

## NUTRITION PROCEDURES

### **1302.44 Child nutrition.**

(a) *Nutrition service requirements.* (1) A program must design and implement nutrition services that are culturally and developmentally appropriate, meet the nutritional needs of and accommodate the feeding requirements of each child, including children with special dietary needs and children with disabilities. Family style meals are encouraged as described in §1302.31 (e)(2).

(2) Specifically, a program must:

(i) Ensure each child in a program that operates for fewer than six hours per day receives meals and snacks that provide one third to one half of the child's daily nutritional needs;

(ii) Ensure each child in a program that operates for six hours or more per day receives meals and snacks that provide one half to two thirds of the child's daily nutritional needs, depending upon the length of the program day;

(iii) Serve three- to five-year-olds meals and snacks that conform to USDA requirements in 7 CFR parts 210, 220, and 226, and are high in nutrients and low in fat, sugar, and salt;

(iv) Feed infants and toddlers according to their individual developmental readiness and feeding skills as recommended in USDA requirements outlined in 7 CFR parts 210, 220, and 226, and ensure infants and young toddlers are fed on demand to the extent possible;

(v) Ensure bottle-fed infants are never laid down to sleep with a bottle;

(vi) Serve all children in morning center-based settings who have not received breakfast upon arrival at the program a nourishing breakfast;

(vii) Provide appropriate healthy snacks and meals to each child during group socialization activities in the home-based option;

(viii) Promote breastfeeding, including providing facilities to properly store and handle breast milk and make accommodations, as necessary, for mothers who wish to breastfeed during program hours, and if necessary, provide referrals to lactation consultants or counselors; and,

(ix) Make safe drinking water available to children during the program day.

### **1302.46 Family support services for health, nutrition, and mental health.**

(a) *Parent collaboration.* Programs must collaborate with parents to promote children's health and well-being by providing medical, oral, nutrition and mental health education support services that are understandable to individuals, including individuals with low health literacy.

**GUIDELINES FOR FOOD SELECTION**

Recognizing that food is more than just something to eat - that it has the power to comfort, revive and even heal - we choose to select foods which demonstrate our interest in:

- Maintaining healthy bodies
- Broadening tastes
- Encouraging variety
- Developing skills
- Sharing the cultural and ethnic diversity of our families
- Supporting good oral health

We agree that foods purchased with program funds for use in the classroom, parent gatherings and staff functions will meet the following Head Start/ECEAP/Early Head Start criteria:

- High in nutrients
- Low in fat
- Low in sugar
- Low in salt

We will be mindful of medical, cultural, religious, and family preference diets.

We will consider the cost of ingredients as well as the above criteria in judging the recipes we distribute from the program.

Due to the potential for food-borne illness, we are not able to have staff, families or friends bring food from home to serve children during class time. Foods, however, can be purchased by staff with agency money and provided for families to prepare on site for meal/class consumption.

All food must be either commercially prepared or prepared in the classroom.

We believe that what we do is a much more powerful influence on children and families than what we say. We are eager to have our program food choices provide a good model for family food choices.

**For example, in providing a nourishing breakfast, snack, and lunch we practice the following:**

Offering age appropriate milk options	Avoiding sweet sticky combinations
Offering whole grains	Avoiding adding sugar to cereals
Offering raw fruits and vegetables	Avoiding flavored milks
Offering water	Avoiding placing salt, butter, sugar on table
Substituting fruit for syrup or jelly	Avoiding sugar-sweetened beverages
	Reducing salt in cooking

## NUTRITION

1. Parents/guardians share written information about child's health, eating patterns and preferences, nutrition resources, special dietary needs (including cultural, religious, medical and family preferences), feeding problems or other concerns they may have by completing the Health Record with staff.
  - If a feeding issue is identified, Health staff will work with the parents/guardians to ensure a plan is in place to address feeding uses.
  - Health staff review the health record with parents/guardians to determine if initial Nutrition Referral is needed.
  - If a Nutrition Referral is completed, health staff will receive a written consult report of the conversation with family and resulting plan and follow-up required.
  - Observations of child's eating skills and preferences can be shared with families during conferences or home visits.
  
2. Health staff will discuss the negative health consequences of sugar-sweetened beverages.
  
3. Center based sites offer breakfast/hearty snack upon arrival and provide lunch.
  - In part day preschool programs, children are offered breakfast/hearty snack and lunch, providing at least 1/3 of their daily nutritional needs.
  - An additional snack is provided as needed for children who are hungry.
  - In full day programs, children in care for 6 hours or more receive the equivalent of 2/3 of their daily nutritional needs through breakfast, lunch, and/or snacks offered every 2—2½ hours. Monthly age- and developmentally-appropriate nutrition exploration opportunities are provided.
  
4. The foods served in meals designated breakfast, lunch or "hearty" snack must meet USDA meal patterns (Child and Adult Care Food Program or National School Breakfast and Lunch Program).
  - Some meals in part day and full day preschool classrooms are provided by school districts which participate in the USDA's National School Breakfast and Lunch Program.
  - Other meals are supported by our participation in USDA's Child and Adult Care Food Program (CACFP).
  - Early Head Start participates in CACFP as do most Child Care Connection Providers.
  - USDA provides the primary reimbursement for meals served to program children.
  - The Nutrition Consultant observes mealtimes and USDA sites are reviewed three times per year for the CACFP program.
  - Menus shall be dated and posted in the food preparation area and available for parent review.
  - Submit menu changes to Health Program Manager for approval.
  - Substitutions shall be recorded on the menu prior to serving or as soon thereafter as possible.
  - All menus are turned in to the Health Program Manager at the end of each month.
  - Food temperatures of hot foods are documented on the menu.
  - Each snack must include a liquid to drink – either water or one of the required components such as milk.
  - Drinking water is available to children during the program day.

- A Nutrition Consultant is available to assist in planning for children, including infants and toddlers, with special nutrition needs.
  - Foods served shall be high in nutrients and low in fat, sugar and salt.
  - A 72-hour supply of food and water is maintained at each site for emergencies.
5. Accommodations are made for children with medically-based diets or other dietary requirements.
- If a child has a food allergy or special menu requirement due to a health condition, written directions from the child's health care provider and parent are required using the **Food Accommodation Form**. Food allergies must be verified and alternative foods of comparable nutritive value specified by a recognized medical authority and the parent. Documentation must be kept on file at the center and updated every year. The program will be responsible for obtaining products that are an equivalent alternative.
  - The food allergies of children and the plan for addressing them must be listed on the Classroom Health Alert, which is posted in the food preparation area.
6. Mealtimes:
- Mealtime shall include staff, volunteers and children sharing foods from the same menu in a relaxed atmosphere. No table with children eating shall be left unattended by an adult.
  - Child-sized tables, chairs, dishes and utensils shall be used to promote success at meal times.
  - Children are provided opportunities to participate in meal preparation, family-style service, and cleaning up at mealtimes.
  - Foods offered represent different cultural and ethnic backgrounds to broaden the children's food experiences.
  - Children are encouraged to taste foods, but are not forced or coerced to take a bite.
  - Children are provided at least 30 minutes for lunch and 20 minutes for snack. Those who finish earlier may be excused from the table to play quietly while others finish eating.
7. Monthly age- and developmentally-appropriate nutrition exploration opportunities are provided that encourage new cultural, sensory and nutritional experiences for children. This is documented on the lesson plan and in the Family Center Notebook.
8. Staff shall take adequate precautions to prevent contamination during transporting, storing, preparing, cooking and serving foods (WAC 170-295-3200). Food-handler permits are required for all Head Start/ECEAP staff and substitutes involved in preparation of or serving of food to the children. Copies of permits are posted in classroom.
- In licensed centers, there are designated sinks for food preparation and hand washing.
  - Adequate hand washing facilities with posted hand washing procedures are available in each classroom. Hand washing is required before food handling and before and after meal times (WAC 170-215-3220).
  - Food preparation must be completed at the site or by the contracted meal provider. Foods (with the exception of formula and breast milk) may not be brought from home by either families or staff due to the potential for contamination through improper handling, storage and preparation of food items.

- Play and learn groups, specifically for Early Head Start Home Based services, will prepare pre-cooked meats as recommended by the Kitsap Public Health District-Food & Living Environment Program.
- Hot and cold foods will be kept at the correct hot holding and cold holding temperatures according to the Washington State Food Worker Manual. Cold foods must be maintained at a temperature less than or equal to 41 degrees F or colder. Hot foods must be maintained at a temperature of more than or equal to 135 degrees F or hotter.
- Temperatures of heated food brought to the classroom or reheated from the refrigerator must be taken daily at each meal. This is recorded on the menu or form provided by the school district. It is returned to the school district at their requested time.
- If the temperature of a hot food drops below the hot holding temperature as indicated in the Washington State Food Worker Manual, 135 degrees F at serving, it is covered, rotated or stirred while reheating in the microwave until an internal temperature of 165 degrees F is reached.
- Leftovers remaining on the children's plates or remaining in the serving dishes must be discarded (WAC 246-215-050(d)).
- Foods not served must be cooled in one of three approved cooling methods per the Washington State Food Worker Manual in uncovered shallow pans in the refrigerator until 41 F., then covered to prevent cross contamination. Dressings, fruits and vegetables must be labeled as to contents and dated, then discarded within a week of the date. Condiments may be kept longer if stored in tightly sealed containers at the appropriate temperature.
- Refrigerator temperatures must be no greater than 41 degrees F., with ideal temperatures approximately 38 degrees F. - 40 degrees F. Each refrigerator should have its own thermometer placed 6 inches from the door.
- Adequate dishwashing facilities are available for equipment and utensils by either of the following methods:
  1. Manual dishwashing in proper sequence:
    - (a) Washing in a clean, hot detergent solution;
    - (b) Rinsing in clean, warm water;
    - (c) Sanitizing by immersion in a bleach-water solution , using the Washington State Department of Health "Disinfecting and Sanitizing with Bleach Guidelines for Mixing Bleach Solutions for Child Care and Similar Environments" and is mixed according to the bleach strength being used.
    - (d) Air drying
  2. Mechanical dishwashing which washes and sanitizes by:

A high temperature final rinse with a minimum of 180 degrees F. measured by the gauge OR by the addition of an approved concentration of chemical sanitizer (WAC 246-215-100).
- Food safety and sanitation procedures shall be followed when using food in art projects and other classroom activities.

## Feeding Infants and Toddlers

1. Infants are fed according to their need rather than any adult-prescribed schedule.
  - Infants are always held for bottle feedings to prevent choking and to promote attachment.
  - Caregivers face babies who can sit in chairs for feeding.
  - Breast milk, formula, and water are the only allowable fluids in a bottle unless another fluid is requested by licensed health care provider.
  - Caregivers track child's intake of foods including types, when eaten, and amounts.
2. No fluid other than breast milk or formula will be offered infants under 6 months unless there is written direction from both parent and health care provider.
  - All bottles are labeled with child's full name and date of preparation.
  - Contents of bottles not consumed within one hour are thrown away.
  - Bottles are warmed by immersing them in warm water; a microwave is never used.
  - Frozen breast milk is labeled with child's name and date it was brought in and stored at 10F or less and kept for no more than two weeks. Also include the date the milk was expressed; use within 3 months of being expressed.
  - Labeling is done on masking tape or sticky label - never directly on bottle or plastic bag.
3. CACFP-approved iron fortified formula is provided by the program to non-exclusively breastfeeding families. All parents/guardians are asked to sign their acceptance of the offered formula or provide another approved formula of their choice. The use of any non-approved formula requires written direction from the health care provider/recognized medical authority.
  - Powdered formula in cans is dated when opened and discarded one month after opening.
  - Formula is made up as needed, mixed according to directions and fed immediately.
  - All bottles are cleaned and sanitized in dishwasher before use.
4. For infants over 6 months, parent/guardian and caregiver develop a feeding plan that considers the guidelines for appropriate feeding in relation to the child's developmental stage (WAC 170-295-4020).
  - Until \*12 months, no new food will be offered in care until it's been tried at home.
  - Whole milk is offered only after one year of age and through the child's 24<sup>th</sup> month.
  - 1% milk is offered after 24 months through the child's 36<sup>th</sup> month.
  - Appropriate utensils and cups are introduced when infants are offered solids no earlier than 6 months of age.
  - Appropriate soft, chopped and mashed table foods are introduced around 8 months of age if developmentally appropriate for the infant.

*\* when a baby can eat a variety of foods from all food groups without signs of an allergic reaction*