developed by the US Department of Agriculture to replace MyPyramid. This colorful plate shows the five main food groups (i.e., fruits, grains, vegetable, protein, and dairy) with the intended purpose to involve children and their families in making appropriate food choices for meals and decrease the incidence of overweight and obesity in the United States. MyPlate provides an online interactive feature that allows the individual to select (click on) an individual food group and see choices for foods in that group. Approximate serving sizes are suggested, and vegetarian substitutions are also provided.

Nutrition during toddlerhood involves a transition as a young toddler is weaned off milk- or formula-based diets. Milk intake, the chief source of calcium and phosphorus, should average two or three servings (24 to 30 oz) a day. Consuming more than a quart of milk daily considerably limits the intake of solid foods, resulting in a deficiency of dietary iron and other nutrients. After 2 years of age, children can be given low-fat milk to reduce daily total fat to less than 30% of calories, saturated fatty acids to less than 10% of calories, and cholesterol to less than 300 mg. Other measures to reduce dietary fat include using lean meats, fat-modified products (e.g., low-fat cheese), and low-fat cooking. Because less fat in children's diets can also mean fewer calories and nutrients, caregivers must know what kinds of food to choose. However, *trans* fatty acids and saturated fats should be avoided.

Iron-fortified cereals and iron-rich foods are recommended for all children older than 6 months of age. Parents should be encouraged to provide an iron-rich diet that includes heme and nonheme iron sources (red meats, poultry, fish, green leafy vegetables, dried fruit, and beans) and limit whole-milk consumption. Iron supplementation may be necessary in some cases. Calcium and vitamin D are essential for healthy bone development. Adequate intake of calcium for children 1 to 3 years old is 500 mg per day. Whole milk, cheese, yogurt, legumes (beans), and vegetables (broccoli, collard greens, and kale) are good sources for calcium. Popular calcium-fortified foods include waffles, cereals and cereal bars, orange juice, and some white breads. Adequate vitamin D intake is essential to prevent rickets; it is now recommended that children and adolescents have an intake of at least 400 IU of vitamin D daily (Institute of Medicine, 2010). Multivitamin preparations