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## Letter to the Editor

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#### Dear Editor,

It was with great interest that we read the study on childcare environment and dietary intake of children in pre-school childcare in the Netherlands (Gubbels *et al.*, 2010). With more parents now relying 'on child care providers to share parents' traditional role of 'gatekeeper' on their children's nutrient intake' (American Dietetic Association, 2005), the educational and environmental factors influencing the development of healthy eating patterns of children in full day care is becoming predominantly that of the childcare provider (Benjamin *et al.*, 2008, Moore *et al.*, 2005). While there are a number of studies that look at this issue in the United States, there is indeed a lack of published European research and Flynn *et al.* (2006) have highlighted that there are few nutrition interventions in this setting, recommending that funding should be directed to develop such programmes.

While the study of Gubbels *et al.*, demonstrated an assessment of overall dietary energy, saturated fat and dietary fibre, the quantity and variety of food served to children also requires consideration. If inadequate nutritious food is served to children, they are not in a position to obtain sufficient nutrients, regardless of the environment in which they eat. In Ireland, we are carrying out an observation based intervention study in child care centres ('Healthy Incentive for Pre-schools Project'). As well as observing the environmental factors, we also are determining the food given to the children. While Gubbels *et al.*, noted that they estimated dietary intake 'in standard food units (e.g. cups, pieces)' (p 98), they do not define the standards that were used to determine the food units. Use of 'standard food units' may become particularly complex when considering 'composite food dishes' and definition of standards is needed to prevent misinterpretation and allow others to replicate the methodology used.

Preliminary work carried out for the 'Healthy Incentive for Pre-schools Project' (Molloy et al., 2007) highlighted this issue and the use of a collection of photographs to determine the food servings provided by childcare providers was considered beneficial, particularly if that resource was accompanied by a reference guide containing weights of foods and accompanying household measurements of these foods. Although there is a food portion size photographic atlas for adults (Nelson et al., 2002), no such tool appropriate for children's serving sizes could be found in the published literature. The 'Food Serving Size Atlas for Pre-school Children' was produced based on practical guidelines from the literature (Nelson and Haraldsdóttir, 1998, Williamson et al., 2003). Photographs of a wide variety of foods recommended for pre-school children's meals and snacks (n, 344) were taken during the preparation of the food serving size atlas (Irish Health Service Executive, 2004, Department of Health and Children (Ireland), 2004, Crawley, 2006); these included photos of 'individual' foods (n, 205) and 'composite foods' (n 139). The food serving size atlas has been used to assist in determining the serving sizes being plated by childcare providers with data collection just completed, prior to an intervention which will aim to encourage and support pre-schools to improve their nutritional practices.

We congratulate Gubbels *et al.*, for undertaking work in the childcare setting, as all research carried out in this setting will ultimately inform interventions to improve the food provided in childcare services.

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