and those providing their care.

As a stepping stone towards entering the school setting, early learning and childcare centres have an important role to play in shaping our children's earliest development. Early learning and child care settings, like the school environment, are in a unique position to positively influence the well-being and future health of children. This includes, but is not limited to, due thought and planning in the following areas:

- Breastfeeding and Infant Feeding
- Healthy Eating
- Physical Activity
- Tobacco-Free Environments
- Injury Prevention & Sun Safety
- Positive Mental Health

This view is based on the evidence that supporting healthy behaviors from the earliest age possible has a significant impact on the health and development of young children which carries through into adulthood. The research is clear that promoting health and preventing injury through supportive environments can:

- Make a positive contribution to health, development, and learning;
- Reduce the risk during childhood and adulthood of chronic conditions such as heart disease, cancer, diabetes and osteoporosis; and
- Help ensure that habits such as good nutrition and physical activity will stay with children throughout their lives.

The Government of Prince Edward Island recognizes that for these Guidelines to be effective, children and their families will benefit most when the approach includes involvement and support from multiple stakeholders who all have important roles to play in early childhood education in the Province, including:

- Operators, early childhood educators and staff in early learning and child care centres across the Province.
- Government of Prince Edward Island as represented by the Department of Education and Early Childhood Development; the Department of Health and Wellness; Sport, Recreation and Healthy Living Division; and others, who may, from time to time, have an involvement according to their mandate.
- Holland College
- University of Prince Edward Island
- Early Childhood Development Association
- P.E.I. Healthy Eating Alliance
- Recreation PEI
- Island Network for Injury Prevention

Therefore, it is recommended that the Government of Prince Edward Island:

- Reflect, in the review process for the *Childcare Facilities Act (Appendix B)*, Regulations and Guidelines, the importance of promoting healthy lifestyle behaviours in early childhood education.
- Participate actively with the stakeholders in developing and monitoring initiatives that enhance appropriate Healthy Living Guidelines in early learning and child care centres in the Province.
- Include, in its monitoring programs of early learning and child care centres in the Province, checks against Healthy Living Guidelines and as appropriate regulatory requirements related to Healthy Eating and Physical Activity components.
- Support resource development and in-service training initiatives designed to enhance wellness practices in early learning and child care centres.
- Proceed to update the Healthy Living Guidelines, as needed, and continue to support their implementation as required across the Province.
- Promote the use of the Healthy Living Guidelines within early learning and child care centres.

The Government of Prince Edward Island and the Department of Education and Early Childhood Development believe the earlier healthy behaviors are established in life, the better. It is therefore critical that Healthy Living Guidelines supporting these positive behaviors be implemented in early learning and child care centres across Prince Edward Island.

The main purpose of these Healthy Living Guidelines is to provide Island early learning and child care centres with effective direction, meaningful advice, and where appropriate, specific instructions on how to create the healthiest and safest environments possible for children. Importantly, successful implementation requires that the Healthy Living Guidelines be modeled by early childhood educators, staff and parents.

The details outlined in subsequent sections are built on the premise that as new evidence becomes available the content may change to improve the Healthy Living Guidelines. In this way, the Healthy Living Guidelines will evolve meaningfully over time to contribute, not only to the health and development of children, but also to age-appropriate education that will inform their nutritional and physical activity practices throughout their lifetime.

SECTION 1 - GUIDELINES FOR HEALTHY EATING

In 2011, the Institute of Medicine (IOM) reviewed factors related to overweight and obesity from birth to age five, with a focus on nutrition, physical activity, and sedentary behavior. In this report, the IOM recommends actions that healthcare professionals, caregivers, and policymakers can take to prevent obesity in children five and younger. In addition, the IOM recommends that parents and child care providers keep children active throughout the day; provide them with diets rich in fruits, vegetables, and whole grains, and low in energy-dense, nutrient-poor foods; limit screen time and ensure adequate sleep each day.

The following Healthy Eating Guidelines were identified in consultation with early childhood operators, educators and dietitians, and were modelled after policies recently developed for the School Boards/Districts in PEI to provide opportunities for consistent approaches to healthy eating for children within the early learning and child care system in PEI. We also used with permission materials developed by the Government of Alberta: Nutrition Guidelines for Children and Youth, 2010 (Appendix D), and Government of Nova Scotia: Manual for Food and Nutrition in Regulated Child Care Settings, July 2011 (Appendix D).

The Healthy Eating Guidelines are designed to assist early childhood operators, educators and staff in understanding the components of healthy eating while, at the same time, assisting them in achieving the objectives of the Healthy Living Guidelines as outlined in the General Statement of the Healthy Living Guidelines.

To assist in this process, a "Healthy Eating Toolkit for Parents, Caregivers and Early Childhood Educators of Young Children" has been developed. This resource contains healthy eating information to address each key element outlined in the Healthy Eating Guidelines and can be accessed by contacting the PEI Healthy Eating Alliance.

SECTION 1.1 - GOALS

The Healthy Eating Guidelines attempt to encourage and support early learning and child care centres to maintain supportive environments which promote healthy food choices. The goals of the Healthy Eating Guidelines are to:

- Improve access for children to a variety of healthy, safe, and attractively presented food choices.
- Support operators in developing ways to achieve this goal in an affordable way.
- Assist early childhood educators to act as positive role models to promote healthy eating within the early Years Centre.
- Educate early childhood educators on the importance of healthy eating.
- Create a supportive and welcoming environment for mothers who breastfeed.

SECTION 1.2 - KEY ELEMENTS

There are 8 key elements of the Healthy Eating Guidelines included below:

- Breastfeeding and Infant Feeding
- Promotion
- Time to Eat
- Eating Environment
- Quality of Foods Available
- Special Functions
- Food Safety
- Nutrition Education (Curriculum, Role Models)

KEY ELEMENT # 1: BREASTFEEDING AND INFANT FEEDING

Health Canada promotes breastfeeding as the best method of feeding infants as it provides optimal nutritional, immunological and emotional benefits for the growth and development of infants. Exclusive breastfeeding is recommended for the first six months of life for healthy term infants, as breast milk is the best food for optimal growth. Infants should be introduced to nutrient-rich, solid foods with particular attention to iron at six months with continued breastfeeding for up to two years and beyond. (*Nutrition for Healthy Term Infants - Statement of the Joint Working Group: Canadian Paediatric Society, Dietitians of Canada and Health Canada*, www.hc-sc.gc.ca/fn-an/pubs/infant-nourrisson/nut_infant_nourrisson_term-eng.php).

Early learning and child care centres will promote breastfeeding by:

- Creating a supportive and welcoming environment for mothers who breastfeed by providing a comfortable space for breastfeeding mothers when requested (e.g. a chair in a quiet space), and to work with families to develop a feeding plan to address storage and feeding of breast milk.
 - Displaying attractive, current promotional materials (e.g. posters and displays, etc) related to breastfeeding friendly spaces.

- Informing and educating early childhood educators regarding breastfeeding space and the proper storage, handling and feeding of breast milk.
- Working with parents/guardians, as requested, to address proper handling, storage and feeding of breast milk.

KEY ELEMENT # 2: PROMOTION

Early learning and child care centres will work to create an environment that promotes healthy eating by:

- Serving a variety of healthy food choices consistent with ***Eating Well with Canada's Food Guide*** (accessible via <http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php>).
- Promoting only healthy food choices (those in the “Foods to Serve Most Often” and “Foods to Serve Sometimes” lists in the *Guide to Food Choices, Appendix C*).
- Not accepting advertising of food products for unhealthy food choices (those in the “Foods to Serve Least Often” list; see *Guide to Food Choices, Appendix C*).
- Displaying attractive, current promotional materials (e.g. posters and displays, etc) related to healthy eating, when possible.
- Displaying attractive, current promotional materials (e.g. posters and displays, etc) related to breastfeeding friendly spaces.
- Carrying materials that support healthy eating practices in program resource centres (e.g. books, videos, pamphlets).
- Participating in professional development opportunities and activities related to healthy eating, which may include those offered by the PEI Healthy Eating Alliance, and Nutrition Month activities.

KEY ELEMENT # 3: TIME TO EAT

Early learning and child care centres will support time to eat by:

- Providing adequate time and space to eat. Allow a minimum of 20 minutes for meals and 10 minutes for snacks. Younger children may require additional time.
- Encouraging food to be offered after outside play, *whenever possible*.
- Providing children with regular meals or snack times every two to three hours. This spacing allows children to recognize their hunger cues and be ready to eat.
- Respecting children’s appetites and enabling them to eat the amount that’s right for them.

KEY ELEMENT # 4: EATING ENVIRONMENT

Early learning and child care centres will support a healthy eating environment by:

- Providing appropriate supervision while children eat meals and snacks.
- Assuring that lunch and snacks are eaten in a calm, positive atmosphere.
- Welcoming mothers to breastfeed. Providing a comfortable space for breastfeeding mothers as requested.

KEY ELEMENT # 5: QUALITY OF FOOD AVAILABLE

Early learning and child care centres will ensure the quality of the food provided by adhering to *Criteria for Food and Beverages* (4.1) and *Quality of Meals and Snacks* (4.2):

4.1 Criteria for Food and Beverages Offered

- Foods and beverages made available at programs for lunch and snacks will be selected from the "*Foods to Serve Every Day*" or "*Foods to Serve Sometimes*" lists (*Appendix C*) and will emphasize:
 - vegetables and fruit;
 - lower fat white milk (note: children under two years of age should be provided with whole/homogenized milk);
 - whole grain products;
 - lean meats and meat alternatives;
 - foods prepared with healthy fat (unsaturated fats such as vegetable oils, soft non hydrogenated margarines);
 - foods low in salt, sugar, and caffeine;
 - and foods that do not contain artificial sweeteners.
- Foods and beverages from the "*Foods to Serve Least Often*" list should be limited (no more than 1 item from the entire table per month). When foods from this list are served, try serving them in combination with foods from the "*Foods to Serve Every Day*" list (ie. hotdog on a whole wheat bun; ice cream topped with fruit; or regular canned soup with veggie sticks and whole grain crackers).

4.2 Quality of Meals and Snacks

- Early childhood educators and staff will encourage children to drink water.
- Early learning and child care centres will try to use local products first, where possible.
- Menus will be posted on a consistent basis for parents and guardians.
- Early learning and child care centres are encouraged to feature foods from various cultures and ethnic backgrounds in their menus.
- **Canada's Food Guide** will be used to ensure that lunches contain foods from **all four** food groups, and that snacks contain foods from **at least two** food groups.
- Servings should be offered in a pattern consistent with **Canada's Food Guide**. One food guide serving from a food group can be divided into smaller amounts for small children and served throughout the day. For example: a half slice of bread may be served at two different snacks to add up to one full grain products serving. Examples of suggested portions can be found in the *Guide for Food Serving Sizes (Appendix D)*.
- Introduce new foods in small amounts, and provide multiple occasions for children to try them.
- Assess food quality on a regular basis.

KEY ELEMENT # 6: SPECIAL FUNCTIONS

- Early learning and child care centres are recommended to serve healthy foods daily, as well as for special functions and celebration days (birthdays, holidays, etc).

KEY ELEMENT # 7: FOOD SAFETY

Early learning and child care centres will ensure appropriate *food safety* measures are undertaken by:

- Ensuring that all staff are familiar with safe food handling practices.

- Ensuring that children and early childhood staff wash their hands properly before eating.
- Adhering to the **Information Handbook on Anaphylaxis**, (accessible via: http://www.gov.pe.ca/photos/original/anasept_2006.pdf)
- Ensuring that your centre has a policy for supporting children with allergies.
- Ensuring staff is trained to assist a child who is choking.
- Ensuring foods are cut into appropriately sized pieces, and avoid serving foods that pose a high risk of choking. For children under 4 years of age, do not serve hard, round, or crunchy foods such as popcorn, sunflower seeds, whole carrots, hard candies, whole raisins, fish with bones, chewing gum, peanuts/nuts, and snacks with toothpicks or skewers.
- Using care when serving foods that have a high risk for containing bacteria. The following foods should not be served to small children: undercooked meat, poultry, or fish; raw sprouts such as alfalfa or bean (cooked sprouts are safe), and dairy products, juices, and honey that have not been pasteurized.
- Using care when serving fish products. Programs should choose from the many fish and shellfish that are low in mercury such as cod, haddock, tilapia, sardines, salmon (including canned salmon), canned “light” tuna (check the label for skipjack or tongol), pollock (Boston bluefish), shrimp, etc. (Adapted from Alberta’s “*Healthy Eating and Active Living for Your 1-5 Year Old*”). Canned fish are acceptable, although light rather than white (albacore) tuna is recommended. Young children should avoid eating fresh or frozen fish such as tuna, shark, and swordfish. These fish have higher levels of mercury and can be harmful to children’s brain development. Fish provides an excellent source of protein as well as a source of vitamins A and D. The healthy fats in fish help in the normal development of the brain and eye in unborn and young children. **Canada’s Food Guide** recommends to eat at least two food guide servings of fish each week (1 serving = ½ cup or 125 ml or 75 grams).
- Not serving honey to infants under 12 months, due to the risk of infant botulism. This includes any kind of food made with honey, for the first year.

KEY ELEMENT # 8 NUTRITION EDUCATION

Early learning and child care centres will support nutrition education for children by participating in the development and implementation of nutrition education *Curriculum* (7.1) and acting as positive *Role Models* (7.2):

7.1 Curriculum

- Nutrition education is a component of several learning goals and objectives within the Department of Education and Early Childhood Development’s Early Years Framework.
- Early learning and child care centres will use a comprehensive approach to nutrition education involving the whole community (families, individuals, and organizations in the community) and nutrition education activities to positively influence children’s nutrition knowledge, attitudes, skills and eating habits.
- When possible, early learning and child care centres will incorporate nutrition education into various components of their programs with both inside and outside activities, using Canadian resources when possible.
- Programs will support opportunities for staff development and training for effective delivery of nutrition curriculum.

7.2 Role Models

- Recognizing the importance of role modelling in promoting healthy eating, early childhood operators and educators should act as positive role models to promote healthy eating within early learning and child care centres.
- Early childhood educators will eat with children, whenever possible, as this helps them to serve as positive role models for healthy eating.
- Provide, when possible, opportunities for parents to learn about healthy eating and involve parents in the preparation and choice of healthy foods for social events.

SECTION 1.3 - GUIDE TO FOOD CHOICES

The **Guide to Food Choices** (Appendix C) supports the proposed Healthy Eating Guidelines and further develops the Key Elements noted above. The **Guide to Food Choices** consists of three food lists which have been developed, based on **Canada's Food Guide**.

The three lists are as follows:

- “Foods to Serve **Every Day**”;
- “Foods to Serve **Sometimes**”; and
- “Foods to Serve **Least Often**.”

These lists are meant to assist early childhood operators, educators and staff in selecting healthy foods and beverages to serve at their centre.

SECTION 2 - GUIDELINES FOR PHYSICAL ACTIVITY

The following Physical Activity Guidelines were identified in consultations with early childhood operators, educators and health professionals.

The Guidelines are designed to help early childhood education programs understand what is expected of them, while at the same time, assist them in achieving the objectives of the Healthy Living Guidelines as outlined in the General Statement of the Healthy Living Guidelines.

SECTION 2.1 - GOALS

The Physical Activity Guidelines attempt to encourage and support early learning and child care centers to maintain a supportive environment which promotes daily physical activity. The goals of the guidelines are to:

- Support operators in developing a way to affordably achieve this goal.
- Educate early childhood educators on the importance of daily physical activity.
- Encourage early childhood educators to be role models of daily physical activity by making it a priority.

SECTION 2.2 - KEY ELEMENTS

The 3 key elements of the Physical Activity Guidelines are:

- Environment
- Physical Activity Education (Curriculum, Role Models)
- Engaging Children to Participate in Physical Activity

KEY ELEMENT # 1: ENVIRONMENT

Early learning and child care centres will provide a safe environment for physical activity by:

- Providing open areas, both indoor and outdoor, with adequate space that encourages free play and activity.
- Ensuring space provided is checked regularly for child safety hazards.

- Allowing access to equipment that initiates structured and unstructured physical activities.

KEY ELEMENT # 2: PHYSICAL ACTIVITY EDUCATION

Early learning and child care centres will support physical activity education for children by participating in the development and implementation of physical activity *Curriculum* (2.1) and acting as positive *Role Models* (2.2):

2.1 Curriculum

- Physical activity education is a component of several learning goals and objectives within the Department of Education and Early Childhood Development’s Early Years Framework.
- Early learning and child care centres should use a comprehensive approach to physical activity education involving the whole community (families, individuals, local parks and recreation facilities and programs as well as organizations in the community) and physical activities to positively influence children’s knowledge, attitudes, skills and physical activity habits.
- When possible, programs should incorporate physical activity into other subject areas and outside classroom activities.
- Programs will support opportunities for staff development and training for effective delivery of physical activity curriculum.
- Limit activities where children are sedentary (other than sleeping) for an extended period of time.

2.2 Role Models

- Recognizing the importance of role modelling in promoting physical activity, early childhood operators and educators should act as positive role models to promote physical activity within programs.
- Early childhood educators and staff should participate in physical activity with children at programs, whenever possible, as this helps them to serve as positive role models for an active lifestyle.
- Provide, when possible, opportunities for parents to learn about physical activity.

KEY ELEMENT # 3: ENGAGING CHILDREN IN PHYSICAL ACTIVITY

Early learning and child care centres will engage children in physical activity by:

- Selecting activities that are within children’s physical abilities and interests.
- Focusing on activities that promote physical literacy such as learning the basics of running, throwing, galloping, tumbling, etc.
- Encouraging active play.
- Providing praise and encouragement. Early childhood educators should offer positive feedback by acknowledging children’s strengths.
- Avoiding pressuring children to participate in activities they do not want to do. Instead, programs should offer future opportunities to try out the activity to determine if it is something the child enjoys.
- Making activities as gender neutral as possible.
- Keeping activities simple and emphasize fun rather than competition.

SECTION 2.3 - RECOMMENDATIONS FOR PHYSICAL ACTIVITY

In 2012, the Canadian Society of Exercise Physiologists (CSEP) released new Canadian Physical Activity and Sedentary Guidelines for children age 0-4 years (www.csep.ca/guidelines). They recommend that infants (aged less than 1 year)

should be physically active several times daily and that toddlers (aged 1-2 years) and preschoolers (aged 3-4 years) should accumulate 180 minutes of physical activity throughout the day. In addition, caregivers should minimize the amount of time infants, toddlers and preschoolers spend being sedentary during waking hours. This includes prolonged sitting or being restrained (e.g., stroller, high chair) for more than one hour at a time. For those under 2 years, screen time (e.g., TV, computer, electronic games) is not recommended. For children 2–4 years, screen time should be limited to under one hour per day; less is better.

For infants, physical activities include:

- Tummy time
- Reaching for or grasping balls or other toys
- Playing or rolling on the floor
- Crawling around

For toddlers and preschoolers, physical activities include:

- Any activity that gets kids moving
- Climbing stairs and moving around the home
- Playing outside and exploring their environment
- Crawling, brisk walking, running or dancing
- Hopping, jumping, skipping and bike riding

Refer to *Appendix E: Appropriate Abilities and Activities* for a list of activities/skills appropriate for children’s ages and development.

Physical activity is essential for healthy child development and will provide immediate and long-term physical and psychological benefits. This is the age where the base for physical literacy is developed and through learning the fundamental movement skills (walking, running, jumping, throwing, etc.), children will build the foundation for life-long physical activity. Being physically active will help young children: maintain a healthy body weight; improve movement skills; increase fitness; build healthy hearts; have fun and feel happy; develop self-confidence; and improve learning and attention.

SECTION 3 – GUIDELINES FOR TOBACCO-FREE FACILITIES

SECTION 3.1 – GOALS

The Tobacco-Free Facilities Guidelines attempt to encourage and support early learning and child care centers to maintain a supportive environment which promotes a tobacco-free facility. The goals of the Tobacco-Free Facilities Guidelines are to:

- Reduce the number of employees who use tobacco;
- Protect children’s and employee’s health by reducing the number of children and employees exposed to second hand smoke, understanding the ideal way to protect from second hand smoke is to make the complete property Tobacco-Free.

SECTION 3.2 – KEY ELEMENTS

The 2 key elements of the Tobacco-Free Guidelines are:

- Tobacco-Free Space- Indoors and Outdoors
- Quit Attempts and Sharing Information

KEY ELEMENT # 1: TOBACCO-FREE SPACE – INDOORS AND OUTDOORS

In keeping with the Smoke-Free Places Act (2003, 2009) early learning and child care centres should be dedicated to the protection and improvement of the health of individuals and communities, and should provide a tobacco-free environment on properties, grounds and vehicles parked on properties.

Early learning and child care centres will ensure the facility grounds, play areas, parking lots and vehicles are tobacco-free in addition to existing restrictions on smoking indoors and in restricted areas surrounding building entrances and air-intake vents.

KEY ELEMENT # 2: QUIT ATTEMPTS AND SHARING INFORMATION

Early learning and child care centres will provide cessation options and support to staff and parents interested in quitting by encouraging them to participate in provincial quit smoking services:

Smokers' Helpline – the Canadian Cancer Society's Smokers' Helpline is a free telephone and online service that supports people who want help to quit smoking. A personal quit program is developed by quit specialist to help you be most successful. Smokers' Helpline is available for smokers, their friends, families and co-workers to answer your questions and provide you with information. Call 1-877-513-5333 or click www.smokershelpline.ca.

Quit Care Program is designed to help nicotine-dependent smokers stop their use of tobacco. As part of the program, addiction nurses work with participants during five sessions to help people understand what triggers their smoking and how to develop a personal plan to deal with these situations.

Clients learn more about their dependence through self-observation and develop new skills which can significantly improve their chances of quitting, often with the aid of medications such as the nicotine patch, gum, and Zyban.

Individual and group counseling programs are available across the province at [Addiction Service locations](#) and are offered at no charge. **Contact Information:** (902)569-0524 or (902) 368-4038

SECTION 4 – GUIDELINES FOR INJURY PREVENTION & SUN SAFETY

Quality child care should take place in a safe and healthy setting. Policies to this end should be in place and practiced (e.g. safe travel policies, playground safety policies, supervision policies). A safe indoor and outdoor environment for children needs to be created and maintained (e.g. poisons locked up, no choking hazards, etc). In addition to these primary prevention measures, secondary prevention measures (once an injury occurs) also need to be in policy and practice (e.g. all staff should be prepared to handle medical emergencies).

These injury prevention guidelines were developed in conjunction with the Island Network for Injury Prevention and Child Safety Link and are based on the leading causes of injury death and injury for children in Atlantic Canada (Child and Youth Unintentional Injury in Atlantic Canada: 10 Years in Review, Safe Kids, <https://www.safekidscanada.ca/enStore/tabid/59/CategoryID/1/List/1/Level/a/ProductID/75/Language/en-CA/Default.aspx>). This report covers issues for children up to age 14, with more deaths and injuries occurring to older children. Many of these issues are also applicable to the 5 and under age group as well: falls (including playground), threats to breathing, drowning, fire and burns, motor vehicle occupant, pedestrian, and poisonings. Resources and key messages for parents/professionals can be found at www.childsafetylink.ca and www.safekidscanada.ca.

One particular aspect of burns is dealt with separately as the long term result may be cancer, while the short term result is an injury – sunburn and/or sunstroke. The implication of sunburns in children has potentially serious consequences on a person’s health later in life. For more information on Sun Safety than detailed below, please refer to the Canadian Cancer Society – PEI Division website at: http://www.cancer.ca/Prince%20Edward%20Island.aspx?sc_lang=en.

SECTION 4.1 - GOALS

The Injury Prevention and Sun Safety Guidelines attempt to encourage and support early learning and child care centers to maintain a safe and supportive environment. The goals of the Injury Prevention and Sun Safety Guidelines are to:

- Support operators in developing a way to affordably achieve this goal.
- Educate early childhood educators and staff on the importance of injury prevention and sun safety guidelines and practice.
- Encourage early childhood educators and staff to be role models of injury prevention and sun safety by making it a priority.
- Support the implementation of an in-service training program for early childhood educators which will enable them to apply the proposed guidelines and practice.

SECTION 4.1 - KEY ELEMENTS

The 4 key elements of the Injury Prevention and Sun Safety Guidelines are:

- Environment – Maintaining a Safety-Oriented Facility
- Injury Prevention Education
- Engaging Children and Parents to Participate in Injury Prevention
- Sun Safety in Outdoor Play or Activities

KEY ELEMENT # 1: ENVIRONMENT - MAINTAINING A SAFETY-ORIENTED FACILITY

Early learning and child care centres will maintain a safety-oriented facility by:

- Ensuring policies and practices are in place that guarantee an indoor and outdoor environment that is free from hazards and complies with recommendations for the age groups served (e.g. toys are for the appropriate age group and are regularly checked for breakage/wear; stair gates, cupboard locks, and other mechanisms to reduce children’s access to hazards, are in place and poisons are locked up; playgrounds meet current CSA standards/government guidelines or suggestions made by Child Safety Link in their Parent’s Guide to Playground Safety).
- Making sure policies and practices are in place that promote injury prevention – eg working smoke alarms and fire drills; transportation of children in appropriate child restraints, choosing safe walking routes to activities away from the centre. Food is served in a way that minimizes choking hazards (e.g. grapes cut lengthwise).

- Ensuring all staff involved in the provision of direct care at child care facilities, including family home caregivers, shall be certified in pediatric first aid that includes rescue breathing and first aid for choking. At least one certified staff person should be with the children at all times and in all places where children are in care.

KEY ELEMENT # 2 INJURY PREVENTION EDUCATION

Early learning and child care centres will support injury prevention education for children by participating in the development and implementation of injury prevention *Curriculum* (2.1) and acting as positive *Role Models* (2.2):

2.1 Curriculum

- Early learning and child care centres will work with the Department of Education and Early Childhood Development, the Island Network for Injury Prevention, Recreation PEI, Child Safety Link and other community partners to develop and implement a current, relevant injury prevention curriculum for staff that addresses the recommendations in Key element 1, as well as developmentally appropriate activities for children. (Note modules developed by the Island Network for Injury Prevention for booster seats and bike helmets for children 4-5 already exist and could be implemented with some adaptation to complement training/education for staff and parents. Although cycling is not an injury issue for this age group, the curriculum also has information for parents and complements the current work on this issue by the police through Operation Headway.)
- Early learning and child care centres will use a comprehensive approach to injury prevention education involving the whole community (families, individuals, and organizations in the community) and activities to positively influence parents' and children's knowledge, attitudes, skills and habits.
- Injury prevention be integrated into all aspects of the Centre's life.
- Programs will support opportunities for staff development and training for effective implementation of injury prevention policy, practice and age appropriate messaging/activities for parents and children. (Note: training is being proposed for Family Resource Centre staff in 2012. Should the funding be approved, there may be potential for collaboration to offer training (cost recovery) to Child Care Facility staff.)

2.2 Role Models

- Recognizing the importance of role modelling in promoting injury prevention, early childhood operators and educators should act as positive role models to promote injury prevention within programs and in all aspects of centre life.
- Providing, when possible, opportunities for parents to learn about injury prevention.

KEY ELEMENT # 3 ENGAGING CHILDREN IN INJURY PREVENTION

Early learning and child care centres will engage children in injury prevention by:

- Ensuring children practice injury prevention in all aspects of their daily routine while at the centre. These activities are easily incorporated into daily routines.

KEY ELEMENT # 4 SUN SAFETY IN OUTDOOR PLAY OR ACTIVITIES

Sunburns are considered to be injuries. Early learning and child care centres will ensure sun safety in outdoor play and activities when the UV index from Environment Canada is moderate (3+) or above by:

- Strongly encouraging children to wear hats with brims and lightweight clothing that covers shoulders, chests and legs.
- Applying adequate sunblock with an SPF of at least 30 on all of a child’s exposed skin before going outside (following the application instructions set out by the manufacturer).
- Planning outdoor activities for the early morning and late afternoon, when possible.
- Ensuring shaded outdoor play or rest areas are available at the facility and when in the community.

SECTION 5 – GUIDELINES FOR PROMOTING POSITIVE MENTAL HEALTH

SECTION 5.1 – GOALS

A whole child approach is the best way to provide an individual child with the nurturing and guidance he and she needs in early childhood education (ECE) in order to develop a sense of self-worth, mental fitness, self-trust. Research finds that a collaborative curriculum in ECE will take an educator a long way.

Collaboration among early childhood providers, educators, and parents leads to better outcomes for all involved: fewer conduct problems for children, increased parenting skills for parents, and better classroom management skills for teachers.

Many toddlers will come to school with the teachings from their parents, their homes, and their communities that will serve them well in school and throughout life. Many other children will bring behaviours or personal characteristics, such as attention deficits, which will not allow them to transition into the school system easily and confidently.

“What happens during the first months and years of life matters a lot, not because this period of development provides an indelible blueprint for adult well-being, but because it sets either a sturdy or fragile stage for what follows” (Shonkoff & Phillips, 2000, p. 5).

SECTION 5.2 – KEY ELEMENTS

Early childhood educators and staff are key to each young child’s development during the early learning and child care centre hours. They promote positive mental health in the following ways:

- Developing and maintaining collaborative relationships and communication with each child’s parents/caregivers.
- Understanding that a positive early learning and child care environment that promotes and supports mental fitness in the child also recognizes risk factors that would influence a child’s emotional health.
- Being aware of the influence of classroom relationships in the life of a child, from pre-school to high school.
- Nurturing educator-toddler relationships will produce long-term benefits in both risk and non-risk children.
- Building early childhood classrooms and early learning and child care environments as a community where everyone cares about each other and everyone has skills and strengths.
- Knowing the importance of prevention, promotion, and intervention in the mental health development of every child.
- Supporting parents to feel confident that they, the parents, are the child’s primary teacher, guide, and advocate.
- Ensuring that, in the holistic approach, the focus of learning and support is not just on the child but on the child in his and her context of family, neighbourhood, and larger community.

APPENDIX "A"

MEMBERS OF THE ADVISORY COMMITTEE

Jennifer Taylor – Past President, P.E.I. Healthy Eating Alliance, Advisory Committee Chair

Kelsey Kennedy, Diana MacLennan, Ashley Murphy, Laurie Michael and Charmaine Campbell – Registered Dietitians, P.E.I. Healthy Eating Alliance

Carolyn Simpson - Early Childhood Development and Kindergarten, Manager, PEI Department of Education and Early Childhood Development

Doreen Baird - Early Childhood Educator, CHANCES Early Childhood Development Centre; Bachelor of Child and Family Studies Program, UPEI

Sonya Corrigan - Executive Director, Early Childhood Development Association of PEI

Brenda Goodine - Education and Training Coordinator, Early Childhood Development Association of PEI

Cathy McCormack - Early Childhood Program Administrator, PEI Department of Education and Early Childhood Development

Chantal Chanell - Early Childhood Educator, South Rustico Early Childhood Development Centre

Kim Gillis - Holland College Early Childhood Education Program

Lynn Hogan – Early Childhood Educator, Director, Campus Kids (UPEI) Early Childhood Development Centre

Shelley Moase - Early Childhood Educator, Fun Times Early Education & Childcare Centre, Kensington

Kathy Phelan - Early Childhood Educator, Morell Early Childhood Development Centre

Kathleen Brennan - Chronic Disease Prevention Analyst, Sport, Recreation and Healthy Living , PEI Department of Health and Wellness

John Morrison - Director, PEI Department of Health and Wellness, Sport, Recreation and Healthy Living Division

Francois Caron - PEI Department of Health and Wellness, Sport, Recreation and Healthy Living Division

Sterling Carruthers - Healthy Schools Specialist, PEI Department of Education and Early Childhood Development

Theresa Trainor - Breastfeeding Coalition of PEI

PEI Community Dietitians

APPENDIX “B”

TERM DESCRIPTIONS

The term **Legislation or Act** is used to refer to the *Child Care Facilities Act, Regulations and Guidelines R.S.P.E.I. 1998, Cap. C-5* or other related legislation enacted through the appropriate process in the Legislative Assembly of the Province of Prince Edward Island and provided with the force of law through Royal Assent.

The term **Regulation** is used to refer to specific requirements and provisions enacted by the Lieutenant Governor in Council pursuant to legislative empowerment which provides the force of law to the requirements.

The term **Policy or Public Policy** is a particularly important one to understand in connection with this report. The term is often used indiscriminately to mean three different things:

- The intentions of politicians
- The actions of government
- The impact of government

According to Robert and Doreen Jackson in their book *Politics in Canada*, “A Guidelines, whether public or private, is, first and foremost, a program or course of action pursued in response to a particular problem or issue.” *Webster’s Dictionary* refers to policy as a “governing principle, plan or course of action.” The classic academic definition is the broad framework within which decisions are taken, and action or inaction is pursued by Government.

Policy can be proactive (strategically anticipating issues and opportunities) or reactive (designed to create solutions to address identified issues or problems). Policy always involves choice about what to do and also about what not to do.

This report considers the term Public Policy to refer to

- The intentions of Government with respect to early childhood education in the province
- The actions of Government as demonstrated by the role it accepts for itself, the support it provides, the programs it creates, the ways in which it engages with stakeholders, etc.
- The impacts intended by Government through the various involvements it chooses.

The report considers public policy to include strategic, operational, and administrative components. With all of this in mind, the Advisory Group, with the consultant’s assistance, have developed a policy which it proposes to Government for consideration as part of the consultation process for the revision of the current *Child Care Facilities Act, Regulations and Policy R.S.P.E.I. 1998, Cap. C-5*.

As defined on the Health Canada website, the term **Guideline** (sometimes called guidance documents or directives) are important administrative documents that support laws and regulations. Unlike laws and regulations, Guidelines do not have the force of law. However, they set out how a department, regulatory authority or other body applies laws and regulations under their jurisdiction. They provide transparency in decision-making and fill in details sometimes missing from the strict nature of legal language in laws or regulations.

APPENDIX "C"

GUIDE TO FOOD CHOICES

Guide to Food Choices

- Foods to Serve Every Day
- Foods to Serve Sometimes
- Foods to Least Often

GUIDE TO FOOD CHOICES

FOODS TO SERVE EVERY DAY

VEGETABLES AND FRUIT	GRAIN PRODUCTS	MILK AND ALTERNATIVES	MEAT AND ALTERNATIVES	MISCELLANEOUS ITEMS
<ul style="list-style-type: none"> • Fresh, frozen, canned fruit (packed in juice) and vegetables (no salt added or reduced in sodium) • 100% fruit juice, low sodium vegetable juice (limit to 1/2 cup per day) • 100% dried fruit* without added sugar or artificial sweeteners • Unsweetened applesauce/fruit blends • Homemade vegetable soups • Baked, boiled or mashed potatoes • Frozen fruit bars made with 100% fruit juice • Salad <p><i>Offer a variety of vegetables and fruit each day, including at least one dark green or orange vegetable each day.</i></p> <p><i>Prepare vegetables and fruit with little or no added fat, sugar or salt: steam, stir-fry or grill.</i></p> <p><i>Offer vegetables and fruit more often than 100% juice.</i></p>	<ul style="list-style-type: none"> • Unsweetened whole grain cereals (hot or cold) • Whole grain or whole wheat: bread, bannock, tortillas, bagels, pitas, buns, crackers, English muffins, pancakes, crackers, waffles, roti, naan, pizza dough • Homemade muffins, loaves or sweet breads made with whole grains • Whole wheat noodles, pasta, brown rice, wild rice, white rice • Barley, millet, quinoa, bulgur, whole grain couscous • Rice cakes <p><i>Offer mostly whole grain products. Whole grains include oats, corn, rice, wheat berries, flax, wheat germ, rye, light rye, stone ground whole wheat, kamut, amaranth, quinoa, pumpernickel, barley, cracked wheat, bulgur, sprouted grain, wheat germ.</i></p> <p><i>When adding sauces and spreads, use small amounts.</i></p>	<ul style="list-style-type: none"> • Lower fat white milk: 2%, 1%, or skim • Breast milk, formula and/or homogenized milk (3.25% mf) for children 2 years and younger • Fortified soy beverage • Powdered milk • Canned milk • Soups made with milk • Yogurt (without artificial sweeteners) • Smoothies made with milk/yogurt • Hard brick cheeses • Cottage cheese <p><i>Compare labels to choose lower sodium cheese and cottage cheese.</i></p>	<ul style="list-style-type: none"> • Eggs, egg substitutes • Beans, peas, lentils • Hummus • Tofu • Peanut butter, nut butters • Nuts, seeds (plain, unsalted)* • Fish, seafood • Canned tuna, sardines, salmon • Lean chicken, turkey • Lean beef, pork • Lean or extra lean ground meat <p><i>Serve meat alternatives such as beans, lentils and tofu often.</i></p> <p><i>Trim fat from meats and skin from poultry.</i></p> <p><i>Cook with little or no added fat or salt.</i></p> <p><i>Bake, roast, grill or poach.</i></p>	<ul style="list-style-type: none"> • Trail mix, unsalted* • Homemade, low fat dressings, spreads, dips • Fruit and yogurt parfaits • Non hydrogenated (soft) margarine • Popcorn, unflavored* • Mixed dishes and entrees (eg. casseroles, stews, stir fries, chowder, soup, pizza, shepherd’s pie, etc) that are made with foods from the “Foods to Serve Everyday” food lists. <p><i>Include small amounts of healthy fats daily. Healthy fats include vegetable oils, salad dressings, non hydrogenated (soft) margarines and mayonnaise.</i></p>

***May be a potential choking hazard for children younger than 4 years of age**

Serve condiments in small amounts:

When using condiments such as ketchup, mustard, relish, dips, spreads, sauces, salad dressings, jams, butter, and flavourings, offer in small amounts (1 teaspoon to 1 Tablespoon) and serve on the side wherever possible.

FOODS TO SERVE SOMETIMES

Serve no more than 3 items from this entire table per week

VEGETABLES AND FRUIT	GRAIN PRODUCTS	MILK AND ALTERNATIVES	MEAT AND ALTERNATIVES	MISCELLANEOUS ITEMS
<ul style="list-style-type: none"> • Vegetables with sauces or breading • Fruit leather, dried fruit bars • Fruit crisps, cobblers • Low in sodium canned soups 	<ul style="list-style-type: none"> • Sweetened whole grain cereals (hot or cold) • White, 60% whole wheat or enriched: bread, bannock, tortillas, bagels, pitas, buns, crackers, English muffins, pancakes, crackers, waffles, roti, naan, pizza dough, breadsticks • White noodles, pasta • Granola or cereal bars (plain, not dipped in chocolate) • Cookies, made with whole grain flour or oatmeal • Gingersnaps, digestive cookies, animal crackers, graham wafers, fish crackers • Biscuits, scones, small store-bought muffins 	<ul style="list-style-type: none"> • Chocolate milk • Pudding made with milk • Frozen yogurt, iced milk • Custards • Processed cheese slices • Cheese spreads 	<ul style="list-style-type: none"> • Low fat commercial fish sticks • Low fat commercial chicken strips or nuggets • Lower sodium deli meat (ham, turkey, roast beef, chicken) • Baked ham (lower sodium) • Regular ground beef: well cooked and fat drained 	<ul style="list-style-type: none"> • Pretzels, unsalted • Date squares • Bread stuffing

***May be a potential choking hazard for children younger than 4 years of age**

FOODS TO SERVE LEAST OFTEN

Serve no more than 1 food from this entire table per month

<ul style="list-style-type: none"> • Pastries, Danishes • Fried bread • Cakes, pies, sticky buns*, donuts, tarts • Pre-sweetened cereal • Dried vegetables or fruit with added sugar or sweeteners* • Granola bars with chocolate • Cookies with icing • Candy, chocolate 	<ul style="list-style-type: none"> • Fruit drinks (punches, cocktails) • Sweetened fruit juices • Frozen ice treats (popsicles) • Sherbet, ice cream • Milkshakes • Marshmallows* • Whipped cream, whipped topping • Flavored gelatin 	<ul style="list-style-type: none"> • Fried or breaded vegetables • French fries, onion rings • Fried/instant noodles • Regular canned soups • Instant noodle soups • Potato chips, nacho chips • Cheezies • Hard or hydrogenated margarines • Lard 	<ul style="list-style-type: none"> • Wieners, hot dogs, sausages* • Canned meats (such as corned beef,) • Bacon and back bacon • Dried meat • Dried processed meat strips • Sesame snaps • Soft drinks, pop, diet pop, ice tea, lemonade, slushies
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***May be a potential choking hazard for children younger than 4 years of age**

APPENDIX "D"

INFANT FEEDING AND FOOD GUIDE SERVING SIZES

- 1) Infant Feeding Plan
- 2) Babies aged 6 – 12 months
- 3) Children aged 1-5 years

Infant Feeding Plan

Infant Feeding Plans are developed at the request of parents or when foods from home are provided for children between birth and 17 months old. The following is a list of possible questions that may be used when developing an infant feeding plan:

- What types of food does the child currently consume?
- Have solid foods been successfully introduced, and, if so, what types?
- What textures have been successfully introduced?
- What are the child's food preferences?
- What are the child's self-feeding abilities?
- Are there any dietary considerations or special requests?
- Does the child have any identified allergies, food intolerances or any suspected concerns?
- What are the child's feeding times/routines?
- Are there any foods that the parents wish to wait to introduce?
- What is the plan for updating and making changes to a feeding plan?
- To what extent will the child care setting be involved in introducing new solids/textures?
- What is the plan for breast milk supply (e.g. liquid or frozen)?
- How should the child care setting respond in the event that breast milk is unavailable (e.g. runs out)?
- May the child eat modified items from menu?
- Are there any food requests based on medical issues?
- Will the child consume food from home as well as from the centre? If so, how should the child care setting respond in the event that foods and beverages brought from home are unavailable (e.g. run out)?

These questions may be helpful when developing an Infant Feeding Plan. Infant Feeding Plans are especially beneficial to ensure there is ongoing communication between the child care setting and the family.

Feeding plans may be created for infants (children between the ages of birth to 17 months) upon enrolment in a regulated child care setting at the request of parents or when the parent requests that foods be supplied from home. This will enable ongoing communication between the infant's parent/guardian and the care provider or the child care staff, including the cook and can be used in conjunction with the infant daily record.

* Regulated child care settings welcome mothers to breastfeed anywhere in the facility or home. Ongoing communication between centre staff and the parent/guardian will occur to make sure there is an adequate supply of your breastmilk for your child at the centre. No other form of nutrition will be provided unless instructed by the parent/guardian.

For more detailed information on breastfeeding and how to properly handle, store, label and feed breast milk, infant formula and solid foods to infants please refer to ***Nutrition for Healthy Term Infants - Statement of the Joint Working Group: Canadian Paediatric Society, Dietitians of Canada and Health Canada***, http://www.hc-sc.gc.ca/fn-an/pubs/infant-nourrisson/nut_infant_nourrisson_term-eng.php. Used with permission from Government of Nova Scotia Manual for Food and Nutrition in Regulated Child Care Settings, July 2011.

A Sample Guide for Food Serving Sizes for Babies 6 to 12 Months of Age

Remember - Every baby will eat different amounts of food from day to day - This is only a guide.

It is clear from extensive research that exclusive breastfeeding is the best way to support baby's healthy development in the first six months of life. Following the direction of Health Canada, pediatricians and nutritionists encourage continued breastfeeding for up to two years and beyond. If baby is not taking breast milk then iron-fortified formula should be used. Solid foods are introduced at 6 months of age.

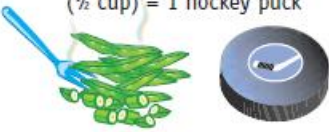








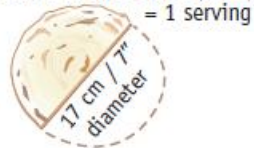





Time of day	Getting started at 6 months	Between 6 to 8 months	9-11 months	At 12 months
	Continue to breast/formula feed on cue.	Offer 1-3 meals/day. Start with offering baby 1 meal/day and progress to 3 meals/day. Continue to breast/formula feed on cue.	Offer 2-3 meals and 1-2 snacks/day. Continue to breast/formula feed on cue.	Offer 3 meals and 2-3 snacks/ day. Continue to breast/formula feed on cue.
Morning meal	For the first few days: Breast milk/formula first 1 tsp (5mL) dry, iron-fortified infant cereal* OR 1 tsp (5mL) Meat and Alternatives (meat, poultry, fish, tofu, egg yolk, lentils, kidney beans, etc.)	Breast milk/formula first 3-4 Tbsp (45-60mL) dry, iron-fortified infant cereal* and/or Meat and Alternatives 1-2 Tbsp (15-30mL) vegetables/fruit: beans, carrots, peas, beets, sweet potato, broccoli, bananas, pears, peaches, cantaloupes, etc.	4-6 Tbsp (60-90mL) dry, iron-fortified infant cereal* and/or Meat and Alternatives 2-3 Tbsp (30-45mL) vegetables/fruit 2-3 Tbsp (30-45mL) cheese or plain yogurt	1/2 cup (125mL) dry, iron-fortified infant cereal* and/or Meat and Alternatives 2-3 Tbsp (30-45mL) vegetables/fruit 2-3 Tbsp (30-45mL) cheese or plain yogurt
Mid-morning snack				Foods such as: cut up cheese, fruit, dry cereal and a small glass of water
Midday meal		3-4 Tbsp (45-60mL) dry, iron-fortified infant cereal*and/or Meat and Alternatives 1-4 Tbsp (15-60mL) vegetables/fruit	2-3 Tbsp (30-45mL) dry, iron-fortified infant cereal* 2-3 Tbsp (30-45mL) Meat and Alternatives 1/4 cup (60mL) vegetables/fruit	2-3 Tbsp (30-45mL) dry, iron-fortified infant cereal* or 4-6 Tbsp (60-90mL) rice or pasta or 1/2 slice of bread 2-4 Tbsp (30-60mL)Meat and Alternatives 3-5 Tbsp (45-75mL) vegetables 2-3 Tbsp (30-45mL) fruit

Afternoon snack			Foods such as: cut up cheese, fruit, dry cereal, and a small glass of water (1/2 cup)	Foods such as: cut up cheese, fruit, dry cereal, and a small glass of water (1/2 cup)
Evening meal		3-4 Tbsp (45-60mL) dry, iron-fortified infant cereal* 1 Tbsp (15mL) Meat and Alternatives 1-4 Tbsp (15-60mL) vegetables/fruit	2-4 Tbsp (30-60mL) Meat and Alternatives 1/2 cup (125mL) vegetables/fruit 2-4 Tbsp (30-60mL) dry, iron-fortified infant cereal* or 4-6 Tbsp (60-90mL) rice or pasta or 1/2 slice of toast	2-4 Tbsp (30-60mL) Meat and Alternatives 1/2 cup (125mL) vegetables/fruit 4-6 Tbsp (60-90mL) rice or pasta or 1/2 slice of bread
Night time snack			2-4 Tbsp (30-60mL) dry, iron-fortified infant cereal*	2-4 Tbsp (30-60mL) dry, iron-fortified infant cereal* 2-3 Tbsp (30-45mL) vegetables/fruit
Appropriate food texture	Age 6-7 months: Strained, pureed, smooth or mashed	Age 8-9 months: Grated, minced, lumpy, diced or cut up	Age 8-9 months: Grated, minced, lumpy, diced or cut up	Age 10-12 months: Soft, finely chopped foods that soften or dissolve in the mouth

*Mix dry cereal as directed on cereal box before feeding to baby.

Food Guide Serving Sizes for 1-5 Years











Young children can decide *how much to eat*, parents and caregivers should plan what foods are offered and be role models of healthy eating.

RECOMMENDED NUMBER OF SERVINGS EACH DAY			FOOD GROUP	THIS IS WHAT ONE FOOD GUIDE SERVING LOOKS LIKE		
Girls & Boys 1-2 years*	Girls & Boys 2-3 years*	Girls & Boys 4-5 years				
up to 4	4	5	Vegetables and Fruit <ul style="list-style-type: none"> • Eat at least one dark green & one orange vegetable per day. • Fresh, frozen or canned are all good choices. • Choose vegetables & fruit prepared with little or no added fat, sugar or salt. • Serve no more than 125ml / 1/2 cup of full strength juice a day. 	Cooked vegetables 125 mL (½ cup) = 1 hockey puck 	Fresh or soft cooked vegetable slices 125 mL (½ cup) = 1 hockey puck 	Leafy salad vegetables 250 mL (1 cup) = 1 baseball 
				1 medium fresh fruit = 1 tennis ball 	Diced fresh, frozen or canned fruit 125 mL (½ cup) = 1 hockey puck 	100% unsweetened juice 125 mL (½ cup) = ½ c fluid measuring cup 
up to 3	3	4	Grain Products <ul style="list-style-type: none"> • choose whole grains at least half of the time. • Choose grains that are lower in fat, sugar or salt. 	Bread 1 slice (35 g) 	Rice or pasta 125 mL (½ cup) = 1 hockey puck 	Bannock (2.5" x 2.5" x .75") (6 cm x 6 cm x 2 cm) = 1 serving 
				Pita or tortilla wrap ½ small (35 g) = 1 serving 	Hot cereal 175 mL (¾ cup) = 1 tennis ball 	Cold flaked cereal 30 g, 250 mL (1 cup) = 1 baseball 
2	2	2	Milk and Alternatives <ul style="list-style-type: none"> • Provide 2 servings of skim, 1% or 2% milk (or fortified soy beverage) every day to help meet vitamin D needs. • Children under 2 years of age should be served whole/homogenized (3.25% MF) milk 	Milk or fortified soy beverage 250 mL (1 cup) = 1 cup fluid measuring cup 	Cheese 50 g (1½ oz) (9 cm x 2.5 cm x 1.5 cm) (3.5" x 1" x .5") = 2 white pencil erasers 	Yogurt 175 g (¾ cup) = 1 tennis ball 



* Eating Well with Canada's Food Guide recommends serving sizes and amounts for ages 2 to 51+. For ages 1 to 3, servings can be divided into smaller amounts and served throughout the day. For example, one half of a vegetable or fruit serving may be served at two different snacks to add up to one full vegetable or fruit serving.



RECOMMENDED NUMBER OF SERVINGS EACH DAY			FOOD GROUP	THIS IS WHAT ONE FOOD GUIDE SERVING LOOKS LIKE			
Girls & Boys 1-2 years*	Girls & Boys 2-3 years	Girls & Boys 4-5 years					
1	1	1	Meats and Alternatives <ul style="list-style-type: none"> • Have meat alternatives such as beans, lentils and tofu more often. • Eat at least 2 servings of fish per week. • Choose lean meat and alternatives prepared with little or no added fat or salt. 	Cooked fish, poultry, lean meat, wild meat 75 g (2.5 oz) or 125 mL (½ cup) = 1 hockey puck 	2 eggs 	Cooked legumes such as beans or lentils 175 mL (¾ c) = 1 tennis ball 	
				Tofu 175 mL (¾ c) = 1 deck of cards 	Peanut butter 30 mL (2 tbsp) = 1 golfball 	Nuts and seeds 60 mL (¼ c) = 2 ping pong balls 	
What About Oils & Fats? Offer 30-45 mL (2 to 3 tbsp) unsaturated fat each day. This includes oil used for cooking, salad dressings, margarine & mayonnaise.			Oils & Fats <ul style="list-style-type: none"> • Limit butter, hard margarine, lard and shortening. 	Oil (such as canola, olive & soybean) 5 mL (1 tsp) = 1 quarter 	Non-hydrogenated margarine or butter 5 mL (1 tsp) = 1 quarter 	Salad dressing 15 mL (1 tbsp) = 3 quarters 	Looking at a label? 4 g fat = 1 tsp fat = 1 quarter 
Quench Thirst with Water!				Drink water regularly. Drink more water when you are more active or in hot weather.			

What about other foods & beverages high in calories, fat, sugar or salt (sodium)? Limit foods and beverages such as cakes and pastries, chocolate and candies, cookies and granola bars, doughnuts and muffins, ice cream and frozen desserts, french fries, potato chips, nachos and other salty snacks, fruit flavoured drinks, soft drinks, and sweetened hot or cold drinks. Caffeinated beverages and sport or energy drinks should not be given to children.

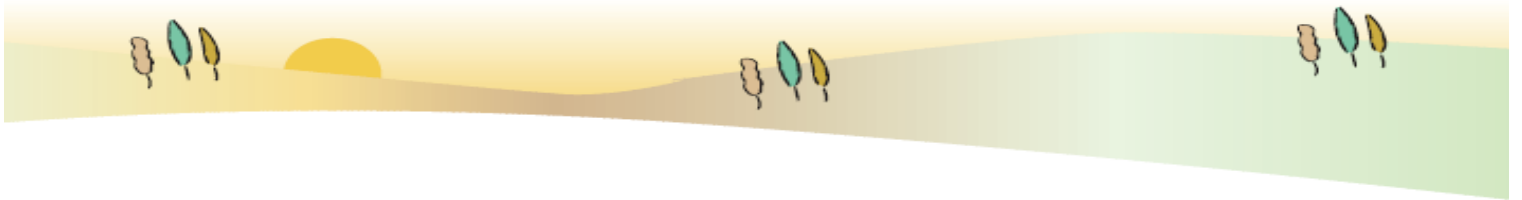
How often should I provide food for my child? Offer small nutritious meals and snacks throughout the day since children have small stomachs and need to eat often. Plan to serve 3 meals and 2-3 snacks throughout the day.

Should I restrict how much fat I give my child? No. Offer a variety of nutritious foods which are naturally high in healthy fat such as nuts, avocados and fatty fish.

What do I do if my child refuses to eat a new food offered? Children's likes and dislikes change regularly. If a food is refused once, don't give up; offer it again at another time. It may take as many as 10 to 15 times, at different meals and snacks, before a child accepts a new food.



APPROPRIATE ABILITIES AND ACTIVITIES



Appropriate abilities & activities

The kind of things your child can do depends on their age and stage of development.

There is a basic pattern to the way children develop. But within that pattern, children grow and develop abilities at very different rates. The physical skills

and abilities of each child are just as different. An activity one child likes may not appeal to another child. Use the tables below to learn about your child. As you see them developing certain skills, use the Activities part of the chart in the right column to get ideas for how to encourage their development.

Age	Abilities	Activities
<p>Babies 12 to 18 Months Old</p>	<p>Children are just beginning or are able to:</p> <ul style="list-style-type: none"> • Walk more steadily • Run • Push, pull, take apart • Carry • Climb on and grab things • Roll objects on the floor 	<p>Things I can do with my children include:</p> <ul style="list-style-type: none"> • Play at walking backwards or sideways, run with them, climb stairs with them • Provide pull toys to encourage children to pull themselves up or walk • Use soft balls or beanbags that can be thrown safely to teach throwing • Allow children to carry objects from one place to another • Play at movement or flexibility such as twisting, nodding heads, and touching toes • Water play
<p>Toddlers 18 Months to 3 Years Old</p>	<ul style="list-style-type: none"> • Walk forward and backward, run and jump and climb up and down stairs • Push a chair in position to obtain out-of-reach objects • Walk along a balance beam or board with or without help • Throw using two hands • Kick a large ball without losing balance, stop it with two hands before kicking again • Hit a suspended ball with a large bat • Crawl and climb on play structures and household furniture • Sit balanced on a swing, while being gently pushed • Sit on and skillfully move a riding toy, pushing with two feet 	<ul style="list-style-type: none"> • Play at movement in various directions, different speeds and use different sized steps, etc. • Kick at balls to learn to balance • Listen to music and dance • Stop and go, walking and running games, tag • Balance beam walking (25 cm high or less) • Follow the leader obstacle course • Ball play, throw and retrieve, ball kicking • Hitting and batting • Ice skating with assistance • Water play and swimming <ul style="list-style-type: none"> • Rhythm, music and dance • Marching band, rhythmic activities, hopping and singing games



APPENDIX “F”

RESOURCES

Canadian Cancer Society’s Smoker’s Helpline, www.smokershelpline.ca

Canadian Society for Exercise Physiologist (CSEP), <http://www.csep.ca/english/view.asp?x=804>

Canadian Sport for Life, www.canadiansportforlife.ca

Child Safety Link, <http://www.childsafetylink.ca/>

Early Childhood Obesity Prevention Policies: Consensus Report. Institute of Medicine. (2011), <http://www.iom.edu/Reports/2011/Early-Childhood-Obesity-Prevention-Policies.aspx>

Eating Well with Canada’s Food Guide, www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php

Food Guides Serving Sizes for 1-5 Years, Alberta Nutrition Guidelines for Children and Youth (page 39-40), www.healthyalberta.com/Documents/FINAL_Nutrition-Guidelines-AB-2011.pdf

Food Safety, www.canfigbac.ca

Information Handbook on Anaphylaxis, www.gov.pe.ca/photos/original/anasept_2006.pdf

Nutrition for Healthy Term Infants - Statement of the Joint Working Group: Canadian Paediatric Society, Dietitians of Canada and Health Canada, www.hc-sc.gc.ca/fn-an/pubs/infant-nourrisson/nut_infant_nourrisson_term-eng.php.

PEI Division of the Canadian Cancer Society, http://www.cancer.ca/Prince%20Edward%20Island.aspx?sc_lang=en