

# **Making Food *Healthy and Safe* for Children:**

How to Meet the *Caring for Our Children*: National Health and  
Safety Performance Standards; Guidelines for Early Care and  
Education Programs

**2<sup>nd</sup> Edition**

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## **HOW TO USE THIS TEXT**

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Throughout this text, certain words or sentences are marked with super-scripted reference numbers. These numbers correspond to standards found in *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Program*, (3<sup>rd</sup> ed., 2011). A list of reference numbers and their corresponding standards can be found in Appendix A.

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## CHAPTER 1

# INTRODUCTION

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One of the most basic ways to show that we care about children is to feed them nourishing and safe food. Feeding children healthy food is important for a number of reasons:

- Food gives children the energy and nutrients they need to be active, to think, and to grow.
- Food helps children stay healthy. Good nutrition helps to heal cuts and scrapes and fight infections.
- Safely prepared foods help children avoid food borne illness.
- Children develop lifetime habits through what they eat in childhood.
- Children feel more comfortable, less grouchy and more secure when they are not hungry.
- Children develop self-esteem as they learn to feed themselves.
- When children eat with others, they develop social and communication skills.

### **Purpose of this Text**

This text was written to help you:

1. Provide children with healthy and safe food
2. Meet the nutrition standards in *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3<sup>rd</sup> Ed., 2011(CFOC)*
3. Provide information that will make your job easier

Follow the guidance and suggestions in this text to help you and the children you care for stay healthy. Most of the goals are the same for family care homes and child care centers. If centers need to meet some extra standards because they care for more children than family child care homes, these are covered at the end of each chapter in sections labeled “For Centers Only”.

This text will help you meet national guidelines, but you will also need to follow state and local rules. To find out what the rules are, contact your state or local child care licensing or regulatory agency. If you are not regulated by any agency, contact your local child care resource and referral agency by:

- Calling Child Care Aware at 1-800-424-2246 or visiting their website:  
<http://childcareaware.org/>
- Looking in the Yellow Pages under “child care referral service”
- Looking in the Blue Pages under “child care” (if available)
- Checking the special section under the *Community Service Numbers* in the front of the White Pages

You can also check your state’s child care regulations by visiting

<http://nrckids.org/STATES/states.htm>



## CHAPTER TWO

# KEEPING EVERYTHING CLEAN AND SAFE

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### **Responsibilities of a Child Care Professional**

Feeding children in a healthy environment is one of your most important responsibilities as a child care provider. Ways that you should fulfill this responsibility are:

#### *Support for Healthy Eating*

- Provide a variety of foods that help children grow and develop
- Provide food that is respectful of each child's culture
- Pay attention to each child's eating behavior, and communicate with the child's caregiver if the child is not eating enough of the right kinds of food
- Feed infants when they are hungry
- Provide enough help so children feel comfortable eating while still developing their own feeding skills
- Have a friendly, comfortable place for eating—make food time fun, pleasant and educational
- Offer foods every 2-3 hours to prevent children from feeling too hungry (some states have specific regulations about this)
- Give children enough time to eat (30 minutes is often sufficient)
- Help children develop a positive attitude toward healthy foods
- Help children develop a habit of eating the right kinds and amounts of food
- Take care of yourself—eat well to stay healthy, feel good, and have energy to care for the children
- Serve as a role model for the children under your care
- Support the relationship between the child and parent
- Plan activities that nurture children's development

#### *Food and Safety*

- Provide food that is safe to eat
- Prevent injuries when preparing, handling, and eating food
- Keep written policies, procedures, and health records
- Keep confidential health records to record children's nutrition and health, keep track of food allergies, know whom to contact if you need a medical decision about a child, and inform the parent about the child's health and nutritional status to follow-up on a specific problem
- Know and follow policies and procedures about caring for sick children
- Make sure all providers know how to prevent illness and injury to themselves and to children

**NOTE:** *Some of the information in this text is based on the requirements for the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). If you participate in that program, you have a separate set of rules to follow. Contact your sponsor or state agency*



(<http://www.fns.usda.gov/cnd/Contacts/StateDirectory.htm>) if you need help following those rules.

One of the most important things you can do for children is to provide them with clean, safe food. Cleanliness is very important in a child care setting because it prevents illness-causing bacteria from growing. Keep hands, equipment, dishes, containers, and food clean and free of germs to help protect yourself and the children from illness.

### **Washing Hands - Staff and Children**

One of the easiest and best ways to prevent the spread of germs is to wash your hands often (i.e., before preparing or eating food, after using the toilet or changing a diaper) (Grossman, 2003). When you wash your hands, scrub them with soap and warm running water until a soapy lather appears, and then continue for at least 20 seconds. [3.2.2.2](#) Children need to use liquid soap since bar soap may be too difficult for them to handle. Be sure to wash between fingers and under fingernails. Use a nail brush if necessary. Always use disposable towels to dry hands. Cloth towels can spread germs.

Teach children how to wash their hands and remind them to do it often. [3.2.2.4](#) Set a good example for the children. Remember, when in doubt, wash your hands! Be sure that the children in your care do too.

### **REVIEW: WHEN to Wash Hands: Staff and Children [3.2.2.1](#)**

Hands should be washed:

- a) Upon arrival for the day, after breaks, or when moving from one child care group to another;
- b) Before and after:
  - 1) Preparing food or beverages;
  - 2) Eating, handling food, or feeding a child;
  - 3) Giving medication or applying a medical ointment or cream in which a break in the skin (e.g., sores, cuts, or scrapes) may be encountered;
  - 4) Playing in water (including swimming) that is used by more than one person;
  - 5) Diapering;
- c) After:
  - 1) Using the toilet or helping a child use the toilet;
  - 2) Handling bodily fluid (mucus, blood, vomit), from sneezing, wiping and blowing noses, from mouth or from sores;
  - 3) Handling animals or cleaning up animal waste;
  - 4) Playing in sand, on wooden play sets, and outdoors;
- Cleaning or handling the garbage.

## **Washing and Drying Dishes**

To clean and sanitize dishes and utensils, wash them in either:

- a dishwasher that sanitizes using heat or chemicals OR
- a three-compartment sink where the dishes can be washed, rinsed and then sanitized. If you do not have a sink with three compartments, use a large dish pan as a second and/or third compartment. [4.9.0.12](#)

***Check with your local health department for more details. Sometimes local health codes specify what equipment family child care home providers must have.***

When using a three-compartment sink, use the following steps to wash, rinse, and sanitize dishes [4.9.0.13](#).

1. Scrape food from plates, utensils, pots and pans, and equipment used to prepare food.
2. Wash the dishes thoroughly in hot soapy water (compartment 1). Use clean dishcloths each day. Do not use sponges—they often spread germs.
3. Rinse the dishes in hot water (compartment 2).
4. Sanitize the dishes in one of the following ways (compartment 3):
  - a) Soak the dishes (completely covered) in 170°F water for at least 30 seconds (You will need a thermometer to check the water temperature.); or
  - b) Soak the dishes for at least 2 minutes in a disinfecting solution of chlorine bleach and warm water (at least 75°F). Use 1½ teaspoons of domestic bleach mixed with one gallon of water. [4.9.0.13](#)
5. Air-dry the dishes (upside down). [4.9.0.13](#) Dishtowels and sponges can spread germs.

If you do not have a dishwasher or need some time to arrange for a three-compartment washing area, use disposable paper plates, cups and sturdy plastic utensils to help prevent the spread of germs. [4.9.0.12](#) (Do not use foam plates and cups or lightweight plastic utensils because young children could bite off pieces and choke.) Throw away these items and other single-service items such as paper bibs and napkins after each use. [4.5.0.2](#) Use these disposable items until you can arrange for a three-compartment washing area or dishwasher. All cooking equipment should be washed with hot soapy water, rinsed, sanitized, and air-dried.

## **Cleaning Equipment**

Keep all kitchen equipment clean and in good working order. [4.8.0.3](#) Keep all surfaces clean in the food preparation area. This includes tables and countertops, floors and shelves. Surfaces that food will be placed on should be made of smooth material that has no holes or cracks. [4.8.0.3](#) Clean all food service and eating areas with clean dishcloths and hot soapy water. Moist cloths used for wiping food spills or cleaning surfaces should be stored in a sanitizing solution between uses. To disinfect these surfaces, use a solution of ¼ cup liquid chlorine bleach mixed with 1 gallon of tap water. Leave the surface glistening with a thin layer of bleach solution and allow it to air-dry.

Food preparation equipment should be cleaned and sanitized after each use and stored in a clean and sanitary manner, and protected from contamination. Sponges should not be used for cleaning and sanitizing. Disposable paper towels should be used. If washable cloths are used, they should be used once, then stored in a covered container and thoroughly washed daily. Microfiber cloths are preferable to cotton or paper towels for cleaning tasks because of microfiber's numerous

advantages, including its long-lasting durability, ability to remove microbes, ergonomic benefits, superior cleaning capability and reduction in the amount of chemical needed. [4.9.0.9](#)

Keep refrigerators and freezers clean. [4.9.0.9](#) Cutting boards should be scrubbed with hot water and detergent and sanitized between uses for different foods or placed in a dishwasher for cleaning and sanitizing. Use only cutting boards made of non-porous materials (i.e. plastic). Do not use boards with cracks or crevices where germs can collect. [4.9.0.10](#) It is best to have two cutting boards, one for raw meat, poultry and seafood and another for cooked food and raw fruits and vegetables.

### **Keeping the Kitchen Clean**

Keep the food preparation areas separate from the eating, playing, laundry, bathroom and toileting areas. Keep pets and their food out of the food preparation area. If this is not always possible, keep pets out of the kitchen while you are preparing food. Keep pets away from areas where children are eating. Do not use the food preparation area as a passageway while food is being prepared. [4.8.0.1](#), [3.4.2.3](#)

Never have raw meat or poultry out on the counter or sink near fruits and vegetables, breads, cooked meats, or prepared foods. Always wash hands, utensils, and the counter or sink after handling raw meat or any food product.

Keep the garbage in containers with disposable liners and tight-fitting lids. Store the containers where children cannot get into them. Remove garbage from the kitchen daily, or more often as needed. [5.2.7.3](#) Please see *Figure 2.1* for a sample cleaning schedule.

### **Be Good to the Earth**

Recycle whenever possible. Here are some things you can do:

- Find out what your community recycles – glass containers, plastic containers, aluminum cans, etc.
- Take canvas or cloth bags with you to the store instead of using paper or plastic bags. You can also reuse paper or plastic bags!
- Buy food in bulk without excess packaging.

FIGURE 2.1 SAMPLE CLEANING SCHEDULE

Sample Food Service Cleaning Schedule

TASK	HOW OFTEN?					COMMENTS
	After each use	Before & after each use	Daily	Weekly	As necessary	
<b>RANGE</b>						
Clean grill and grease pans	✓					
Clean burners	✓					
Clean outside			✓			
Wipe out oven				✓		
Clean edges around hood				✓		
Clean hood screening and grease trap				✓		
<b>REFRIGERATOR AND FREEZER</b>						Or when more than 1/4-inch frost develops or temperature exceeds 0°F.
Defrost freezer and clean shelves					✓	
Wipe outside			✓			
Dust top				✓		
Clean inside shelves in order				✓		
<b>MIXER AND CAN OPENER</b>						
Clean mixer base and attachments	✓					
Clean and wipe can opener blade	✓					
<b>WORK SURFACES</b>						
Clean and sanitize		✓				
Organize for neatness			✓			
<b>WALLS AND WINDOWS</b>						
Wipe if splattered or greasy					✓	
Wipe window sills					✓	
Wipe window screens					✓	
<b>SINKS</b>						
Keep clean	✓					
Scrub			✓			
<b>CARTS (if applicable)</b>						
Wipe down	✓					
Sanitize			✓			
<b>GARBAGE</b>						Or more often, as needed.
Take out			✓			
Clean can					✓	
<b>TABLES AND CHAIRS</b>						
Clean and sanitize		✓				
<b>LINENS</b>						
Wash cloth napkins	✓					
Wash tablecloths and placemats	✓		✓			
	if plastic		if cloth			
Wash dishcloths			✓			
Wash potholders				✓		
<b>STORAGE AREAS</b>						
Wipe shelves, cabinets, and drawers					✓	

## **Kitchen Safety**

There are things you can do to make the kitchen a safe learning environment for children:

### *Cooking equipment*

- If possible, buy appliances with short cords. Long cords can be easily pulled or tripped on. Never let cords dangle. Keep them wound up and out of reach.
- If possible, plug in appliances above counter or table level. Place highchairs away from the counter or tables that have appliances on them.
- When purchasing a stove, look for one with knobs that are difficult to turn or knobs that are not near the front of the stove.

### *Knives and other utensils*

- Always put utensils in a safe place before turning your attention away.
- Toothpicks should also be placed out of reach. Their small size can be intriguing to young children.

### *Storage*

- Use safety latches in drawers and on cupboard doors.
- Store poisonous products (including cleaning products) in their original containers, away from food and out of children's reach.
- Store medicine and vitamins out of children's reach.

## **Clean Eating Environment**

If you use washable napkins and bibs, wash them after every use. Young children should have clean bibs. Bibs should not be shared. If you use tablecloths, keep them clean. Some states have rules about whether washable items like tablecloths and placemats can be used and how often they should be washed. Check with the local health department sanitarian.

## **Food Service Equipment**

All food service equipment should be easy to clean and safe to operate. It should meet the performance and health standards of the National Sanitation Foundation and the U.S. Department of Agriculture Food Program. Trained inspectors should check the equipment and provide technical assistance to facilities. [4.8.0.2](#)

If facility is using commercial cooking equipment to prepare meals, ventilation should be equipped with an exhaust system in compliance with the applicable building, mechanical, and fire codes. These codes may vary slightly with each locale, and centers are responsible to ensure their facilities meet the requirements of these codes. [4.8.0.7](#)

Gas ranges should be mechanically vented. Fumes should be filtered before discharge to the outside. All vents and filters should be kept clean, free of grease buildup, and in good working order. Properly maintained vents and filters control dangerous fumes. [4.8.0.7](#)

If possible, have two sinks in the food preparation area, one for hand washing and the other for food preparation. [4.8.0.4](#) Separate sinks help keep food from being contaminated. Do not use the

hand washing sink for food preparation. The hand washing sink should either have a splash guard of at least 8 inches high or at least 18 inches of space between it and any food preparation areas, including preparation tables and the food sink. [4.8.0.5](#) NEVER wash your hands while food is in the sink. If you use the kitchen sink to wash your hands, wash the kitchen sink thoroughly with hot, soapy water and rinse it before you start preparing food.

**Nutrition Service Records** [9.4.1.18](#)

The facility should maintain records covering the nutrition services budget, expenditures for food, menus, numbers and types of meals served daily with separate recordings for children and adults, inspection reports made by health authorities, nutrition education and recipes. Copies should be maintained in the facility files for six months or according to state/local regulations.



## CHAPTER 3

# USING FOODS THAT ARE SAFE TO EAT

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### Protecting against Choking

Children can choke easily on food. The foods that are most commonly choked on are:

- Hot dogs sliced into rounds
- Whole grapes
- Hard candy
- Nuts

Foods like these can cause choking because they are small enough or slippery enough to go down a child's throat before they are chewed. If these foods go down without being chewed, they may block a child's windpipe. It is important for you to take steps to protect children from choking.

### **Do not serve these foods to children under the age of 4:** [4.5.0.10](#)

- Spoonfuls of peanut butter
- Marshmallows
- Large chunks of meat
- Nuts, seeds, peanuts
- Raw carrots (sliced in rounds)
- Fish with bones
- Hot dogs (whole or sliced in rounds)
- Hard candy
- Popcorn
- Raw peas
- Whole grapes, melon balls, cherry or grape tomatoes
- Ice cubes?
- Pretzels or chips

### **The following foods can be changed to make them safer for young children to eat:**

- ❖ Hot dogs: cut in quarters lengthwise, then in small pieces (if a more nutritious food is not available)
- ❖ Whole grapes: cut in half lengthwise
- ❖ Nuts: chop finely
- ❖ Raw carrots: chop finely or cut into thin strips
- ❖ Peanut butter: spread thinly on crackers; mix with applesauce and cinnamon and spread thinly on bread
- ❖ Fish with bones: remove the bones



Foods that are safe for children to eat are:

- Not likely to cause choking
- Clean and wholesome
- Safely prepared, served, and stored
- Right for their age and development [4.9.0.3](#)

Make foods as safe as possible for young children. Every child is different; one child may be able to eat certain foods more safely than other children of the same age. Observe children carefully so that you will know the best way to prepare food for each child.

Remember that young children can sometimes choke on foods that are usually safe. Make sure that a child care provider is always present when children are eating. This person should know how to perform rescue breathing and what to do if a child chokes. [4.2.0.1](#)

### **Choosing Clean, Wholesome Foods**

Reduce the risk of food-borne illness by choosing clean, wholesome foods.

#### Meat

- Use meat that has been government-inspected or approved by your local health authority. [4.9.0.3](#)
- Make sure meat has been stored at or below 41°F at all times.

#### Milk

- Use pasteurized and Grade A milk products. [4.9.0.3](#)
- Do not use raw milk or unpasteurized milk products. [4.9.0.3](#)

Unless a child's health care professional documents a different milk product, children from twelve months to two years of age should be served only human milk, formula, whole milk or 2% milk (6). Note: For children between twelve months and two years of age for whom overweight or obesity is a concern or who have a family history of obesity, dyslipidemia, or CVD, the use of reduced-fat milk is appropriate only with written documentation from the child's primary health care professional (4). Children two years of age and older should be served skim or 1% milk. If cost-saving is required to accommodate a tight budget, dry milk and milk products may be reconstituted in the facility for cooking purposes only, provided that they are prepared, refrigerated, and stored in a sanitary manner, labeled with the date of preparation, and used or discarded within twenty-four hours of preparation [4.9.0.3](#)

#### Produce

- Wash fruits and vegetables thoroughly with water, even if they look clean. [4.9.0.3](#) Washing removes dirt, chemicals, and some bacteria.
- Using a food brush under running water helps to additionally clean foods.

### **Protecting against Spoiled Foods**

Even if food looks and tastes good, it may cause a food-borne illness. Be sure to date foods that could spoil. The list below gives you tips on when to discard food

### **How to tell if you should discard food:**

- Look at the expiration date on unopened containers of food. Do not use food past this date, even if it looks and smells fine.
- Inspect food for spoilage every day. [4.9.0.3](#) How does it look? How does it smell? If a food smells spoiled or looks moldy, do not serve it to children or eat it yourself. If food is moldy, throw it out. **Remember that food does not have to look or smell bad to be unsafe.**
- Do not use food in cans that are leaking or have bulges. [4.9.0.3](#) These bulges are caused by gas produced by dangerous bacteria inside the can.
- Do not serve home-canned foods. [4.9.0.3](#) Bacteria may grow in foods that are improperly canned and cause serious illness.
- Do not use food in unlabeled cans or packages without labels. [4.9.0.3](#)
- Do not use foods in cans that are dented or rusted, in jars that are cracked or with broken seals, or in packages that are torn. These openings may allow food inside to become contaminated. [4.9.0.3](#)
- Date all leftovers and use or discard them within 24 hours.

### **If the power goes out:**

- Keep the door to both the refrigerator and freezer closed as much as possible to help food last longer.
- Do not remove food unless you know the power will be off for more than 4 hours. A full, working freezer should keep food frozen for about 2 days. A half-full freezer will keep everything frozen for about 1 day. The refrigerator section will keep food cool 4-6 hours, depending on the temperature in the kitchen.
- Keep an appliance thermometer in the freezer. If the freezer is 41°F or colder when the power returns, all the food can be eaten.
- Refreeze any frozen food that contains ice crystals.
- Do not refreeze any food that has completely thawed unless you cook it first. It is safe to cook food that has thawed as long as it did not warm to above 41°F.
- Throw out any thawed food that has risen to a temperature of 41°F or more and remained there 4 or more hours. Immediately discard any food with a strange color or odor.

### **Preparing and Serving Foods Properly**

*Always use a separate spoon for tasting and cooking. Use a new spoon for each taste.*

#### Meat

Completely cook meats, fish, poultry and eggs before serving. Cooking usually kills any harmful bacteria that could cause sickness. Cook chicken until the juices are clear when pierced with a knife or fork. Use a meat thermometer to ensure that meats and poultry are thoroughly cooked. Raw animal foods should be fully cooked to heat all parts of the food to a temperature and for a time of; 145°F or above for fifteen seconds for fish and meat; 160°F for fifteen seconds for

chopped or ground fish, chopped or ground meat or raw eggs; or 165°F or above for fifteen seconds for poultry or stuffed fish, stuffed meat, stuffed pasta, stuffed poultry or stuffing containing fish, meat or poultry.

#### Frozen Foods/Thawing

Plan ahead to thaw frozen foods in a safe way. Defrost frozen foods in the refrigerator on a low shelf so the food cannot drip onto other foods, or defrost under cold running water. This will keep them cool enough to slow the growth of bacteria. You can defrost food under cold, running water, but NEVER defrost frozen foods on the counter or in a bowl of standing water. You may also defrost food as a part of the cooking process, such as in the microwave, if you plan to cook the food right away. [4.9.0.3](#)

#### **Egg Safety**

- Keep eggs refrigerated.
- Do not use cracked eggs.
- Cook eggs until they are firm.
- Serve only fully cooked or pasteurized egg products.
- Do not give raw cookie dough, cake batter, or malta with raw eggs to children.

#### Cold Foods

Keep cold foods cold until you serve them. Serve cold foods as soon as you take them out of the refrigerator or keep them cool until you serve them (41°F or below).<sup>4.052</sup> Be sure that meat, fish, poultry, milk and egg products are kept in the refrigerator until you are ready to use them. [4.9.0.3](#)

#### Hot foods

Likewise, keep hot foods hot until they are served (135°F or above). Serve hot foods right after they finish cooking, as soon as they are cool enough for children to eat safely. [4.5.0.2](#) Do not leave them out to cool for too long; serve them within 30 minutes or refrigerate. If foods that can spoil are left out at an unsafe temperature (between 41°F and 135°F) for 2 or more hours, throw them out. [4.9.0.4](#)

#### Serving Food

Always serve children food on clean plates or other clean and sanitized holders. Do not serve food on a bare table. [4.5.0.2](#) Serve commercially packaged baby food from a clean bowl or cup. [4.3.1.12](#)

### **Thermometers**

Use thermometers when preparing, serving and storing food to keep it at the right temperature and prevent spoilage that can cause illness. You will need three kinds of thermometers:

#### **1. Food thermometer**

Use this thermometer (usually called a metal-stem thermometer) to test both hot and cold foods. Be sure that the temperature range on the thermometer is from 0°F and 220°F. Clean and sanitize the stem before each use.

#### **2. Meat thermometer**

Use this thermometer to be sure meat is cooked completely.

#### **3. Appliance thermometer**

Use this type of thermometer in both the refrigerator and the freezer. Your refrigerator should always be 41°F or below. Your freezer should always be 0°F or below. You can buy these types of thermometers at a grocery store, variety store, hardware store, or restaurant supplier.

### **Prepared Food from an Outside Source**

If you buy prepared food from an outside source, such as a deli or other food company, make sure that the source is approved and inspected by the local health authority. [4.10.0.1](#) Serve only prepared food that has been transported promptly in clean, covered containers maintained at the proper temperature. Hot foods should stay at 135°F or higher and cold foods should stay at 41°F or less. [4.10.0.2](#) Use a food thermometer to check the temperature of foods as soon as they arrive. Reject foods that have not been kept at a safe temperature.

### **Reheating Food**

When reheating, bring liquids such as gravy, soup, or sauce to a boil. Heat other leftovers to 165°F. Reheat and reuse leftovers only one at a time. If they are not all eaten the second time, throw them out.

### **Food from Home**

Do not share foods brought from home for one child with other children. [4.6.0.1](#) This policy will prevent possible food contamination or food borne illness. Write a policy about bringing food from home. Some child care providers allow food to be brought from home:

- Only on special occasions such as birthdays, holidays, etc.
- If it meets certain guidelines (for example, it must be store-bought and in its original package, and there must be enough for all children).
- For special events such as “lunch box day”. Parents are given requirements for the lunch meal, and all the children bring a lunch from home.

The policy you write must be dated. Be sure that every parent gets a copy and understands why you have this policy. Keep written agreements about bringing food from home on file. [4.6.0.1](#)

If an agreement has been made with the parents to allow them to send food from home:

- Use menus as a guide for helping parents to understand how to meet the child's daily food needs. [4.6.0.2](#)
- Ask the parents to wrap and label the food that is brought from home with the child's name, the date, and the type of food. [4.6.0.1](#)
- If the food sent from home does not often meet the child's needs, have other food available for the child to eat. Make sure that the child is not allergic to any of the alternative foods that are offered. Refer the parents to a child care nutrition specialist or the child's primary care provider for help. [4.6.0.2](#)

Some providers never allow children to bring any food from home. They find it safer and easier to provide any special foods that the child needs.

### **Learning to Work with Foods Safely**

If others work with you and prepare food, they will need training about food safety and the importance of foods to the health of young children. [1.4.5.1](#) Go to one of these local resources for help:

- Your licensing agency or resource and referral agency
- A child care nutrition specialist
- A nutritionist at the local health department
- A nutritionist working with the Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- The Cooperative Extension Service
- A registered dietitian (i.e., at a local hospital)

For the safety of the children, pay attention to your own illness and injuries and to those of anyone who works with food. Caregivers and helpers should not prepare food if:

- They have signs or symptoms of illness, including fever, sore throat, jaundice, vomiting, diarrhea, or infectious skin sores that cannot be covered.
- They are possibly or definitely infected with bacteria or viruses that can be carried in food.
- They have open or infected injuries that are not covered with an impermeable cover (i.e., finger cot) and a latex glove. [4.9.0.2](#)

Ask your local health department about getting a food manager's (or food handler's) card or certificate for anyone who works with food.

### **Food Safety for Centers Only**

Staff members who work with food should be very careful not to contaminate the food. If possible, cooks should not have any child care or janitorial responsibilities. Staff members who prepare food should not change diapers. Staff members who work with children in diapers should not prepare or serve food to children. This practice helps keep staff from getting sick and infecting food or spreading illness from the children to the food.

When it is not possible to observe these restrictions, then staff that change diapers should wash their hands thoroughly with warm soapy water before they prepare or serve food.

Caregivers/teachers who prepare food for infants should always wash their hands carefully before handling food, including infant bottles of formula or human milk. [4.9.0.2](#)

Meals from Outside Vendors or Central Kitchens [4.10.0.3](#)

Centers that receive food from an off-site food facility must be able to safely hold and serve the food and properly wash utensils. Food must be held at the right temperature to prevent spoilage. Centers should meet the requirements of the Food and Drug Administration's *Food Code*, 2009 edition, and the standards approved by the state and local health authority.

Copies of the 2009 *Food Code* are available online and can be downloaded at no cost from the FDA website:

<http://www.fda.gov/Food/FoodSafety/RetailFoodProtection/FoodCode/FoodCode2009/>

**FIGURE 3.1 FOOD SAFETY CHECKLIST**

<b>Shopping</b>
<ul style="list-style-type: none"><li><input type="checkbox"/> Check expiration dates on all packaged foods.</li><li><input type="checkbox"/> Do not buy any food in damaged wrappers, dented cans, or broken packages.</li><li><input type="checkbox"/> Make sure that frozen foods are frozen solid before buying them. (Check to see if the outside of the package is discolored, which may indicate thawing and refreezing.)</li><li><input type="checkbox"/> Buy only pasteurized apple cider.</li></ul>
<b>Storing raw perishable foods</b>
<ul style="list-style-type: none"><li><input type="checkbox"/> Store potentially hazardous food in the refrigerator or freezer immediately.</li><li><input type="checkbox"/> Place raw meat, poultry or seafood below ready-to-eat foods in the refrigerator so that juices don't get on the ready-to-eat foods.</li><li><input type="checkbox"/> Keep a working thermometer in both the refrigerator and the freezer.</li><li><input type="checkbox"/> Check each day to make sure the refrigerator thermometer is at 40°F and the freezer thermometer is at 0°F.</li></ul>
<b>Hand Washing</b>
<ul style="list-style-type: none"><li><input type="checkbox"/> Wash hands thoroughly with warm, soapy water before beginning to cook.</li><li><input type="checkbox"/> If you have to wash in a food preparation sink, thoroughly clean the sink with soap and warm water.</li></ul>
<b>Cooking</b>
<ul style="list-style-type: none"><li><input type="checkbox"/> Plan ahead to thaw frozen meats in the refrigerator, in a cold running water bath, or as part of cooking instead of on the counter.</li><li><input type="checkbox"/> Use a meat thermometer to be sure that meats are cooked thoroughly.</li><li><input type="checkbox"/> Inspect packaged food carefully to make sure the can or wrapper was not damaged.</li><li><input type="checkbox"/> Wash fresh vegetables and fruits with water before serving or cooking.</li><li><input type="checkbox"/> Cook everything thoroughly, especially meat, poultry, seafood and eggs.</li></ul>
<b>Serving</b>
<ul style="list-style-type: none"><li><input type="checkbox"/> Keep hot food hot (135°F or above) and cold foods cold (41°F or below) until they are served.</li><li><input type="checkbox"/> Check the temperature of food using a thermometer.</li><li><input type="checkbox"/> Cut foods to the right size for children to eat.</li><li><input type="checkbox"/> Spread peanut butter thinly.</li><li><input type="checkbox"/> Take the seeds out of fruit and the bones out of fish.</li></ul>
<b>Storing Leftovers</b>
<ul style="list-style-type: none"><li><input type="checkbox"/> Cool leftovers quickly in shallow pans.</li><li><input type="checkbox"/> Refrigerate or freeze leftovers immediately.</li></ul>
<b>Cleaning Up</b>
<ul style="list-style-type: none"><li><input type="checkbox"/> Wash dishes thoroughly in hot soapy water. Use clean dishcloths to wash dishes. Do not use sponges as they often spread germs. Rinse and sanitize dishes and let them air-dry.</li><li><input type="checkbox"/> If you use a cutting board, wash it thoroughly with hot soapy water between uses for different foods, especially after using it to cut raw meat. Only use cutting boards made of nonporous materials.</li></ul>



## CHAPTER 4

# STORING FOODS SAFELY

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Store food safely before and after you cook it. Cover the food, date it, and keep it at the right temperature. [4.9.0.3](#) Keep an appliance thermometer in the refrigerator to be sure all parts of the refrigerator are 41°F or below. Keep your refrigerator as cold as possible without freezing milk or lettuce (quality deteriorates with freezing). Make sure the freezer is at 0°F or below. [4.8.0.6](#) Check the thermometer at least once a month to be sure it is working, accurate, and visible. [4.8.0.6](#) You can check the thermometer by placing it in ice water. It should read 32°F. Please see Figure 4.1 for more information about refrigerating and freezing perishable foods.

### Tips for storing food in the refrigerator:

- Cover or wrap all foods to protect them from contamination. [4.9.0.5](#)
- Serve cooked foods stored in the refrigerator within 24 hours. [4.9.0.4](#)
- Store meat, poultry, fish, eggs, dairy products, and foods containing these in the coldest part of the refrigerator (usually toward the back).
- Store raw foods on shelves below cooked or ready-to-eat foods to avoid contamination from drippings. [4.9.0.5](#)
- Store raw meat, poultry, and seafood in large dishes to catch drippings.
- Store unused baby food in the original jar with a tight lid. Discard leftover food at the end of the day.

### Tips for storing dry foods:

- Store foods at least 6 inches above the floor in a clean, dry, well-ventilated storeroom. [4.9.0.6](#)
- Use a fan in the storeroom to improve air circulation and reduce spoilage.
- Store dry ingredients (rice, sugar, etc.) in clean, rigid containers that have tight-fitting lids and no holes. This helps keep insects and rodents out. [4.9.0.6](#)
- Be sure that you can and do clean around the stored foods. [4.9.0.6](#)
- Store foods in clean metal, glass or food-grade plastic containers with tight-fitting covers. Be sure to add a label and a date. [4.9.0.7](#)
- When you restock dry or canned foods, use the “First In, First Out” rule. Write the purchase date on the new foods and move them to the back of the storage area. Move the older foods to the front so that they will be used first.

### Storing Leftovers

If more food is cooked than is needed, cover, label, date and refrigerate or freeze any extra food right away if it has not been served. NEVER leave cooked food on a counter or in an oven that has been turned off and is cooling down. These places provide ideal conditions for illness-causing bacteria to grow. To cool foods quickly and safely in the refrigerator, divide large amounts of food into smaller portions and refrigerate in shallow pans (less than 3 inches deep). Cover foods when they are cool. [4.9.0.5](#)

If you participate in CACFP, throw out any food that has already been served to children.



### **Discarding Food**

Throw out all potentially hazardous food returned from the dining table, including food from family-style serving bowls and food returned from individual plates. You may save bread and other foods that do not spoil if you serve them in a way that prevents contamination. [4.9.0.3](#) For example, cut bread in half or in quarters so that a child can take less. The leftover bread can be used for breadcrumbs, bread pudding, etc.

Discard any baby food left in dishes. Never put food from the dish back into the original container. This will help keep harmful germs from getting into the rest of the food. [4.3.1.12](#)

### **Storing Other Items Properly**

#### Storing Cleaning Products

Store cleaning products carefully. Use one cabinet for storing cleaning and other chemical products. Always label cleaning products that are not in original containers. A locked cabinet, out of children's reach, is best for storage. [5.2.9.1](#) NEVER store food with cleaning products. [5.2.9.1](#)

#### Storing Medications

Label medications clearly with the child's name and date. Store medications away from food and at the proper temperature. Keep them out of children's reach. [3.6.3.2](#) If medications need to be refrigerated, put them in a covered, leak-proof container that is identified as a container for the storage of medication. [3.6.3.2](#) This will help keep the medication from spilling onto food.

**FIGURE 4.1 FOOD STORAGE CHART**

This chart has information about keeping foods safely in the refrigerator or freezer. It does not include foods that can be stored safely in the cupboard or on the shelves where quality may be more of an issue than safety.		
<b>FOOD</b>	<b>IN REFRIGERATOR</b>	<b>IN FREEZER</b>
<b>Eggs</b>		
Fresh, in shell	3 weeks	Don't freeze
Raw yolks, whites	2-4 days	1 year
Hard-cooked	1 week	Don't freeze
Liquid pasteurized eggs or egg substitutes, opened	3 days	Don't freeze
Liquid pasteurized eggs or egg substitutes, unopened	10 days	1 year
<b>Mayonnaise</b>		
Commercial, refrigerate after opening	2 months	Don't freeze
<b>TV Dinners, Frozen Casseroles</b>		
Keep frozen until ready to heat and serve	--	3-4 months
<b>Deli and Vacuum-Packed Products</b>		
Store-prepared or homemade egg, chicken, tuna, ham, macaroni salads	3-4 days	Don't freeze
Pre-stuffed pork and lamb chops, stuffed chicken breasts	1 day	Don't freeze
Store-cooked convenience meals	1-2 days	Don't freeze
Commercial brand vacuum-packed dinners with USDA seal	2 weeks, unopened	Don't freeze
<b>Hamburger, Ground, and Stew Meats (Raw)</b>		
Hamburger and stew meats	1-2 days	3-4 months
Ground turkey, chicken, veal pork, lamb, and mixtures of them	1-2 days	3-4 months
<b>Hotdogs and Lunch Meats*</b>		
Hotdogs, opened	1 week	Don't freeze
Hotdogs, unopened	2 weeks	In freezer wrap, 1-2 months
Lunch Meats, opened	3-5 days	Don't freeze
Lunch Meats, unopened	2 weeks	In freezer wrap, 1-2 months
Deli sliced ham, turkey, lunch meats	2-3 days	In freezer wrap, 1-2 months

<b>Bacon and Sausage</b>		
Bacon	1 week	1 month
Sausage, raw from pork, beef, turkey	1-2 days	1-2 months
Smoked breakfast links or patties	1 week	1-2 months
Hard sausage, pepperoni, jerky sticks	2-3 weeks	1-2 months
<b>Ham</b>		
Ham: canned, unopened, label says keep refrigerated	6-9 months	Don't freeze
Ham: fully cooked - whole	7 days	1-2 months
Ham: fully cooked - half	3-5 days	1-2 months
Ham: fully cooked - slices	3-4 days	1-2 months
<b>Fresh Meat</b>		
Steaks, beef	3-5 days	6-12 months
Chops, pork	3-5 days	4-6 months
Chops, lamb	3-5 days	6-9 months
Roasts, beef	3-5 days	6-12 months
Roasts, lamb	3-5 days	6-9 months
Roasts, pork and veal	3-5 days	4-6 months
<b>Fresh Poultry</b>		
Chicken or turkey, whole	1-2 days	1 year
Chicken or turkey, pieces	1-2 days	9 months
Giblets	1-2 days	3-4 months
<b>Fresh Seafood</b>		
Fish and shellfish	2 days	2-4 months
*Uncooked salami is not recommended because recent studies have found that the processing does not always kill the E. coli bacteria. Look for the label to say "Fully Cooked".		

## CHAPTER 5



# PLANNING TO MEET CHILDREN'S NUTRITION NEEDS

With careful planning, you can meet the food needs of growing children under your care. The meals and snacks you prepare and serve should, at a minimum, meet the requirements for the U.S. Department of Agriculture Child and Adult Care Food Program (CACFP), also known as “the Food Program”. [4.2.0.3](#) If there is a disagreement between a standard and instructions provided by a child’s parent or health care provider, the written instructions from a parent or health care provider should be followed. If the parent’s instructions do not meet CACFP guidelines, you cannot receive reimbursement for that meal or snack. CACFP also requires that all foods for a meal or snack be offered at the same time.

Planning menus for children of different ages may be easier than you think. The CACFP meal patterns use the same food groups for children of all ages older than 1 year (infant meals are available for children less than 12 months.) The amount of food, the texture, and the size of the pieces may be different. How much you serve and the ways you serve it depend on the child’s age, growth, and development. Though you are responsible for buying, preparing, and serving food, the children are responsible for what is eaten and how much is eaten. Healthy children will eat what they need. Do not force children to eat specific foods or clean their plates.

Please see Figure 5.3 for a Menu Planning Checklist.

### **Serving Foods to Children**

Young children will not eat the same way or amount every day or at every meal. As long as the child is healthy and growing, do not be concerned.

Plan your day so that infants are fed when hungry and young children are fed every 2-3 hours. Children have small stomachs and need many opportunities throughout the day to eat in order to meet their nutrition needs. Serve meals and snacks to children over the age of 2 years on a regular schedule so that children learn what to expect. [4.2.0.5](#) Please see Figure 5.4 for a sample meal and snack schedule.

Be sure to serve nutritious snacks that will help children meet their food needs for the day. Do not serve snacks with a lot of sugar in them. Provide 100% fruit juice instead of fruit drinks; however, whole fruit is always better. [4.2.0.7](#) If children cannot brush their teeth after snacks, offer water to help remove food particles that may contribute to cavities. [3.1.5.1](#)

Aim to serve at least five servings of fruits or vegetables each day. At least one of these servings should be high in Vitamin C. Also, serve foods that are good sources of iron every day. Provide a food that is high in Vitamin A at least 3 times a week. [4.2.0.4](#) For appropriate portion sizes, please see CACFP Requirements for Children Ages 1 through 12. For ideas about food that are good sources of Vitamin C, iron and Vitamin A, please see Figure 5.5.

## **Growth and Development**

*You are responsible for buying, preparing, and serving food. The child is responsible for what he or she eats and how much he or she eats. Healthy children will eat what they need. Do not force a child to eat specific foods or clean his or her plate.*

### Growth

Children need food to grow, and children who are growing quickly need more food than usual. Between growth spurts, children tend to be less hungry.

Children need foods from the 6 food categories: grains, vegetables, fruits, milk, meat and beans, and oils. These foods will keep them healthy and growing. No one food can provide all the nutrients that young children need. Select a variety of foods so that children get a variety of vitamins and minerals.

- Breads and cereals provide B vitamins, fiber and energy from carbohydrates.
- Vegetables and fruit both provide vitamins A & C, folic acid, fiber and minerals.
- Dried peas and beans, meat, nuts, fish and eggs provide protein, iron, zinc and fiber.
- Dairy products provide protein and calcium.
- Water is also important for children.

### Development

Providing infants and toddlers with a variety of foods helps ensure that they are getting the nutrients they need. In addition to a healthy diet, children also learn new skills by eating a variety of healthy foods. Eating experiences help to develop fine motor skills and dexterity in infancy and childhood. Foods can also help teach children about counting, sorting, measuring, colors, shapes, textures, temperatures, odors, and tastes.

### **Infants**

Children change a great deal within the first year of life. Their food needs also change. Always ask the infant's parents or health care provider for written instructions about what the infant should eat. Requirements for the CACFP can be found in Figure 5.1. [4.3.1.1](#)

### **Younger Infants (0-5 months)**

Human milk is the best source of nutrition for infants (AAP, 2005). Let mothers know that you are willing to care for breastfed babies and will help them continue breastfeeding. Human milk is more easily digested than formula, and breast-fed babies often eat more frequently than bottle-fed infants. Being supportive of breastfeeding helps ensure the health of infants in your care.

Human milk or iron-fortified formula is all that infants need until they are 4-6 months old. Feed infants whenever they are hungry unless you have other written instructions from the parents. [4.3.1.2](#) For closeness and safety, always hold infants who cannot sit up while they are drinking from a bottle. [4.3.1.8](#) Infants that lie down with a bottle are more likely to develop ear infections and cavities. Always hold infants while they are feeding from a bottle.

Please see “Safe Bottle Feeding” at the end of this chapter for information about the proper preparation of formula, the proper storage of human milk and formula, and the proper cleaning of bottles.

### **Older Infants (6 months)**

When an infant is 6 months of age, talk with the parents about introducing solid foods if they have not brought it up earlier. The introduction of solids usually begins between 4-6 months of age and depends on the infant’s readiness for solid foods. [4.3.1.11](#) If solids are introduced between 4 and 6 months of age, then give only infant cereal mixed with formula or human milk if the infant is breastfeeding.

Some signs that show an infant is ready for solid foods are:

- Infant sits with support.
- Infant holds head steady and opens mouth when spoon approaches.
- Infant’s tongue does not thrust out when a spoon is placed in the mouth.
- Infant swallows easily without choking or gagging.

Feed infants baby food by spoon only. Never put infant cereal or other solid foods in a bottle. This might cause infants to choke. [4.3.1.12](#) When infants are able to sit up, encourage them to begin drinking from a small plastic cup using two hands. Never put juice in a bottle and never give infants soda or other sugar sweetened beverages like fruit punch. Infants need less than 4oz. of watered down juice a day. Infants less than 6 months of age should not be given juice. In addition, the American Academy of Pediatrics recommends no cow’s milk or evaporated milk until the infant is over 12 months old.

Pay attention to signs that infants are hungry. They may open their mouths and lean forward when hungry. When they turn away or do not open their mouths, they are most likely full. Do not force them to continue eating when you observe these signs.

Finger feeding helps infants learn many things including textures, hand-to-mouth coordination, and how to grasp and release objects. Infants that are at least 6 months of age and are able to pick up food and put it in their mouths are ready to start finger foods. Serve soft table foods cut into small pieces no larger than ¼-inch cubes. [4.3.1.1](#)

### **Infant feeding policies** [9.2.3.12](#)

Providers should have written policies about infant feeding for each infant. These policies should be developed with input from the infant's parents, health care provider, and the child care nutrition specialist. Each policy should include these things:

- Storage and handling of expressed human milk, if used
- Determination of the kind and amount of commercially prepared formula to be prepared for infants as appropriate
- Preparation, storage, and handling of infant formula
- Proper handwashing of the caregiver/teacher and the children
- Use and proper sanitizing of feeding chairs and of mechanical food preparation and feeding devices, including blenders, feeding bottles, and food warmers
- Whether expressed human milk, formula, or infant food should be provided from home, and if so, how much food preparation and use of feeding devices, including blenders, feeding bottles, and food warmers, should be the responsibility of the caregiver/teacher
- Holding infants during bottle-feeding or feeding them sitting up
- Prohibiting bottle propping during feeding or prolonging feeding
- Responding to infants' need for food in a flexible fashion to allow cue feedings in a manner that is consistent with the developmental abilities of the child (policy acknowledges that feeding infants on cue rather than on a schedule may help prevent obesity)
- Introduction and feeding of age-appropriate solid foods (complementary foods)
- Specification of the number of children who can be fed by one adult at one time
- Handling of food intolerance or allergies (e.g., cow's milk, peanuts, orange juice, eggs, wheat)

### **Toddlers (1-2 years)**

Toddlers need to expand the variety of foods they began eating in infancy. Encourage them to finger-feed and learn to use a child-sized spoon and child-sized cup. [4.3.2.3](#) Serve soft table foods cut into small pieces no larger than ½-inch cube. [4.3.1.1](#)

At this age, children do not grow as quickly as they did during the first year of life (Behrman, Kliegman, and Jenson, 2004). As a result, their appetites decrease. Serve toddlers small, frequent meals. If they finish that food and are still hungry, give them more. [4.3.2.2](#) Be realistic about the amount that toddlers eat. The serving size will be about ¼ of an adult's serving. A good guideline is to serve 1 tablespoon of each food for every year of age. Large servings can overwhelm small children and may discourage them from eating. Do not let young children fill up on too much milk or other beverages. Children have small stomachs and if they fill up on milk or juice, they may not be hungry for food. Limit juice to 1-4 oz. per day or less! Children don't need any juice to be healthy! It is much better to serve fruit instead of juice.

For children 1 to 2 years, do not use low-fat, skim or reconstituted nonfat dry milk unless you have written instructions from the child's parent *and* the child's health care provider. [4.3.1.7](#) Switch children to low-fat or skim milk once they turn 2 years old. The American Academy of

Pediatrics (AAP) recommends low- or reduced-fat pasteurized milk (i.e. skim, 1%, 2% fat) for children age 2 and older.

### **Preschoolers (3-5 years)**

Children in your care may be more likely to eat and enjoy vegetables if you and the staff model healthy eating behaviors. If a child refuses to eat vegetables, offer the child fruits that contain many of the same vitamins and minerals. Keep serving foods that are not accepted at first. Prepare them in different ways and try again. Children tend to prefer raw fruits and vegetables instead of cooked. It may take up to 10 offerings of a new food before a child will try it (Birch and Fisher, 1998).

Set limits for children to help them learn good behavior at the table. Teach them polite ways to refuse foods. An adult caregiver should sit with the toddlers and preschoolers and eat the same foods. This adult can encourage pleasant conversation and give help when it is needed. This is also an opportunity to talk to children about healthy foods.

Food requirements for young children may be found in Figure 5.2. [4.3.2.1](#)

### **Children with Special Health Needs**

Children may have special needs because of food allergies, diabetes mellitus, developmental disabilities, swallowing problems, lack of coordination, and many other conditions. Plan meals carefully for children who have special health care needs. <sup>4.2.0.8</sup> Make your plans before these children are placed in your care:

- Work with parents to obtain a written history of the child's special nutrition or feeding needs and write a plan for meeting these needs. [4.2.0.8](#)
- Review this history and care plan with a child care nutrition specialist or a consulting registered nurse. [4.2.0.8](#)
- Use the history to develop an individual food plan and menus. Obtain help from a nutrition specialist, a registered nurse, a speech therapist, occupational therapist, and/or a physical therapist. [4.2.0.8](#)
- Check to be sure that the plan is complete.
- Discuss changes in eating habits or patterns with parents.

Depending on the child's special need, the plan may need to cover:

- Food types, amounts and consistency
- Frequency of feeding
- Special dishes such as scoop bowls and utensils such as Mothercare™ spoons and coated spoons
- Techniques to encourage the child to eat enough
- Medications

Make changes in a child's diet only if you have *all* of the following: [4.2.0.9](#)

- Directions from a trained health care provider
- Written permission from the child's parent



- Written permission from a child's health care provider

If changes in the diet are ordered, complete the following: [4.2.0.9](#)

- Obtain a list of foods that the child can and cannot eat from the child's health care provider or parent
- Obtain approval for menus from the child care nutrition specialist
- Record the specific diet restrictions in the child's health history in a confidential file
- Develop a system to meet the child's special needs and protect privacy

Be sure to talk with parents about progress or if there are any problems, changes, or questions.

### **Record Keeping**

Keep accurate records about the foods you serve to the children in your care. You will be able to answer questions that come up related to feeding.

Keep written plans on file for both food service and learning experiences. These plans should include information about:

- Providing nourishing and attractive food to children
- Menus: original plans with changes and substitutions noted
- Equipment
- Kitchen layout [9.2.3.11](#)
- Food buying, preparation, and service [9.2.3.11](#)
- Sanitation for food preparation and food service [9.2.3.10](#)
- Steps to take when a child is choking [4.2.0.1](#), [4.2.0.8](#)
- Kitchen and meal service staffing [9.2.3.11](#)
- Coordinating learning experiences about food with other learning activities and with eating experiences at home [4.7.0.1](#)

This plan should specify who is responsible for each of these things. Work with a child care nutrition specialist to develop this plan. [4.2.0.1](#)

If possible, keep written records on file for all children, including:

- A copy of the infant's or child's medical report, including growth data (height and weight) [3.1.2.1](#), [4.2.0.2](#)
- Instructions from the infant's parent or health care provider on what and how much to feed the infant based on the child's nutritional requirements and developmental stage [4.3.1.1](#)
- Notes about regular communication with parents about children who are underweight or overweight, or have eating problems [2.3.2.1](#)

Notes about these planned communications shall be carefully maintained in each child's record at the facility and shall be available for review.

Keep written records of the following information on file for infants or children who have food allergies or other special dietary needs:

- Information about any special diet a child needs to follow and any food allergies a child has [4.2.0.9](#)
- A list of foods that the child can and cannot eat from the child's parent *or* from the child's health care provider [4.2.0.9](#)
- Permission from the child's parent *and* from the child's health care provider to make changes or additions to a child's diet [4.2.0.9](#)
- Changes made to the diet [4.2.0.9](#), [4.3.1.11](#)
- Special nutrition or feeding needs of children with special health needs [4.2.0.8](#)
- Menus approved by the child care nutrition specialist and any change in foods served on a daily basis [4.2.0.9](#)

### **Safe Bottle Feeding**

Younger infants in child care are often fed with a bottle, whether they are consuming human milk or formula. A private, quiet place for mothers to breastfeed is ideal, but not always possible in a child care facility.

#### Support Parents' Choices

Parents have several decisions to make about feeding their infants. Some parents may worry that it will be too hard to continue breastfeeding when the baby is in child care. Let the mother know that you support breastfeeding and that you will help her continue this practice. Support may mean that you feed the child human milk that the mother provides each day. Or, if the child has formula during the day, it may mean that you will not feed the child right before the mother picks him or her up so that they can nurse right away. Whether infants are fed human milk or formula, be sure to follow the parents' instructions about the kind of bottle or bottle liners to use.

#### Use Human Milk and Formula that Are Safe

Be sure to use human milk or formula intended for each child. Label all bottles with the name of the child and the date of preparation. Never use a bottle prepared for one child to feed another child. [4.3.1.3](#)

If the infant is fed human milk, ask the parents in advance to bring the human milk in clean bottles clearly marked with the child's name. Keep bottles refrigerated until you are ready to use them.

If the infants are formula-fed, ask the parents to bring in formula if they can. [4.3.1.5](#) This practice shows that you support the family's feeding decision and provides familiar formula for the infant. Parents may choose to bring in prepared bottles of formula. Refrigerate all bottles and clearly label them with the child's name. Discard any prepared formula after 48 hours. [4.3.1.5](#)

If you provide the formula, it should either be ready-to-feed or carefully prepared from powder or concentrate, and should always be iron-fortified (unless instructed otherwise by the child's health care provider). Prepare formula according to instructions on the container and use water from a source that has been approved by the local health department. [4.3.1.5](#)

Always hold infants who are not able to sit up for feeding. Do not prop bottles for infants to nurse, and do not let infants or toddlers carry bottles around with them. [4.3.1.8](#) Propping bottles can

cause choking. It can also lead to baby bottle tooth decay if the contents of the bottle stay in the baby's mouth for a long time (for example, if the baby falls asleep with the bottle in the mouth) (Jackson and Mourino, 1999).

### Human Milk Preparation

Thaw frozen breast milk under running water, in the refrigerator, or set the bottle in a bowl of cool, running tap water for several minutes. Do not leave this bowl unattended on the counter. [4.3.1.5](#)

It is not necessary to warm human milk or formula, but some babies may prefer it. Human milk may separate when cold so warming may be preferred. If you need to warm breast milk or formula, place the bottle in a pan of warm (not boiling) water for 5 minutes. Take the bottle out, shake gently, and test the temperature of the milk before feeding to the infant. Never warm breast milk or formula in a microwave oven. [4.3.1.9](#) The fluid can get too hot in some places and burn the child's mouth. It can also affect the protein in the breast milk or formula.

### Store Bottles Safely

Mark any bottles of breast milk or formula with the child's name and the date. [4.3.1.5](#) Store the bottles in the refrigerator or freezer until they are used for feeding. Cover and refrigerate any open containers or ready-to-feed or concentrated formula. Any formula remaining 48 hours after opened should be discarded. [4.3.1.5](#)

### Keep Everything Clean

Clean and disinfect reusable bottles, bottle caps, and bottle nipples before every use. [4.3.1.10](#) Do this by washing them in a dishwasher or by washing, rinsing, and boiling them for one minute. [4.3.1.10](#)

### **When Should You Discard Formula?** [4.3.1.5](#)

#### **In Bottle**

Contents left after each feeding	Always discard immediately
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#### **In Refrigerator**

Open containers of ready-to-feed or concentrated formula	Discard after 48 hours if not used
Prepared bottles of formula	Discard after 48 hours if not used
Bottles of expressed breast milk	Discard after 48 hours if not used

#### **In Freezer (stored at 0° F in deep freezer)**

Bottles of expressed breast milk	Discard after 3 months if not used
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**FIGURE 5.1 CACFP INFANT MEAL PATTERN**

<b><i>Breakfast</i></b>		
<b><i>Birth through 3 Months</i></b>	<b><i>4 through 7 Months</i></b>	<b><i>8 through 11 Months</i></b>
4-6 fluid ounces of formula <sup>1</sup> or breastmilk <sup>2,3</sup>	4-8 fluid ounces of formula <sup>1</sup> or breastmilk <sup>2,3</sup> ;  0-3 tablespoons of infant cereal <sup>1,4</sup>	6-8 fluid ounces of formula <sup>1</sup> or breastmilk <sup>2,3</sup> ; and  2-4 tablespoons of infant cereal <sup>1</sup> ; and  1-4 tablespoons of fruit or vegetable or both
<b><i>Lunch or Supper</i></b>		
<b><i>Birth through 3 Months</i></b>	<b><i>4 through 7 Months</i></b>	<b><i>8 through 11 Months</i></b>
4-6 fluid ounces of formula <sup>1</sup> or breastmilk <sup>2,3</sup>	4-8 fluid ounces of formula <sup>1</sup> or breastmilk <sup>2,3</sup> ;  0-3 tablespoons of infant cereal <sup>1,4</sup> ; and  0-3 tablespoons of fruit or vegetable or both <sup>4</sup>	6-8 fluid ounces of formula <sup>1</sup> or breastmilk <sup>2,3</sup> ;  2-4 tablespoons of infant cereal <sup>1</sup> ; and/or  1-4 tablespoons of meat, fish, poultry, egg yolk, cooked dry beans or peas; or  ½-2 ounces of cheese; or  2-8 tablespoons (volume) of cottage cheese; or  1-4 ounces (weight) of cheese food or cheese spread; and  1-4 tablespoons of fruit or vegetable or both
<sup>1</sup> Infant formula and dry infant cereal must be iron-fortified. <sup>2</sup> Breast milk or formula, or portions of both, may be served; however, it is recommended that breast milk be served in place of formula from birth through 11 months. <sup>3</sup> For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered if the infant is still hungry. <sup>4</sup> A serving of this component is required when the infant is developmentally ready to accept it.		

**FIGURE 5.1 CACFP INFANT MEAL PATTERN Cont.**

<i><b>Snack</b></i>		
<i><b>Birth through 3 Months</b></i>	<i><b>4 through 7 Months</b></i>	<i><b>8 through 11 Months</b></i>
4-6 fluid ounces of formula <sup>1</sup> or breastmilk <sup>2,3</sup>	4-6 fluid ounces of formula <sup>1</sup> or breastmilk <sup>2,3</sup>	2-4 fluid ounces of formula <sup>1</sup> or breastmilk <sup>2,3</sup> , or fruit juice <sup>5</sup> ; and  0-½ bread <sup>4, 6</sup> or  0-2 crackers <sup>4, 6</sup>
<sup>1</sup> Infant formula and dry infant cereal must be iron-fortified. <sup>2</sup> Breast milk or formula, or portions of both, may be served; however, it is recommended that breast milk be served in place of formula from birth through 11 months. <sup>3</sup> For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered if the infant is still hungry. <sup>4</sup> A serving of this component is required when the infant is developmentally ready to accept it. <sup>5</sup> Fruit juice must be full-strength. <sup>6</sup> A serving of this component must be made from whole-grain or enriched meal or flour.		

**FIGURE 5.2 CACFP CHILD MEAL PATTERN**

<b><i>Breakfast for Children</i></b> <b>Select All Three Components for a Reimbursable Meal</b>			
<b><i>Food Components</i></b>	<b><i>Ages 1-2</i></b>	<b><i>Ages 3-5</i></b>	<b><i>Ages 6-12<sup>1</sup></i></b>
<b>1 milk</b> fluid milk	1/2 cup	3/4 cup	1 cup
<b>1 fruit/vegetable</b> juice, <sup>2</sup> fruit and/or vegetable	1/4 cup	1/2 cup	1/2 cup
<b>1 grains/bread<sup>3</sup></b> bread or	1/2 slice	1/2 slice	1 slice
cornbread or biscuit or roll or muffin or	1/2 serving	1/2 serving	1 serving
cold dry cereal or	1/4 cup	1/3 cup	3/4 cup
6 inch tortilla or	1/2 tortilla	1/2 tortilla	1 tortilla
pasta or noodles or grains	1/4 cup	1/4 cup	1/2 cup
<sup>1</sup> Children age 12 and older may be served larger portions based on their greater food needs. They may not be served less than the minimum quantities listed in this column. <sup>2</sup> Fruit or vegetable juice must be full-strength. <sup>3</sup> Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.			

**FIGURE 5.2 CACFP CHILD MEAL PATTERN Cont.**

<b><i>Lunch or Supper for Children</i></b> <b>Select All Four Components for a Reimbursable Meal</b>			
<b><i>Food Components</i></b>	<b><i>Ages 1-2</i></b>	<b><i>Ages 3-5</i></b>	<b><i>Ages 6-12<sup>1</sup></i></b>
<b>1 milk</b> fluid milk	1/2 cup	3/4 cup	1 cup
<b>2 fruits/vegetables</b> juice, <sup>2</sup> fruit and/or vegetable	1/4 cup	1/2 cup	3/4 cup
<b>1 grains/bread<sup>3</sup></b> bread or	1/2 slice	1/2 slice	1 slice
cornbread or biscuit or roll or muffin or	1/2 serving	1/2 serving	1 serving
cold dry cereal or	1/4 cup	1/3 cup	3/4 cup
pasta or noodles or grains	1/4 cup	1/4 cup	1/2 cup
<b>1 meat/meat alternate</b> meat or poultry or fish <sup>4</sup> or	1 oz.	1½oz.	2 oz.
alternate protein product or	1 oz.	1½ oz.	2 oz.
cheese or cottage cheese or	1 oz.	1½ oz.	2 oz.
egg or	1/4 large	3/8 large	1/2 large
cooked dry beans or peas or	1/4 cup	3/8 cup	1/2 cup
peanut or other nut or seed butters or	2 Tbsp.	3 Tbsp.	4 Tbsp.
nuts and/or seeds <sup>5</sup> or	1/2 oz.	3/4 oz.	1 oz.
yogurt <sup>6</sup>	4 oz.	6 oz.	8 oz.
<sup>1</sup> Children age 12 and older may be served larger portions based on their greater food needs. They may not be served less than the minimum quantities listed in this column. <sup>2</sup> Fruit or vegetable juice must be full-strength. <sup>3</sup> Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified. <sup>4</sup> A serving consists of the edible portion of cooked lean meat or poultry or fish. <sup>5</sup> Nuts and seeds may meet only one-half of the total meat/meat alternate serving and must be combined with another meat/meat alternate to fulfill the lunch or supper requirement. <sup>6</sup> Yogurt may be plain or flavored, unsweetened or sweetened.			

**FIGURE 5.2 CACFP CHILD MEAL PATTERN Cont.**

<b><i>Snack for Children</i></b> Select Two of the Four Components for a Reimbursable Snack			
<b><i>Food Components</i></b>	<b><i>Ages 1-2</i></b>	<b><i>Ages 3-5</i></b>	<b><i>Ages 6-12<sup>1</sup></i></b>
<b>1 milk</b> fluid milk	1/2 cup	1/2 cup	1 cup
<b>1 fruit/vegetable</b> juice, <sup>2</sup> fruit and/or vegetable	1/2 cup	1/2 cup	3/4 cup
<b>1 grains/bread<sup>3</sup></b> bread or	1/2 slice 1/2 serving	1/2 slice 1/2 serving	1 slice 1 serving
cornbread or biscuit or roll or muffin or	1/4 cup	1/3 cup	3/4 cup
6 inch tortilla	1/2 tortilla	1/2 tortilla	1 tortilla
pasta or noodles or grains	1/4 cup	1/4 cup	1/2 cup
<b>1 meat/meat alternate</b> meat or poultry or fish <sup>4</sup> or	1/2 oz.	1/2 oz.	1 oz.
cheese or cottage cheese or	1/2 oz.	1/2 oz.	1 oz.
egg <sup>5</sup> or	1/2	1/2	1/2
cooked dry beans or peas or	1/4 large	3/8 large	1/2 large
peanut or other nut or seed butters or	1 Tbsp.	1 Tbsp.	2 Tbsp.
nuts and/or seeds or	1/2 oz.	1/2 oz.	1 oz.
yogurt <sup>6</sup>	2 oz.	2 oz.	4 oz.
<sup>1</sup> Children age 12 and older may be served larger portions based on their greater food needs. They may not be served less than the minimum quantities listed in this column. <sup>2</sup> Fruit or vegetable juice must be full-strength. Juice cannot be served when milk is the only other snack component. <sup>3</sup> Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified. <sup>4</sup> A serving consists of the edible portion of cooked lean meat or poultry or fish. <sup>5</sup> One-half egg meets the required minimum amount (one ounce or less) of meat alternate. <sup>6</sup> Yogurt may be plain or flavored, unsweetened or sweetened.			



**FIGURE 5.3 MENU PLANNING CHECKLIST**

<b>Menu Planning Checklist</b>	
___	Does the menu meet the CACFP requirements for all the children of the day? (If you are a CACFP provider)
___	Is a good source of Vitamin C included in at least one meal or snack daily?
___	Is a good source of Iron included in at least one meal or snack daily?
___	Is a good source of Vitamin A included in a meal or snack at least three times a week?
___	Does each meal include foods with different textures?
___	Does each meal include foods with different colors?
___	Is a new food included along with some favorite foods?
___	Are some foods that represent the culture of the children included?
___	Are food safety standards followed for the ages of the children?
___	Are you serving a variety of fruits and vegetables?

**FIGURE 5.4 SAMPLE MEAL AND SNACK SCHEDULE**

X = meal, O = snack										
8AM	9AM	10AM	11AM	12PM	1PM	2PM	3PM	4PM	5PM	6PM
X		O			X			O		

By following this schedule, you can be sure that:

- Children in care less than 8 hours shall be offered at least one meal and two snacks or two meals and one snack;
- Children in care for 8 or more hours can be served an additional meal or snack for a maximum of 3 meals and one snack or 2 meals and 2 snacks. [4.2.0.5](#)
- 

Plan your schedule based on the needs of the children in your care. Remember that all young children should receive a nutritious snack in midmorning and midafternoon. Offer food to young children every 2-3 hours. This can either be a meal or a snack.

Serve breakfast at least 2 ½ hours before lunch and snacks at least 1 ½ hours before lunch or dinner.

Have breakfast foods on hand so children can eat if they have not had breakfast at home.  
Serve additional snacks in the late afternoon to children who are staying late or who will not receive dinner until late.

**FIGURE 5.5 GOOD SOURCES OF VITAMIN C, IRON AND VITAMIN A**

<b>Good Sources of Vitamin C, Iron and Vitamin A</b>		
<i>Please see pages 18-25 of “Menu Magic for Children” for alternative charts of good sources of Vitamin C, Vitamin A, iron and calcium- RDA’s based on 1-3 year olds.</i>		
<a href="http://www.fns.usda.gov/tn/Resources/menu_magic.pdf">http://www.fns.usda.gov/tn/Resources/menu_magic.pdf</a>		
<b><u>Vitamin C: Serve at least one of these foods each day</u></b>		
<i>Fruit</i>	<i>Vegetables</i>	<i>Juice</i>
Cherries (acerola)	Bell Pepper	Cranberry juice
Cantaloupe	Broccoli	Grapefruit juice
Grapefruit	Brussels sprouts	Orange juice
Guava	Cabbage	Tangelo juice
Kiwi	Collard greens	Tangerine juice
Mandarin orange	Dandelion greens	Tomato juice
Mango	Dock (sorrel)	Vegetable juice
Orange	Garden cress	
Papaya	Kale	Blended juice
Raspberry	Kohlrabi	
Strawberry	Mustard greens	100% juice fortified with Vitamin C
Tangerine	Spinach	
	Tomato	
	Turnip greens	Infant juice fortified with Vitamin C
	Watercress	
<b><u>Iron: Serve at least one of these foods each day</u></b>		
Iron-fortified cereals		
Cooked dried peas and beans		
Lean beef or pork		
Chicken, turkey, and other kinds of poultry		
Fish		
Egg yolk		
Peanut butter		
*To help the body absorb more iron, include a good source of Vitamin C with meals.		

**Vitamin A: Serve foods from this list at least three times a week**

*Fruit*

Cantaloupe  
Mango  
Papaya

*Vegetable*

Beet greens  
Bok choy  
Carrot  
Chili peppers (red)  
Collard greens  
Dandelion greens  
Dock (sorrel)  
Kale  
Mixed vegetables  
Mustard greens  
Pumpkin  
Spinach  
Sweet potato  
Tampala leaves  
Turnip greens  
Watercress  
Winter squash

*Juice*

Carrot juice



## CHAPTER 6

# PROMOTING PLEASANT MEALS AND SNACKS

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It is important to give children a pleasant setting in which to eat. You can do many things to help children enjoy their meals and their snacks.

### **Physical Environment**

Children need a safe and comfortable place to eat. Children enjoy feeding themselves if they have the eating utensils or tools they need to do it correctly. Furniture and eating utensils should be the right size and shape for children's age and development. [4.5.0.1](#)

### **Seating**

Babies who can sit up and some toddlers may need a highchair for meals and snacks. Never leave a child alone in a highchair, even to go to the phone or to the door.

Older children need small tables and chairs to feel comfortable. When children are seated, the table should be between waist and mid-chest level and the chairs should allow the children's feet to rest on the floor or a firm surface. [4.5.0.1](#)

Insist that children sit down when they are eating. To reduce the risk of choking, do not let children eat while watching TV, walking, running, playing, laying down, or riding in a car. [4.5.0.3](#) This also helps children learn that eating is an important activity and is not something to be done while doing other things.

Caregivers should feed no more than three very young children or one infant who need assistance at one time in order to supervise them properly. [4.5.0.5](#) Be sure to feed multiple children with separate utensils. An adult caregiver should supervise young children who are just learning to feed themselves. This person should sit at the same table or next to the child's feeding chair. [4.5.0.6](#) This promotes safety and security and the caregiver can serve as a role model for eating. Never leave young children unattended while they are eating.

### **Dishes**

Use child-size plates, utensils, glasses, and cups that are durable and easy to hold. [4.5.0.1](#) Use glasses and cups that are made of rigid plastic or some other unbreakable material. Use short-handled spoons for toddlers learning to feed themselves. These are easier to grasp and control. Use dishes that have smooth, hard-glazed surfaces. Do not use dishes that are cracked or chipped. If you use imported dishes, be sure they meet U.S. standards. Have them tested for lead or other heavy metals before using them. Call your local health department to find out how to have them tested. [4.5.0.2](#)

You may use sturdy plastic utensils for single service. Throw them away after use. Do not use foam plates and cups. Children might bite off pieces of foam and choke. [4.5.0.2](#)

## **Foods**

When you serve a new food, serve it with some familiar foods. Serve foods from different cultures to help teach children about new foods. [4.5.0.8](#) For each meal, try to serve foods that have a variety of shapes, colors, flavors and textures. You can change the shape of a food by cutting it in different ways or change the texture by serving it cooked when you usually serve it raw.

## **Surroundings**

Keep microwave ovens, bottle warmers and food warmers out of children's reach and do not allow children to use them. [4.3.1.9](#), [4.8.0.8](#) Keep young children out of food preparation areas while hot food is being prepared. [4.8.0.1](#) Supervise older children carefully when they are in the kitchen. Put pot handles toward the back of the stove. [4.5.0.9](#)

Do not drink hot liquids in the child care area. Keep hot liquids and hot foods out of the reach of infants and young children. Do not place items where they could be pulled down by children (e.g., at the edge of a counter or table or on a tablecloth). [4.5.0.9](#)

## **Social Environment**

Children need a pleasant social environment when they eat. Young children like to be involved with what is going on around them. Children can help with setting the table, serving the food, and cleaning the table. [4.5.0.7](#)

Mealtimes should be happy, engaging times. Encourage children to eat the nutritious foods you provide, but do not force them to eat. [4.5.0.11](#) Do not use food (such as candy) and do not deny dessert as a punishment. [4.5.0.11](#) A child who is rewarded or punished with food may overeat or believe that sweets are special foods. A child who is frequently rewarded with sweets may have an increased risk for dental cavities.

Allow young children to feed themselves even if they make a mess. They need to explore the foods they are eating. This does not mean letting them play with their food. When they begin to play, they may no longer be interested in eating. Toddlers need lots of practice to learn to finger-feed, use a spoon, and drink from a glass or cup. Try to balance learning new skills with enjoyment of eating.

### **Help Children Enjoy New Foods**

Parents and providers play an important role in the development of children's eating habits.

Children need to eat a variety of foods every day to meet their development needs.

Here are some ideas to help children eat a variety of foods:

- *Have a positive attitude.* Serve new foods to children and eventually they will learn to like some of them.
- *Do not force children to eat.* Children sometimes do not like to eat food they have not seen before. As the food is served more, and the children become more familiar with it, they may decide to try it.
- *Let children prepare food.* This can be something as simple as tearing lettuce for a salad. Preparing food can help children become more familiar with new food. As you prepare food together, you can discuss the color, shape and texture of the food. Many states have rules that do not allow children to prepare foods that will be served to other children but children can help prepare the foods that they will eat.
- *Serve new foods when the children are hungry.* Let the new food be the first thing the child eats. Children may not want to try something new if they are already full.
- *Serve one new food at a time.* Children may be overwhelmed with a plate full of new foods. Instead, offer one new food with other familiar foods.
- *Be a good role model.* Eating a new food in front of children will show how enjoyable the new food is. Children may then be more likely to try it.
- *Respect children's food preferences.* There may be some foods that children do not like—no matter what. Try to offer other foods from the same food group instead.

Give children enough time to eat and talk with them while they eat. Set simple rules for children at the table in order to create a peaceful mealtime environment. Encourage children to eat new foods, and expect that they will learn to like at least some of them.

### **Family Style Service**

If possible, serve meals family-style to children. Some providers think this is too messy, but it provides an important learning activity for children. [4.5.0.4](#) Family-style service means setting the table and placing the food in small serving dishes on the table. Use small, lightweight containers that children can handle. Place enough food on the table to meet the minimum requirements for all children seated at the table and to feed adults. Offer at least the minimum to all children during the meal. Help children learn to serve themselves. This allows children to decide how much they will eat and prevents waste.

An adult caregiver should sit at the table with the children and eat what they are eating. This caregiver should help the children talk about events of the day, eating behaviors, and the foods that they are eating. Conversation helps the children develop their language, social and motor

skills, and makes mealtime more pleasant. Having children eat in this kind of atmosphere allows them to learn from the caregiver and from other children. [4.5.0.4](#)

### **Children's Decisions and Adult Responsibility**

Caregivers and children each have responsibilities related to eating.

- Adults are responsible for the type of food that is bought, how the food is prepared, when the food is served, and the environment in which the meal is served.
- Children are responsible for what they eat and how much they eat.

Young children will not eat the same way from day to day or meal to meal. Growth spurts and changes in activity or interests affect children's appetites. As long as they are healthy and growing, you do not need to be too concerned about this. Do not force children to eat specific foods or clean their plates. Healthy children will eat what they need.

You have a responsibility to be a good role model for the children in your care and to help them learn. Children will imitate adults, so be sure to display positive and healthy behaviors.

<b>Responsibilities</b>
<u>Adult</u> – responsible for the type of food that is bought, how the food is prepared, when the food is served, and the environment in which the meal is served. <u>Child</u> – responsible for what to eat and how much to eat.





## CHAPTER 7

# HELPING CHILDREN AND FAMILIES LEARN ABOUT FOOD

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It takes many people to provide young children with a safe and pleasant eating experience. Work closely with parents, other caregivers, food service workers, and the child care nutrition specialist to see that this happens consistently. [4.2.0.1](#)

Helping children and families learn about food and its importance to health is a big responsibility. When you teach, plan to: [4.7.0.1](#)

- Introduce children to food and eating experiences.
- Provide learning activities about food and health. It's best if these activities can be related to experiences the child has at home.
- Encourage the children to tell their parents about food experiences in child care.

### Helping Children Learn

The messages you provide for children about food and eating can stay with them for the rest of their lives. Caregiving involves a responsibility to help children develop good attitudes about food and eating. Make it interesting and fun to learn about food. Activities with food help children learn about foods and become more willing to try them. Be sure to review children's food allergies before lessons. Children with food allergies may react to even smelling or touching certain foods.

### Properties of Food

Let children taste, smell, and feel different foods. Help them learn about the textures, colors, and shapes of foods. Do this at mealtimes and during learning activities. Take advantage of children's eagerness to learn and their natural curiosity about the world. Do not let teaching interfere with the pleasure of eating. [4.7.0.1](#)

### **Help children learn about food using their five senses**

- Have a tasting party. Let children pick foods to taste based on the shape or color of the food.
- Help children compare the taste of raw and cooked fruits and vegetables.
- Have children break, snap, tear, or chew foods and listen to the sounds.
- Have children close their eyes and guess what made the sound (biting an apple, pouring milk, popcorn popping).
- Have the children reach into a "mystery bag" to feel foods of different sizes, shapes and textures. Have them describe what they feel and identify the food.
- Ask the children to identify foods by their smell. Some foods that may be easy to identify include onion, garlic, or citrus fruits such as oranges and lemons.

### Food Choices

Help children learn about the food choices they should make every day. [4.7.0.1](#) Look for simple ways to teach so that children will understand. Use hands-on activities and props they can touch. Use real food as much as possible.

### New Foods

Help children learn to eat new foods. Remember that young children learn by imitating adults. Eat with the children and eat the same foods they are eating. [4.5.0.4](#) If children see you eating and enjoying a food that is new to them, they may be more likely to try it. If the food is rejected, do not overreact. Simply serve the same food again later. The more familiar children become with food, the more easily they will accept it.

Here are some additional tips for helping children try new foods:

- Serve new foods when children are hungry.
- Serve small amounts of the new food.
- Introduce only one new food at a time.
- Involve the children in preparing and serving the food.

### **Help Children Learn About Food**

Have a tasting party. Use some fruits and vegetables that are new to the children. Help older children use the correct knife to cut them up. Then have the children dip the fruit or vegetable in yogurt or dressing. Be sure to include some fruits and vegetables that the children already know and like.

### Different Cultures

For children from different cultures, some of the foods you serve will be new. Try to serve some foods that are familiar to all children. Talk about a variety of foods including where they come from and how they are usually prepared. Also, speak with parents about ideas for foods to serve at meals and snacks.

### Preparing Food

Children can learn a lot about food by helping to prepare it. Helping to prepare food can also teach them other skills like counting, measuring, sorting, and following directions.

### **What Do Children Gain from Preparing Food?**

- Experience with sharing as they take turns
- Creativity (i.e., changing flour and other ingredients into dough or decorating a cookie or muffin)
- Self-esteem as they gain a sense of accomplishment when a project is completed
- Fine and gross motor skills (i.e., rolling bread or cookie dough)
- Knowledge about safety (i.e., injury prevention and sanitation)
- Knowledge about parts of plants (i.e. stem, skin, and seeds)
- Knowledge about science (i.e., how plants, animals and people grow)

### **Helping Families Learn**

Be sure to keep parents informed about the activities that you provide children to help them learn about food and health. Work with the child care nutrition specialist to provide nutrition education programs for parents and staff at least twice a year. Take an informal survey to find out what parents and staff are most interested in learning. [4.7.0.2](#)

Be sure to coordinate what you are teaching parents and children. If parents are aware of what you are teaching, they can reinforce messages at home. Here are some suggestions for communicating with parents:

- Try regular newsletters or handouts that parents can take home and read.
- Give parents tips to hang on the refrigerator.
- Post menus to let parents know what you are serving to children. Try to have the menus in the language that most parents speak and ask a parent to help translate if necessary.
- Put together a cookbook of the children's favorite recipes. Include recipes that the children have "created" or take pictures of the children preparing food. This would make a nice gift for parents.

### **Enlisting Help from Parents**

Parents influence children's eating habits and interest in food. Young children learn most of their food preferences at home. Parents teach children by the foods they serve and what they eat in front of their children. Work with parents so their children enjoy learning about food.

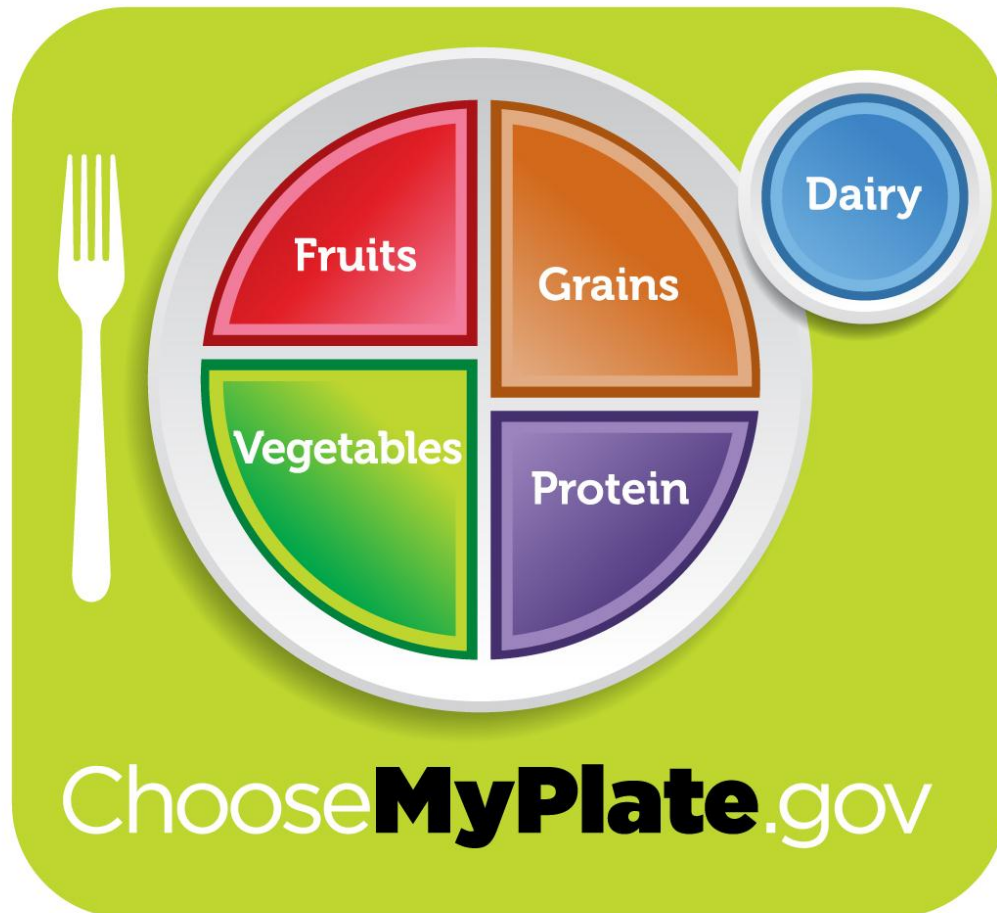
Here are some suggestions for encouraging parents:

- Send home food-related activities that the parent and child can complete together. Some examples are making a snack, going shopping, storing food or growing food in a window box. This will allow the parent to be involved in the child's learning experiences.
- Invite the parents to visit at meal or snack time. Serve the same or similar foods at parent meetings. At parent meetings, use foods that the children have helped to prepare. Have a parent meeting where parents prepare a food from another culture or an unfamiliar food.

- Ask parents to provide a favorite recipe or oral instructions for preparing a favorite food. You can use this recipe as a way to introduce a new food or share information about a culture.

Child care providers play a very important role in helping young children develop their attitudes about food and eating. Feeding children helps them grow, keeps them healthy, and helps them develop new skills. We hope that the information in this text will help you create a safe and healthy eating environment for children. Keep the goals of this text in mind and always strive to give children a positive experience with food and with eating.

USDA's My Plate Food Guide for Young Children is pictured below. Visit <http://www.choosemyplate.gov/> for additional information.



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## APPENDIX A

### ***CARING FOR OUR CHILDREN (3<sup>rd</sup> ed., 2011) STANDARDS***

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**1.4.4.2: Continuing education for small family child care home caregivers/teachers.** Small family child care home providers shall have at least 24 clock hours of continuing education in areas determined by self-assessment and, where possible, by a performance review of a skilled mentor or peer reviewer.

**1.4.5.1: Training of staff who handle food.** All staff members with food handling responsibilities should obtain training in food service and safety. The director of a center or a large family child care home or the designated supervisor for food service should be a certified food protection manager or equivalent as demonstrated by completing an accredited food protection manager course. Small family child care personnel should secure training in food service and safety appropriate for their setting.

**2.3.2.1: Parent conferences.** Along with short informal daily conversations between parents and caregivers, planned communication (for example, parent conferences) shall be scheduled with at least one parent of every child in care: a) To review the child's development and adjustment to care; b) To reach agreement on appropriate, nonviolent, disciplinary measures; c) To discuss the child's strengths, specific health issues, and concerns such as persistent behavior problems, developmental delays, special needs, overweight, underweight, or eating or sleeping problems. At these planned conferences a caregiver shall review with the parent the child's health report and the health record to identify medical and developmental issues that require follow-up or adjustment of the facility. Each review shall be documented in the child's facility health record with the signature of the parent and the staff reviewer. These planned conferences shall occur: a) As part of the intake process; b) At each health update interval; c) On a calendar basis, scheduled according to the child's age: 1) Every 6 months for children under 6 years of age; 2) Every year for children 6 years of age and older; d) Whenever new information is added to the child's facility health record. Additional conferences shall be scheduled if the parent or caregiver has a concern at any time about a particular child. Any concern about a child's health or development shall not be delayed until a scheduled conference date. Notes about these planned communications shall be maintained in each child's record at the facility and shall be available for review.

**3.1.2.1: Routine Health Supervision and Growth Monitoring.**

The facility should require that each child has routine health supervision by the child's primary care provider, according to the standards of the American Academy of Pediatrics (AAP) (3). For all children, health supervision includes routine screening tests, immunizations, and chronic or acute illness monitoring. For children younger than twenty-four months of age, health supervision includes documentation and plotting of sex-specific charts on child growth standards from the World Health Organization (WHO), available at <http://www.who.int/childgrowth/standards/en/>, and assessing diet and activity. For children twenty-four months of age and older, sex-specific height and weight graphs should be plotted by the primary care provider in addition to body mass index (BMI), according to the Centers for Disease Control and Prevention (CDC). BMI is classified as underweight (BMI less than 5%), healthy weight (BMI 5%-84%), overweight (BMI 85%-94%), and obese (BMI equal to or greater than 95%). Follow-up visits with the child's primary care provider that include a full assessment and laboratory evaluations should be scheduled for children with weight for length greater than 95% and BMI greater than 85% (5).

School health services can meet this standard for school-age children in care if they meet the AAP's standards for school-age children and if the results of each child's examinations are shared with the caregiver/teacher as well as with the school health system. With parental/guardian consent, pertinent health information should be exchanged among the child's routine source of health care and all participants in the child's care, including any school health program involved in the care of the child.

**3.1.5.1: Routine Oral Hygiene Activities.** Caregivers/teachers should promote the habit of regular tooth brushing. All children with teeth should brush or have their teeth brushed at least once during the hours the child is in child care. Children under two years of age should have only a smear of toothpaste (rice grain) on the brush when brushing. Those over two years of age should use a pea-sized amount of fluoride toothpaste. An ideal time to brush is after eating. The caregiver/teacher should either brush the child's teeth or supervise as the child brushes his/her own teeth. Disposable gloves should be worn by the caregiver/teacher if contact with a child's oral fluids is anticipated. The younger the child, the more the caregiver/teacher needs to be involved. The caregiver/teacher should be able to evaluate each child's motor activity and to teach the child the correct method of tooth brushing when the child is capable of doing this activity. The caregiver/teacher should monitor the tooth brushing activity and



thoroughly brush the child's teeth after the child has finished brushing, preferably for a total of two minutes. Children whose teeth are brushed at home twice a day may be exempted since additional brushing has little additive benefit and may expose a child to excess fluoride toothpaste.

The cavity-causing effect of frequent exposure to food or juice should be reduced by offering the children rinsing water after snacks and meals when tooth brushing is not possible. Local dental health professionals can facilitate compliance with these activities by offering education and training for the child care staff and providing oral health presentations for the children and parents/guardians.

**3.2.1.1: Type of Diapers Worn.** Diapers worn by children should be able to contain urine and stool and minimize fecal contamination of children, caregivers/teachers, environmental surfaces, and objects in the child care setting. Only disposable diapers with absorbent material (e.g., polymers) may be used unless the child has a medical reason that does not permit the use of disposable diapers (such as allergic reactions). When children cannot use disposable diapers for a medical reason, the reason should be documented by the child's primary care provider. Children of all ages who are incontinent of urine or stool should wear a barrier method to prevent contamination of their environment.

If cloth diapers are used, the diaper should have an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine. An alternative is the use of cloth diapers that contain a waterproof cover that is adherent to the cloth material. If a cloth diaper with a separate lining is used, the outer covering and inner lining should be changed together at the same time as a unit and should not be reused in the child care facility. No rinsing or dumping of the contents of cloth diapers should be performed at the child care facility. Soiled cloth diapers should be completely wrapped in a non-permeable material, stored in a location inaccessible to children, and given directly to the parent/ guardian upon discharge of the child.

**3.2.1.2: Handling Cloth Diapers.** If cloth diapers are used, soiled cloth diapers and/or soiled training pants should never be rinsed or carried through the child care area to place the fecal contents in a toilet. Reusable diapers should be laundered by a commercial diaper service. Soiled cloth diapers should be stored in a labeled container with a tight-fitting lid provided by an accredited commercial diaper service, or in a sealed plastic bag for removal from the facility by an individual child's family. The sealed plastic bag should be sent home with the child at the end of the day. The containers or sealed diaper bags of soiled cloth diapers should not be accessible to any child (1).

**3.2.1.3: Checking for the Need to Change Diapers.** Diapers should be checked for wetness and feces at least hourly, visually inspected at least every two hours, and whenever the child indicates discomfort or exhibits behavior that suggests a soiled or wet diaper. Diapers should be changed when they are found to be wet or soiled.

**3.2.2.1: Situations that Require Hand Hygiene.** All staff, volunteers, and children should follow the procedure in Standard 3.2.2.2 for hand hygiene at the following times: A) Upon arrival for the day, after breaks, or when moving from one child care group to another; B) Before and after: Preparing food or beverages; Eating, handling food, or feeding a child; Giving medication or applying a medical ointment or cream in which a break in the skin (e.g., sores, cuts, or scrapes) may be encountered; Playing in water (including swimming) that is used by more than one person; Diapering; C) After: Using the toilet or helping a child use a toilet; Handling bodily fluid (mucus, blood, vomit), from sneezing, wiping and blowing noses, from mouths, or from sores; Handling animals or cleaning up animal waste; Playing in sand, on wooden play sets, and outdoors; Cleaning or handling the garbage.

Situations or times that children and staff should perform hand hygiene should be posted in all food preparation, hand hygiene, diapering, and toileting areas.

**3.2.2.2: Handwashing Procedure.** Children and staff members shall wash their hands using the following method:

a) Check to be sure a clean, disposable paper (or single-use cloth) towel is available. b) Turn on warm water, no less than 60 degrees F and no more than 120 degrees F, to a comfortable temperature. c) Moisten hands with water and apply liquid soap to hands. d) Rub hands together vigorously until a soapy lather appears, and continue for at least 20 seconds. Rub areas between fingers, around nailbeds, under fingernails, jewelry, and back of hands. e) Rinse hands under running water, no less than 60 degrees F and no more than 120 degrees F, until they are free of soap and dirt. Leave the water running while drying hands. f) Dry hands with the clean, disposable paper or single use cloth towel. g) If taps do not shut off automatically, turn taps off with a disposable paper or single use cloth towel. h) Throw the disposable paper towel into a lined trash container; or place single-use cloth towels in the laundry hamper; or hang individually labeled cloth towels to dry. Use hand lotion to prevent chapping of hands, if desired.

**3.2.2.3: Assisting Children with Hand Hygiene.** Caregivers/teachers should provide assistance with handwashing at a sink for infants who can be safely cradled in one arm and for children who can stand but not wash their hands independently. A child who can stand should either use a child-height sink or stand on a safety step at a height at which the child's hands can hang freely under the running water. After assisting the child with handwashing, the



staff member should wash his or her own hands. Hand hygiene with an alcohol-based sanitizer is an alternative to handwashing with soap and water by children over twenty-four months of age and adults when there is no visible soiling of hands (1).

**3.2.2.4: Training and Monitoring for Hand Hygiene.** The program should ensure that staff members and children who are developmentally able to learn personal hygiene are instructed in, and monitored on performing hand hygiene as specified in Standard 3.2.2.2.

**3.2.3.1: Procedure for Nasal Secretions and Use of Nasal Bulb Syringes.** Staff members and children should blow or wipe their noses with disposable, single use tissues and then discard them in a plastic-lined, covered, hands-free trash container. After blowing the nose, they should practice hand hygiene, as specified in Standards 3.2.2.1 and 3.2.2.2. Use of nasal bulb syringes is permitted. Nasal bulb syringes should be provided by the parents/guardians for individual use and should be labeled with the child's name. If nasal bulb syringes are used, facilities should have a written policy that indicates: a) Rationale and protocols for use of nasal bulb syringes; b) Written permission and any instructions or preferences from the child's parent/guardian; c) Staff should inspect each nasal bulb syringe for tears or cracks (and to see if there is unknown fluid in the nasal bulb syringe) before each use; d) Nasal bulb syringes should be cleaned with warm soapy water and stored open to air.

**3.3.0.2: Cleaning and Sanitizing Toys .** Toys that cannot be cleaned and sanitized should not be used. Toys that children have placed in their mouths or that are otherwise contaminated by body secretion or excretion should be set aside until they are cleaned by hand with water and detergent, rinsed, sanitized, and air-dried or in a mechanical dishwasher that meets the requirements of Standard 4.9.0.11 through Standard 4.9.0.13. Play with plastic or play foods, play dishes and utensils, should be closely supervised to prevent shared mouthing of these toys.

Machine washable cloth toys should be used by one individual at a time. These toys should be laundered before being used by another child. Indoor toys should not be shared between groups of infants or toddlers unless they are washed and sanitized before being moved from one group to the other.

**3.3.0.3: Cleaning and Sanitizing Objects Intended for the Mouth.** Thermometers, pacifiers, teething toys, and similar objects should be cleaned, and reusable parts should be sanitized between uses. Pacifiers should not be shared.

**3.4.2.3: Care for Animals.** The facility should care for all animals as recommended by the health department and in consultation with licensed veterinarian. When animals are kept on the premises, the facility should write and adhere to procedures for their humane care and maintenance. When animals are kept in the child care facility, the following conditions should be met:

Humane Care: An environment will be maintained in which animals experience:

- a. Good health;
- b. Are able to effectively cope with their environment;
- c. Are able to express a diversity of species specific behaviors.

Health Care: Proof of appropriate current veterinary certificate meeting local and state health requirement is kept on file at the facility for each animal kept on the premises or visiting the child care facility.

Animal care: Specific areas should be designated for animal contact.

Live animals should be prohibited from:

- a. Food preparation, food storage, and dining areas;
- b. The vicinity of sinks where children wash their hands;
- c. Clean supply rooms;
- d. Areas where children routinely play or congregate (e.g., sandboxes, child care facility playgrounds).

The living quarters of animals should be enclosed and kept clean of waste to reduce the risk of human contact with this waste. Animal food supplies should be kept out of reach of children. Animal litter boxes should not be located in areas accessible to children. Children and food handlers should not handle or clean up any form of animal waste (feces, urine, blood, etc). All animal waste and litter should be removed immediately from children's areas and will be disposed of in a way where children cannot come in contact with the material, such as in a plastic bag or container with a well-fitted lid or via the sewage waste system for feces. Used fish tank water should be disposed of in sinks that are not used for food preparation or used for obtaining water for human consumption.

Disposable gloves should be used when cleaning aquariums and hands should be washed immediately after cleaning is finished. Eye and oral contamination by splashing of contaminated water during the cleaning process should be prevented. Children should not be involved in the cleaning of aquariums. Areas where feeders, water containers, and cages are cleaned should be disinfected after cleaning activity is finished. Pregnant persons should not handle cat waste or litter. Cat litter boxes should be cleaned daily. All persons who have contact with animals, animal products, or animal environments should wash their hands immediately after the contact.

**3.6.3.2: Labeling, Storage, and Disposal of Medications.** Any prescribed medication brought into the facility by the parent, legal guardian, or responsible relative of a child shall be dated, and shall be kept in the original container. The container shall be labeled by a pharmacist with: a) The child's first and last names; b) The date the prescription was filled; c) The name of the health care provider who wrote the prescription, the medication's expiration date; d) The manufacturer's instructions or prescription label with specific, legible instructions for administration, storage, and disposal; e) The name and strength of the medication. Over-the-counter medications shall be kept in the original container as sold by the manufacturer, labeled by the parent, with the child's name and specific instructions given by the child's health professional for administration. All medications, refrigerated or unrefrigerated, shall have child-resistant caps, shall be kept in an organized fashion, shall be stored away from food at the proper temperature, and shall be inaccessible to children. Medication shall not be used beyond the date of expiration.

Documentation should be kept with the child care facility of all disposed medications. The current guidelines are as follows: a) If a medication lists any specific instructions on how to dispose of it, follow those directions. b) If there are community drug take back programs, participate in those. c) Remove medications from their original containers and put them in a sealable bag. Mix medications with an undesirable substance such as used coffee grounds or kitty litter. Throw the mixture into the regular trash. Make sure children do not have access to the trash (1).

**4.2.0.1: Written Nutrition Plan.** The facility shall provide children nourishing and attractive food according to a written plan, developed by a qualified Child Care Nutrition Specialist. Caregivers, directors, and food service personnel shall share the responsibility for carrying out the plan. The administrator is responsible for implementing the plan but may delegate tasks to caregivers and food service personnel. The nutrition plan (see Standard 8.035) shall include steps to take when problems require rapid response by the staff such as when a child chokes during mealtime. The completed plan shall be on file and accessible to the staff. If the facility is large enough to justify employment of a full-time Child Care Nutrition Specialist or Child Care Food Service Manager, the facility shall delegate to this person the responsibility for implementing the written plan.

**4.2.0.2: Assessment and Planning of Nutrition for Individual Children.**

As a part of routine health supervision by the child's primary care provider, children should be evaluated for nutrition-related medical problems such as failure to thrive, overweight, obesity, food allergy, reflux disease, and iron-deficiency anemia. The nutritional standards throughout this document are general recommendations that may not always be appropriate for some children with medically-identified special nutrition needs. Caregivers/teachers should communicate with the child's parent/guardian and primary care provider to adapt nutritional offerings to individual children as indicated and medically-appropriate. Caregivers/teachers should work with the parent/guardian to implement individualized feeding plans developed by the child's primary care provider to meet a child's unique nutritional needs. These plans could include, for instance, additional iron-rich foods to a child who has been diagnosed as having iron-deficiency anemia. For a child diagnosed as overweight, the plan would focus on controlling portion sizes. Also, calorie dense foods like sugar sweetened juices, nectars, and beverages should not be served. Denying a child food that others are eating is difficult to explain and difficult for some children to understand and accept. Attention should be paid to teaching about proper portion sizes and the average daily caloric intake of the child. Some children require special feeding techniques such as thickened foods or special positioning during meals. Other children will require dietary modifications based on food intolerances such as lactose or wheat (gluten) intolerance. Some children will need dietary modifications based on cultural or religious preferences such as vegetarian or kosher diets.

**4.2.0.3: Use of USDA - CACFP Guidelines.** All meals and snacks and their preparation, service, and storage should meet the requirements for meals of the child care component of the U.S. Department of Agriculture (USDA), Child and Adult Care Food Program (CACFP), and the 7 Code of Federal Regulations (CFR) Part 226.20 (1,5).

**4.2.0.4: Categories of Foods.** *Refer to table in CFOC.*

**4.2.0.5: Meal and Snack Patterns.** The facility shall ensure the following: a) Children in care for 8 and fewer hours shall be offered at least one meal and two snacks or two meals and one snack; b) Children in care more than 8 hours shall be offered at least two meals and two snacks or three snacks and one meal; c) A nutritious snack shall be offered to all children in midmorning and in midafternoon; d) Children should be offered food at intervals at least two hours apart and not more than three hours apart unless the child is asleep. Some very young infants may need to be fed at shorter intervals than every two hours to meet their nutritional needs, especially breastfed infants being fed expressed human milk. Lunch service may need to be served to toddlers earlier than the preschool-aged children due to their need for an earlier nap schedule. Children must be awake prior to being offered a meal/snack. e) Children should be allowed time to eat their food and not be rushed during the meal or snack service. They should not be allowed to play during these times. f) Caregivers/teachers should discuss the breastfed infant's feeding patterns with the parents/guardians because the frequency of breastfeeding at home can vary. For example, some infants may still

be feeding frequently at night, while others may do the bulk of their feeding during the day. Knowledge about the infant's feeding patterns over twenty-four hours will help caregivers/teachers assess the infant's feeding during his/her time with the caregiver/teacher.

**4.2.0.6: Availability of Drinking Water.** Clean, sanitary drinking water should be readily available, in indoor and outdoor areas, throughout the day. Water should not be a substitute for milk at meals or snacks where milk is a required food component unless it is recommended by the child's primary care provider.

On hot days, infants receiving human milk in a bottle can be given additional human milk in a bottle but should not be given water, especially in the first six months of life. Infants receiving formula and water can be given additional formula in a bottle. Toddlers and older children will need additional water as physical activity and/or hot temperatures cause their needs to increase. Children should learn to drink water from a cup or drinking fountain without mouthing the fixture. They should not be allowed to have water continuously in hand in a "sippy cup" or bottle. Permitting toddlers to suck continuously on a bottle or sippy cup filled with water, in order to soothe themselves, may cause nutritional or in rare instances, electrolyte imbalances. When tooth brushing is not done after a feeding, children should be offered water to drink to rinse food from their teeth.

**4.2.0.7: 100% Fruit Juice.** The facility should serve only full-strength (100%) pasteurized fruit juice or full-strength fruit juice diluted with water from a cup to children twelve months of age or older. Juice should have no added sweeteners. The facility should offer juice at specific meals and snacks instead of continuously throughout the day. Juice consumption should be no more than a total of four to six ounces a day for children aged one to six years. This amount includes juice served at home. Children ages seven through twelve years of age should consume no more than a total of eight to twelve ounces of fruit juice per day. Caregivers/teachers should ask parents/guardians if they provide juice at home and how much. This information is important to know if and when to serve juice. Infants should not be given any fruit juice before twelve months of age. Whole fruit, mashed or pureed, is recommended for infants seven months up to one year of age.

**4.2.0.8: Feeding Plans and Dietary Modifications.** Before a child enters an early care and education facility, the facility should obtain a written history that contains any special nutrition or feeding needs for the child, including use of human milk or any special feeding utensils. The staff should review this history with the child's parents/guardians, clarifying and discussing how parental/guardian home feeding routines may differ from the facility's planned routine. The child's primary care provider should provide written information about any dietary modifications or special feeding techniques that are required at the early care and education program and these plans should be shared with the child's parents/guardians upon request.

If dietary modifications are indicated, based on a child's medical or special dietary needs, the caregiver/teacher should modify or supplement the child's diet to meet the individual child's specific needs. Dietary modifications should be made in consultation with the parents/guardians and the child's primary care provider. Caregivers/teachers can consult with a nutritionist/registered dietitian.

Reasons for modification of a child's diet may be related to food sensitivity. Food sensitivity includes a range of conditions in which a child exhibits an adverse reaction to a food that, in some instances, can be life threatening. Modification of a child's diet may be related to a food allergy, inability to digest or to tolerate certain foods, need for extra calories, need for special positioning while eating, diabetes and the need to match food with insulin, food idiosyncrasies, and other identified feeding issues. Examples include celiac disease, phenylketonuria, diabetes, severe food allergy (anaphylaxis), and others. In some cases, a child may become ill if the child is unable to eat, so missing a meal could have a negative consequence, especially for diabetics.

For a child identified with special health care needs for dietary modification or special feeding techniques, written instructions from the child's parent/guardian and the child's primary care provider should be provided in the child's record and carried out accordingly. Dietary modifications should be recorded. These written instructions must identify: a) The child's full name and date of instructions; b) The child's special needs; c) Any dietary restrictions based on the special needs; d) Any special feeding or eating utensils; e) Any foods to be omitted from the diet and any foods to be substituted; f) Limitations of life activities; g) Any other pertinent special needs information; h) What, if anything, needs to be done if the child is exposed to restricted foods.

The written history of special nutrition or feeding needs should be used to develop individual feeding plans and, collectively, to develop facility menus. Disciplines related to special nutrition needs, including nutrition, nursing, speech, occupational therapy, and physical therapy, should participate when needed and/or when they are available to the facility. The nutritionist/registered dietitian should approve menus that accommodate needed dietary modifications. The feeding plan should include steps to take when a situation arises that requires rapid response by the staff, such as a child's choking during mealtime or a child with a known history of food allergies demonstrating signs and symptoms of anaphylaxis (severe allergic reaction, e.g., difficulty breathing or severe redness and swelling

of the face or mouth). The completed plan should be on file and accessible to the staff and available to parents/guardians upon request.

**4.2.0.9: Written Menus and Introduction of New Foods.** Facilities should develop, at least one month in advance, written menus showing all foods to be served during that month and should make the menus available to parents/guardians. The facility should date and retain these menus for six months, unless the state regulatory agency requires a longer retention time. The menus should be amended to reflect any and all changes in the food actually served. Any substitutions should be of equal nutrient value.

To avoid problems of food sensitivity in very young children under eighteen months of age, caregivers/teachers should obtain from the child's parents/guardians a list of foods that have already been introduced (without any reaction), and then serve some of these foods to the child. As new foods are considered for serving, caregivers/teachers should share and discuss these foods with the parents/guardians prior to their introduction.

**4.2.0.10: Care for Children With Food Allergies.** When children with food allergies attend the child care facility, the following shall occur: a) Each child with a food allergy shall have a special care plan prepared for the facility by the child's source of health care, to include: 1) Written instructions regarding the food(s) to which the child is allergic and steps that need to be taken to avoid that food; 2) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of administration of any medications that the child should receive in the event of a reaction. The plan shall include specific symptoms that would indicate the need to administer one or more medications; b) Based on the child's special care plan, the child's caregivers shall receive training, demonstrate competence in, and implement measures for: 1) Preventing exposure to the specific food(s) to which the child is allergic; 2) Recognizing the symptoms of an allergic reaction; 3) Treating allergic reactions; c) Parents and staff shall arrange for the facility to have necessary medications, proper storage of such medications, and the equipment and training to manage the child's food allergy while the child is at the child care facility; d) Caregivers shall promptly and properly administer prescribed medications in the event of an allergic reaction according to the instructions in the special care plan; e) The facility shall notify the parents of any suspected allergic reactions, the ingestion of the problem food, or contact with the problem food, even if a reaction did not occur; f) The facility shall notify the child's physician if the child has required treatment by the facility for a food allergic reaction; g) The facility shall contact the emergency medical services system immediately whenever epinephrine has been administered; h) Parents of all children in the child's class shall be advised to avoid any known allergies in class treats or special foods brought into the child care setting. i) Individual child's food allergies shall be posted prominently in the classroom and/or wherever food is served. j) On field trips or transport out of the child care setting, the written child care plan for the child with allergies shall be routinely carried.

**5.4.2.6: Maintenance of Changing Tables.** Changing tables should be nonporous, kept in good repair, and cleaned and disinfected after each use to remove visible soil and germs.

**4.3.1.1: General Plan For Feeding Infants.** At a minimum, meals and snacks the facility provides for infants should contain the food in the meal and snack patterns of the Child and Adult Care Food Program (CACFP). Food should be appropriate for the infant's individual nutrition requirements and developmental stages as determined by written instructions obtained from the child's parent/guardian or primary care provider.

The facility should encourage, provide arrangements for, and support breastfeeding. The facility staff, with appropriate training, should be the mother's cheerleader and enthusiastic supporter for the mother's plan to provide her milk. Facilities should have a designated place set aside for breastfeeding mothers who want to come during work to breastfeed, as well as a private area with an outlet (not a bathroom) for mothers to pump their breast milk (2-8). A place that mothers feel they are welcome to breastfeed, pump, or bottle feed can create a positive environment when offered in a supportive way.

Infants may need a variety of special formulas such as soy-based formula or elemental formulas which are easier to digest and less allergenic. Elemental or special non-allergic formulas should be specified in the infant's care plan. Age-appropriate solid foods (complementary foods) may be introduced no sooner than when the child has reached the age of four months, but preferably six months and as indicated by the individual child's nutritional and developmental needs. For breastfed infants, gradual introduction of iron-fortified foods may occur no sooner than around four months, but preferably six months to complement the human milk.

**4.3.1.2: Feeding Infants on Cue by a Consistent Caregiver/Teacher.** Caregivers/teachers should feed infants on the infant's cue unless the parent/guardian and the child's primary care provider give written instructions otherwise (6). Whenever possible, the same caregiver/teacher should feed a specific infant for most of that infant's feedings. Cues such as opening the mouth, making suckling sounds, and moving the hands at random all send information



from an infant to a caregiver/teacher that the infant is ready to feed. Caregivers/teachers should not feed infants beyond satiety, just as hunger cues are important in initiating feedings, observing satiety cues can limit overfeeding. **4.3.1.3: Preparing, Feeding, and Storing Human Milk.** Expressed human milk should be placed in a clean and sanitary bottle with a nipple that fits tightly or into an equivalent clean and sanitary sealed container to prevent spilling during transport to home or to the facility. Only cleaned and sanitized bottles, or their equivalent, and nipples should be used in feeding. The bottle or container should be properly labeled with the infant's full name and the date and time the milk was expressed. The bottle or container should immediately be stored in the refrigerator on arrival.

The mother's own expressed milk should only be used for her own infant. Likewise, infant formula should not be used for a breastfed infant without the mother's written permission.

Bottles made of plastics containing BPA or phthalates should be avoided (labeled with #3, #6, or #7). Glass bottles or plastic bottles labeled BPA-free or with #1, #2, #4, or #5 are acceptable.

Non-frozen human milk should be transported and stored in the containers to be used to feed the infant, identified with a label which will not come off in water or handling, bearing the date of collection and child's full name. The filled, labeled containers of human milk should be kept refrigerated. Human milk containers with significant amount of contents remaining (greater than one ounce) may be returned to the mother at the end of the day as long as the child has not fed directly from the bottle.

Frozen human milk may be transported and stored in single use plastic bags and placed in a freezer (not a compartment within a refrigerator but either a freezer with a separate door or a standalone freezer). Human milk should be defrosted in the refrigerator if frozen, and then heated briefly in bottle warmers or under warm running water so that the temperature does not exceed 98.6°F. If there is insufficient time to defrost the milk in the refrigerator before warming it, then it may be defrosted in a container of running cool tap water, very gently swirling the bottle periodically to evenly distribute the temperature in the milk. Some infants will not take their mother's milk unless it is warmed to body temperature, around 98.6°F. The caregiver/teacher should check for the infant's full name and the date on the bottle so that the oldest milk is used first. After warming, bottles should be mixed gently (not shaken) and the temperature of the milk tested before feeding.

Expressed human milk that presents a threat to an infant, such as human milk that is in an unsanitary bottle, is curdled, smells rotten, and/or has not been stored following the storage guidelines of the Academy of Breastfeeding Medicine as shown later in this standard, should be returned to the mother.

Some children around six months to a year of age may be developmentally ready to feed themselves and may want to drink from a cup. The transition from bottle to cup can come at a time when a child's fine motor skills allow use of a cup. The caregiver/teacher should use a clean small cup without cracks or chips and should help the child to lift and tilt the cup to avoid spillage and leftover fluid. The caregiver/teacher and mother should work together on cup feeding of human milk to ensure the child is receiving adequate nourishment and to avoid having a large amount of human milk remaining at the end of feeding. Two to three ounces of human milk can be placed in a clean cup and additional milk can be offered as needed. Small amounts of human milk (about an ounce) can be discarded.

*Refer to table in CFOC for storage guidelines.*

**4.3.1.5: Preparing Infant Formula.** Formula provided by parents/guardians or by the facility should come in a factory-sealed container. The formula should be of the same brand that is served at home and should be of ready-to-feed strength or liquid concentrate to be diluted using water from a source approved by the health department. Powdered infant formula, though it is the least expensive formula, requires special handling in mixing because it cannot be sterilized. The primary source for proper and safe handling and mixing is the manufacturer's instructions that appear on the can of powdered formula. Before opening the can, hands should be washed. The can and plastic lid should be thoroughly rinsed and dried. Caregivers/teachers should read and follow the manufacturer's directions. If instructions are not readily available, caregivers/teachers should obtain information from the World Health Organization's Safe Preparation, Storage and Handling of Powdered Infant Formula Guidelines at <http://www.who.int/foodsafety/publications/micro/pif2007/en/index.html> (8). The local WIC program can also provide instructions.

Formula mixed with cereal, fruit juice, or any other foods should not be served unless the child's primary care provider provides written documentation that the child has a medical reason for this type of feeding.

Iron-fortified formula should be refrigerated until immediately before feeding. For bottles containing formula, any contents remaining after a feeding should be discarded.

Bottles of formula prepared from powder or concentrate or ready-to-feed formula should be labeled with the child's full name and time and date of preparation. Any prepared formula must be discarded within one hour after serving to an infant. Prepared powdered formula that has not been given to an infant should be covered, labeled with date and

time of preparation and child's full name, and may be stored in the refrigerator for up to twenty-four hours. An open container of ready-to-feed, concentrated formula, or formula prepared from concentrated formula, should be covered, refrigerated, labeled with date of opening and child's full name, and discarded at forty-eight hours if not used (7,9). The caregiver/teacher should always follow manufacturer's instructions for mixing and storing of any formula preparation.

Some infants will require specialized formula because of allergy, inability to digest certain formulas, or need for extra calories. The appropriate formula should always be available and should be fed as directed. For those infants getting supplemental calories, the formula may be prepared in a different way from the directions on the container. In those circumstances, either the family should provide the prepared formula or the caregiver/teacher should receive special training, as noted in the infant's care plan, on how to prepare the formula.

**4.3.1.7: Feeding Cow's Milk.** The facility should not serve cow's milk to infants from birth to twelve months of age, unless provided with a written exception and direction from the child's primary care provider and parents/guardians. Children between twelve and twenty-four months of age, who are not on human milk or prescribed formula, can be served whole pasteurized milk, or reduced fat (2%) pasteurized milk for those children who are at risk for hypercholesterolemia or obesity (1). Children two years of age and older should be served skim or 1% pasteurized milk.

**4.3.1.8: Techniques for Bottle Feeding.** Infants should always be held for bottle feeding. Caregivers/teachers should hold infants in the caregiver's/teacher's arms or sitting up on the caregiver's/teacher's lap. Bottles should never be propped. The facility should not permit infants to have bottles in the crib. The facility should not permit an infant to carry a bottle while standing, walking, or running around.

Bottle feeding techniques should mimic approaches to breastfeeding: a) Initiate feeding when infant provides cues (rooting, sucking, etc.); b) Hold the infant during feedings and respond to vocalizations with eye contact and vocalizations; c) Alternate sides of caregiver's/teacher's lap; c) Allow breaks during the feeding for burping; d) Allow infant to stop the feeding.

A caregiver/teacher should not bottle feed more than one infant at a time. Bottles should be checked to ensure they are given to the appropriate child, have human milk, infant formula, or water in them. When using a bottle for a breastfed infant, a nipple with a cylindrical teat and a wider base is usually preferable. A shorter or softer nipple may be helpful for infants with a hypersensitive gag reflex, or those who cannot get their lips well back on the wide base of the teat (22). The use of a bottle or cup to modify or pacify a child's behavior should not be allowed (1,16).

When bottle feeding, caregivers shall either hold infants or feed them sitting up. Infants who are unable to sit shall always be held for bottle feeding. The facility shall not permit infants to have bottles in the crib or to carry bottles with them either during the day or at night. A caregiver shall not bottle feed more than one infant at a time.

**4.3.1.9: Warming Bottles and Infant Foods.** Bottles and infant foods can be served cold from the refrigerator and do not have to be warmed. If a caregiver/teacher chooses to warm them, bottles should be warmed under running, warm tap water or by placing them in a container of water that is no warmer than 120°F. Bottles should not be left in a pot of water to warm for more than five minutes. Bottles and infant foods should never be warmed in a microwave oven. Infant foods should be stirred carefully to distribute the heat evenly. A caregiver/teacher should not hold an infant while removing a bottle or infant food from the container of warm water or while preparing a bottle or stirring infant food that has been warmed in some other way. Only BPA-free plastic, plastic labeled #1, #2, #4 or #5, or glass bottles should be used. If a slow-cooking device, such as a crock pot, is used for warming infant formula, human milk, or infant food, this slow-cooking device should be out of children's reach, should contain water at a temperature that does not exceed 120°F, and should be emptied, cleaned, sanitized, and refilled with fresh water daily.

**4.3.1.10: Cleaning and Sanitizing Equipment Used for Bottle feeding.** Bottles, bottle caps, nipples and other equipment used for bottle feeding should not be reused without first being cleaned and sanitized by washing in a dishwasher or by washing, rinsing, and boiling them for one minute.

**4.3.1.11: Introduction of Age-Appropriate Solid Foods to Infants.**

A plan to introduce age-appropriate solid foods (complementary foods) to infants should be made in consultation with the child's parent/guardian and primary care provider. Age-appropriate solid foods may be introduced no sooner than when the child has reached the age of four months, but preferably six months and as indicated by the individual child's nutritional and developmental needs. For breastfed infants, gradual introduction of iron-fortified foods may occur no sooner than around four months, but preferably six months and to complement the human milk. Modification of basic food patterns should be provided in writing by the child's primary care provider. Evidence for introducing complementary foods in a specific order or rate is not available. The current best practice is that the first

solid foods should be single-ingredient foods and should be introduced one at a time at two- to seven-day intervals (1).

**4.3.1.12: Feeding Age-Appropriate Solid Foods to Infants.** Staff members should serve commercially packaged baby food from a dish, not directly from a factory-sealed container. They should serve age-appropriate solid food (complementary food) by spoon only. Age-appropriate solid food should not be fed in a bottle or an infant feeder unless written in the child's care plan by the child's primary care provider. Caregivers/teachers should discard uneaten food left in dishes from which they have fed a child. The facility should wash off all jars of baby food with soap and warm water before opening the jars, and examine the food carefully when removing it from the jar to make sure there are not glass pieces or foreign objects in the food. Food should not be shared among children using the same dish or spoon. Unused portions in opened factory-sealed baby food containers or food brought in containers prepared at home should be stored in the refrigerator and discarded if not consumed after twenty-four hours of storage.

**4.3.2.1: Meal and Snack Patterns for Toddlers and Preschoolers.** Meals and snacks should contain at least the minimum amount of foods shown in the meal and snack patterns for toddlers and preschoolers described in the Child and Adult Care Food Program (CACFP) guidelines at [http://www.fns.usda.gov/cnd/care/ProgramBasics/Meals/Meal\\_Patterns.htm](http://www.fns.usda.gov/cnd/care/ProgramBasics/Meals/Meal_Patterns.htm).

**4.3.2.2: Serving Size for Toddlers and Preschoolers.**

The facility should serve toddlers and preschoolers small-sized, age-appropriate portions and should permit children to have one or more additional servings of the nutritious foods that are low in fat, sugar, and sodium as needed to meet the caloric needs of the individual child. Serving dishes should contain the appropriate amount of food based on serving sizes or portions recommended for each child and adult as described in the Child and Adult Care Food Program (CACFP) guidelines at [http://www.fns.usda.gov/cnd/care/ProgramBasics/Meals/Meal\\_Patterns.htm](http://www.fns.usda.gov/cnd/care/ProgramBasics/Meals/Meal_Patterns.htm). Young children should learn what appropriate portion size is by being served in plates, bowls, and cups that are developmentally appropriate to their nutritional needs.

Food service staff and/or a caregiver/teacher is responsible for preparing the amount of food based on the recommended age-appropriate amount of food per serving for each child to be fed. Usually a reasonable amount of additional food is prepared to respond to a child or children requesting a second serving of the nutritious foods that are low in fat, sugar, and sodium.

**4.3.2.3: Encouraging Self-Feeding By Older Infants and Toddlers.** Caregivers/teachers should encourage older infants and toddlers to hold and drink from an appropriate child-sized cup, to use a child-sized spoon (short handle with a shallow bowl like a soup spoon), a child-sized fork (short, blunt tines and broad handle similar to a salad fork), all of which are developmentally appropriate for young children to feed themselves, and to use their fingers for self-feeding.

**4.3.3.1: Meal and Snack Patterns for School-Age Children.**

Meals and snacks should contain at a minimum the meal and snack patterns shown for school-age children in the Child and Adult Care Food Program (CACFP) guidelines found at [http://www.fns.usda.gov/cnd/care/ProgramBasics/Meals/Meal\\_Patterns.htm](http://www.fns.usda.gov/cnd/care/ProgramBasics/Meals/Meal_Patterns.htm).

Children attending facilities for two or more hours after school need at least one snack. Breakfast is recommended for all children enrolled in an early care and education facility or in school. Depending on age, in-between eating such as a snack should occur about two hours after a meal based on the total length of time a child is in care. Child care facilities enrolled in the CACFP must allow at least one and a half hours between the end of a snack and the beginning of another meal and they must allow three hours between the end of one meal to the beginning of the next meal. CACFP requirements differ from state to state; see CACFP's Website for current recommendations.

**4.5.0.1: Developmentally Appropriate Seating and Utensils for Meals.**

The child care staff should ensure that children who do not require highchairs are comfortably seated at tables that are between waist and mid-chest level and allow the seated child's feet to rest on a firm surface. All furniture and eating utensils that a child care facility uses should make it possible for children to eat at their best skill level and to increase their eating skill.

**4.5.0.2: Tableware and Feeding Utensils.**

Tableware and feeding utensils should meet the following requirements: a) Dishes should have smooth, hard, glazed surfaces and should be free from cracks or chips. Sharp-edged plastic utensils (intended for use in the mouth) or dishes that have sharp or jagged edges should not be used; b) Imported dishes and imported ceramic dishware or pottery should be certified by the regulatory health authority to meet U.S. standards and to be safe from lead or other heavy metals before they can be used; c) Disposable tableware (such as plates, cups, utensils made of heavy weight paper, food-grade medium-weight or BPA- or phthalates-free plastic) should be permitted for single service if they

are discarded after use. The facility should not use foam tableware for children under four years of age; d) Single-service articles (such as napkins, paper placemats, paper tablecloths, and paper towels) should be discarded after one use; e) Washable bibs, placemats, napkins, and tablecloths, if used, should be laundered or washed, rinsed, and sanitized after each meal. Fabric articles should be sanitized by being machine-washed and dried after each use; f) Highchair trays, plates, and all items used in food service that are not disposable should be washed, rinsed, and sanitized. Highchair trays that are used for eating should be washed, rinsed, and sanitized just before and immediately after they are used for eating. Children who eat at tables should have disposable or washed and sanitized plates for their food; g) All surfaces in contact with food should be lead-free; h) Tableware and feeding utensils should be child-sized and developmentally appropriate.

**4.5.0.3: Activities That Are Incompatible With Eating.** Children should be seated when eating.

Caregivers/teachers should ensure that children do not eat when standing, walking, running, playing, lying down, watching TV, playing on the computer, or riding in vehicles.

Children should not be allowed to continue to feed themselves or continue to be assisted with feeding themselves if they begin to fall asleep while eating. Caregivers/teachers should check that no food is left in a child's mouth before laying a child down to sleep.

**4.5.0.4: Socialization During Meals.** Caregivers/teachers and children should sit at the table and eat the meal or snack together. Family style meal service, with the serving platters, bowls, and pitchers on the table so all present can serve themselves, should be encouraged, except for infants and very young children who require an adult to feed them. A separate utensil should be used for serving. Children should not handle foods that they will not be consuming. The adults should encourage, but not force, the children to help themselves to all food components offered at the meal. When eating meals with children, the adult(s) should eat items that meet nutrition standards. The adult(s) should encourage social interaction and conversation, using vocabulary related to the concepts of color, shape, size, quantity, number, temperature of food, and events of the day. Extra assistance and time should be provided for slow eaters. Eating should be an enjoyable experience at the facility and at home. Special accommodations should be made for children who cannot have the food that is being served. Children who need limited portion sizes should be taught and monitored.

**4.5.0.5: Numbers of Children Fed Simultaneously By One Adult.** One adult should not feed more than one infant or three children who need adult assistance with feeding at the same time.

**4.5.0.6: Adult Supervision of Children Who Are Learning to Feed Themselves.** Children in mid-infancy who are learning to feed themselves should be supervised by an adult seated within arm's reach of them at all times while they are being fed. Children over twelve months of age who can feed themselves should be supervised by an adult who is seated at the same table or within arm's reach of the child's highchair or feeding table. When eating, children should be within sight of an adult at all times.

**4.5.0.7: Participation of Older Children and Staff in Mealtime Activities.** Both older children and staff should be actively involved in serving food and other mealtime activities, such as setting and cleaning the table. Staff should supervise and assist children with appropriate handwashing procedures before and after meals and sanitizing of eating surfaces and utensils to prevent cross contamination.

**4.5.0.8: Experience with Familiar and New Foods.** In consultation with the family and the nutritionist/registered dietitian, caregivers/teachers should offer children familiar foods that are typical of the child's culture and religious preferences and should also introduce a variety of healthful foods that may not be familiar, but meet a child's nutritional needs. Experiences with new foods can include tasting and swallowing but also include engagement of all senses (seeing, smelling, speaking, etc.) to facilitate the introduction of these new foods.

**4.5.0.9: Hot Liquids and Foods.** Adults should not consume hot liquids above 120°F in child care areas (3). Hot liquids and hot foods should be kept out of the reach of infants, toddlers, and preschoolers. Hot liquids and foods should not be placed on a surface at a child's level, at the edge of a table or counter, or on a tablecloth that could be yanked down. Appliances containing hot liquids, such as coffee pots and crock pots, should be kept out of the reach of children. Electrical cords from any appliance, including coffee pots, should not be allowed to hang within the reach of children. Food preparers should position pot handles toward the back of the stove and use only back burners when possible.

**4.5.0.10: Food That Are Choking Hazards.** Caregivers/teachers should not offer to children under four years of age foods that are associated with young children's choking incidents (round, hard, small, thick and sticky, smooth, compressible or dense, or slippery). Examples of these foods are hot dogs and other meat sticks (whole or sliced into rounds), raw carrot rounds, whole grapes, hard candy, nuts, seeds, raw peas, hard pretzels, chips, peanuts, popcorn, rice cakes, marshmallows, spoonfuls of peanut butter, and chunks of meat larger than can be swallowed whole. Food for infants should be cut into pieces one-quarter inch or smaller, food for toddlers should be cut into pieces one-half



inch or smaller to prevent choking. In addition to the food monitoring, children should always be seated when eating to reduce choking hazards. Children should be supervised while eating, to monitor the size of food and that they are eating appropriately (for example, not stuffing their mouths full).

**4.5.0.11: Prohibited Uses of Food.** Caregivers shall encourage, but not force, children to eat. Caregivers shall not use food as a reward or punishment.

**4.6.0.1: Selection and Preparation of Food Brought From Home.** The parent/guardian may provide meals for the child upon written agreement between the parent/guardian and the staff. Food brought into the facility should have a clear label showing the child's full name, the date, and the type of food. Lunches and snacks the parent/guardian provides for one individual child's meals should not be shared with other children. When foods are brought to the facility from home or elsewhere, these foods should be limited to those listed in the facility's written policy on nutritional quality of food brought from home. Potentially hazardous and perishable foods should be refrigerated and all foods should be protected against contamination.

**4.6.0.2: Nutritional Quality of Food Brought From Home.** The facility should provide parents/guardians with written guidelines that the facility has established a comprehensive plan to meet the nutritional requirements of the children in the facility's care and suggested ways parents/guardians can assist the facility in meeting these guidelines. The facility should develop policies for foods brought from home, with parent/guardian consultation, so that expectations are the same for all families (1,2). The facility should have food available to supplement a child's food brought from home if the food brought from home is deficient in meeting the child's nutrient requirements. If the food the parent/guardian provides consistently does not meet the nutritional or food safety requirements, the facility should provide the food and refer the parent/guardian for consultation to a nutritionist/registered dietitian, to the child's primary care provider, or to community resources with trained nutritionists/registered dietitians (such as The Women, Infants and Children [WIC] Supplemental Food Program, extension services, and health departments).

**4.7.0.1: Nutrition Learning Experiences For Children.** The facility should have a nutrition plan that integrates the introduction of food and feeding experiences with facility activities and home feeding. The plan should include opportunities for children to develop the knowledge and skills necessary to make appropriate food choices. For centers, this plan should be a written plan and should be the shared responsibility of the entire staff, including directors and food service personnel, together with parents/guardians. The nutrition plan should be developed with guidance from, and should be approved by, the nutritionist/registered dietitian or child care health consultant. Caregivers/teachers should teach children about the taste, smell, texture of foods, and vocabulary and language skills related to food and eating. The children should have the opportunity to feel the textures and learn the different colors, sizes, and shapes of foods and the nutritional benefits of eating healthy foods. Children should also be taught about appropriate portion sizes. The teaching should be evident at mealtimes and during curricular activities, and emphasize the pleasure of eating. Caregivers/teachers need to be aware that children between the ages of two- and five-years-old are often resistant to trying new foods and that food acceptance may take eight to fifteen times of offering a food before it is eaten (14).

**4.7.0.2: Nutrition Education for Parents/Guardians.** Parents/guardians should be informed of the range of nutrition learning activities provided in the facility. Formal nutrition information and education programs should be conducted at least twice a year under the guidance of the nutritionist/registered dietitian based on a needs assessment for nutrition information and education as perceived by families and staff. Informal programs should be implemented during the "teachable moments" throughout the year.

**4.8.0.1: Food Preparation Area.**

The food preparation area of the kitchen should be separate from eating, play, laundry, toilet, and bathroom areas and from areas where animals are permitted. The food preparation area should not be used as a passageway while food is being prepared. Food preparation areas should be separated by a door, gate, counter, or room divider from areas the children use for activities unrelated to food, except in small family child care homes when separation may limit supervision of children.

Infants and toddlers should not have access to the kitchen in child care centers. Access by older children to the kitchen of centers should be permitted only when supervised by staff members who have been certified by the nutritionist/registered dietitian or the center director as qualified to follow the facility's sanitation and safety procedures.

In all types of child care facilities, children should never be in the kitchen unless they are directly supervised by a caregiver/teacher. Children of preschool-age and older should be restricted from access to areas where hot food is being prepared. School-age children may engage in food preparation activities with adult supervision in the kitchen or the classroom. Parents/guardians and other adults should be permitted to use the kitchen only if they know and

follow the food safety rules of the facility. The facility should check with local health authorities about any additional regulations that apply.

**4.8.0.3: Maintenance of Food Service Surfaces and Equipment.** All surfaces that come into contact with food, including tables and countertops, as well as floors and shelving in the food preparation area should be in good repair, free of cracks or crevices, and should be made of smooth, nonporous material that is kept clean and sanitized. All kitchen equipment should be clean and should be maintained in operable condition according to the manufacturer's guidelines for maintenance and operation. The facility should maintain an inventory of food service equipment that includes the date of purchase, the warranty date, and a history of repairs.

**4.8.0.4: Food Preparation Sinks.** The sink used for food preparation should not be used for handwashing or any other purpose. Handwashing sinks and sinks involved in diaper changing should not be used for food preparation. All food service sinks should be supplied with hot and cold running water under pressure.

**4.8.0.6: Maintaining Safe Food Temperatures.**

The facility should use refrigerators that maintain food temperatures of 41°F or lower in all parts of the food storage areas, and freezers should maintain temperatures of 0°F or lower in food storage areas.

Thermometers with markings in no more than 2° increments should be provided in all refrigerators, freezers, ovens, and holding areas for hot and cold foods. Thermometers should be clearly visible, easy to read, and accurate, and should be kept in working condition and regularly checked. Thermometers should be mercury free.

**4.8.0.7: Ventilation Over Cooking Surfaces.**

In centers using commercial cooking equipment to prepare meals, ventilation should be equipped with an exhaust system in compliance with the applicable building, mechanical, and fire codes. These codes may vary slightly with each locale, and centers are responsible to ensure their facilities meet the requirements of these codes (1-2).

All gas ranges in centers should be mechanically vented and fumes filtered prior to discharge to the outside. All vents and filters should be maintained free of grease build-up and food spatters, and in good repair.

**4.8.0.8: Microwave Ovens.**

Microwave ovens should be inaccessible to all children, with the exception of school-age children under close adult supervision. Any microwave oven in use in a child care facility should be manufactured after October 1971 and should be in good condition. While the microwave is being used, it should not be left unattended.

If foods need to be heated in a microwave: a) Avoid heating foods in plastic containers; b) Avoid transferring hot foods/drinks into plastic containers; c) Do not use plastic wrap or aluminum foil in the microwave; d) Avoid plastics for food and beverages labeled "3" (PVC), "6" (PS), and "7" (polycarbonate); e) Stir food before serving to prevent burns from hot spots.

**4.9.0.1: Compliance with USDA Food Sanitation Standards, State and Local Rules.** The facility should conform to the applicable portions of the U.S. Food and Drug Administration model food sanitation standards (1) and all applicable state and local food service rules and regulations for centers and large and small family child care homes regarding safe food protection and sanitation practices. If federal model standards and local regulations are in conflict, the health authority with jurisdiction should determine which requirement the facility must meet.

**4.9.0.2: Staff Restricted From Food Preparation Food Handling.** Anyone who has signs or symptoms of illness, including vomiting, diarrhea, and infectious skin sores that cannot be covered, or who potentially or actually is infected with bacteria, viruses or parasites that can be carried in food, should be excluded from food preparation and handling. Staff members may not contact exposed, ready-to-eat food with their bare hands and should use suitable utensils such as deli tissue, spatulas, tongs, single-use gloves, or dispensing equipment. No one with open or infected skin eruptions should work in the food preparation area unless the injuries are covered with nonporous (such as latex or vinyl), single use gloves.

In centers and large family child care homes, staff members who are involved in the process of preparing or handling food should not change diapers. Staff members who work with diapered children should not prepare or serve food for older groups of children. When staff members who are caring for infants and toddlers are responsible for changing diapers, they should handle food only for the infants and toddlers in their groups and only after thoroughly washing their hands. Caregivers/teachers who prepare food should wash their hands carefully before handling any food, regardless of whether they change diapers. When caregivers/teachers must handle food, staffing assignments should be made to foster completion of the food handling activities by caregivers/teachers of older children, or by caregivers/teachers of infants and toddlers before the caregiver/teacher assumes other caregiving duties for that day. Aprons worn in the food service area must be clean and should be removed when diaper changing or when using the toilet.

**4.9.0.3: Precautions for a Safe Food Supply.** All foods stored, prepared, or served should be safe for human consumption by observation and smell (1-2). The following precautions should be observed for a safe food supply: a) Home-canned food; food from dented, rusted, bulging, or leaking cans, and food from cans without labels should not be used; b) Foods should be inspected daily for spoilage or signs of mold, and foods that are spoiled or moldy should be promptly and appropriately discarded; c) Meat should be from government-inspected sources or otherwise approved by the governing health authority (3); d) All dairy products should be pasteurized and Grade A where applicable; e) Raw, unpasteurized milk, milk products; unpasteurized fruit juices; and raw or undercooked eggs should not be used. Freshly squeezed fruit or vegetable juice prepared just prior to serving in the child care facility is permissible; e) Unless a child's health care professional documents a different milk product, children from twelve months to two years of age should be served only human milk, formula, whole milk or 2% milk (6). Note: For children between twelve months and two years of age for whom overweight or obesity is a concern or who have a family history of obesity, dyslipidemia, or CVD, the use of reduced-fat milk is appropriate only with written documentation from the child's primary health care professional (4). Children two years of age and older should be served skim or 1% milk. If cost-saving is required to accommodate a tight budget, dry milk and milk products may be reconstituted in the facility for cooking purposes only, provided that they are prepared, refrigerated, and stored in a sanitary manner, labeled with the date of preparation, and used or discarded within twenty-four hours of preparation; f) Meat, fish, poultry, milk, and egg products should be refrigerated or frozen until immediately before use (5); g) Frozen foods should be defrosted in one of four ways: In the refrigerator; under cold running water; as part of the cooking process, or by removing food from packaging and using the defrost setting of a microwave oven (5). Note: Frozen human milk should not be defrosted in the microwave; h) Frozen foods should never be defrosted by leaving them at room temperature or standing in water that is not kept at refrigerator temperature (5); i) All fruits and vegetables should be washed thoroughly with water prior to use (5); j) Food should be served promptly after preparation or cooking or should be maintained at temperatures of not less than 135°F for hot foods and not more than 41°F for cold foods (12); k) All opened moist foods that have not been served should be covered, dated, and maintained at a temperature of 41°F or lower in the refrigerator or frozen in the freezer, verified by a working thermometer kept in the refrigerator or freezer (12); l) Fully cooked and ready-to-serve hot foods should be held for no longer than thirty minutes before being served, or promptly covered and refrigerated; m) Pasteurized eggs or egg products should be substituted for raw eggs in the preparation of foods such as Caesar salad, mayonnaise, meringue, eggnog, and ice cream. Pasteurized eggs or egg products should be substituted for recipes in which more than one egg is broken and the eggs are combined, unless the eggs are cooked for an individual child at a single meal and served immediately, such as in omelets or scrambled eggs; or the raw eggs are combined as an ingredient immediately before baking and the eggs are fully cooked to a ready-to-eat form, such as a cake, muffin or bread; n) Raw animal foods should be fully cooked to heat all parts of the food to a temperature and for a time of; 145°F or above for fifteen seconds for fish and meat; 160°F for fifteen seconds for chopped or ground fish, chopped or ground meat or raw eggs; or 165°F or above for fifteen seconds for poultry or stuffed fish, stuffed meat, stuffed pasta, stuffed poultry or stuffing containing fish, meat or poultry.

**4.9.0.4: Leftovers.** Food returned from individual plates and family style serving bowls, platters, pitchers, and unrefrigerated foods into which microorganisms are likely to have been introduced during food preparation or service, should be immediately discarded. Unserved perishable food should be covered promptly for protection from contamination, should be refrigerated immediately, and should be used within twenty-four hours. "Perishable foods" include those foods that are subject to decay, spoilage or bacteria unless it is properly refrigerated or frozen (1). Hot food can be placed directly in the refrigerator or it can be rapidly chilled in an ice or cold water bath before refrigerating. Hot foods should be promptly cooled first before they are fully covered in the refrigerator. Prepared perishable foods that have not been maintained at safe temperatures for two hours or more should be discarded immediately. If the air or room temperature is above 90°F, this time is reduced to one hour after which the food should be discarded (2). "Safe temperatures" mean keeping foods cold (below 41°F) or hot (above 135°F) (4).

**4.9.0.5: Preparation for and Storage of Food in the Refrigerator.** All food stored in the refrigerator should be tightly covered, wrapped, or otherwise protected from direct contact with other food. Hot foods to be refrigerated and stored should be transferred to shallow containers in food layers less than three inches deep and refrigerated immediately. These foods should be covered when cool. Any pre-prepared or leftover foods that are not likely to be served the following day should be labeled with the date of preparation before being placed in the refrigerator. The basic rule for serving food should be, "first food in, first food out" (1-3).

In the refrigerator, raw meat, poultry and fish should be stored below cooked or ready to eat foods.

**4.9.0.6: Storage of Foods Not Requiring Refrigeration.** Foods not requiring refrigeration should be stored at least six inches above the floor in clean, dry, well-ventilated storerooms or other approved areas (1,2). Food products should be stored in such a way (such as in nonporous containers off the floor) as to prevent insects and rodents from entering the products.

**4.9.0.7: Storage of Dry Bulk Foods.** Dry, bulk foods that are not in their original, unopened containers should be stored off the floor in clean metal, glass, or food-grade plastic containers with tight-fitting covers. All bulk food containers should be labeled and dated, and placed out of children's reach. Children should be permitted to handle household-size food containers during adult-supervised food preparation and cooking activities and when the container holds a single serving of food intended for that child's consumption.

**4.9.0.8: Supply of Food and Water for Disasters.** In areas where natural disasters (such as earthquakes, blizzards, tornadoes, hurricanes, floods) occur, a seventy-two hour supply of food and water should be kept in stock for each child and staff member (1). For some areas, an additional thirty-six hour supply may be needed, for example those areas at risk during hurricane season. The supply of food and water should be dated to know by which time it should be used to avoid its expiration date.

**4.9.0.9: Cleaning of Food Areas and Equipment.** Areas and equipment used for storage, preparation, and service of food should be kept clean. All of the food preparation, food service, and dining areas should be cleaned and sanitized before and after use. Food preparation equipment should be cleaned and sanitized after each use and stored in a clean and sanitary manner, and protected from contamination. Sponges should not be used for cleaning and sanitizing. Disposable paper towels should be used. If washable cloths are used, they should be used once, then stored in a covered container and thoroughly washed daily. Microfiber cloths are preferable to cotton or paper towels for cleaning tasks because of microfiber's numerous advantages, including its long-lasting durability, ability to remove microbes, ergonomic benefits, superior cleaning capability and reduction in the amount of chemical needed.

**4.9.0.10: Cutting Boards.** Cutting boards should be made of nonporous material and should be scrubbed with hot water and detergent and sanitized between uses for different foods or placed in a dishwasher for cleaning and sanitizing. The facility should not use porous wooden cutting boards, boards made with wood components, and boards with crevices and cuts. Only hard maple or an equivalently hard, close-grained wood (e.g. oak) may be used for cutting boards.

**4.9.0.11: Dishwashing in Centers.** Centers should provide a three-compartment dishwashing area with dual integral drain boards or an approved dishwasher capable of sanitizing multi-use utensils. If a dishwasher is installed, there should be at least a two-compartment sink with a spray unit. If a dishwasher or a combination of dish pans and sink compartments that yield the equivalent of a three-compartment sink is not used, paper cups, paper plates and plastic utensils should be used and should be disposed of after every use.

**4.9.0.12: Dishwashing in Small and Large Family Child Care Homes.** Small and large family child care homes should provide a three-compartment dishwashing arrangement or a dishwasher. At least a two-compartment sink or a combination of dish pans and sink compartments should be installed to be used in conjunction with a dishwasher to wash, rinse, and sanitize dishes. The dishwashing machine must incorporate a chemical or heat sanitizing process. If a dishwasher or a three-compartment dishwashing arrangement is not used, paper cups, paper plates and plastic utensils should be used and should be disposed of after every use.

**4.9.0.13: Method for Washing Dishes By Hand.** If the facility does not use a dishwasher, reusable food service equipment and eating utensils should be first scraped to remove any leftover food, washed thoroughly in hot water containing a detergent solution, rinsed, and then sanitized by one of the following methods: a) Immersion for at least two minutes in a lukewarm (not less than 75°F) chemical sanitizing solution (bleach solution of a least 100 parts per million by mixing 1 1/2 teaspoons of domestic bleach per gallon of water). The sanitized items should be air-dried; b) Immersed in an EPA-registered sanitizer following the manufacturer's instructions for preparation and use; c) Complete immersion in hot water and maintenance at a temperature of 170 °F for not less than thirty seconds. The items should be air-dried (1); d) other methods if approved by the health department.

**4.10.0.1: Approved Off-Site Food Services.** Food provided by a central kitchen or vendor to off-site locations shall be obtained from sources approved and inspected by the local health authority.

**4.10.0.2: Food Safety During Transport.** After preparation, food should be transported promptly in clean, covered, and temperature-controlled containers. Hot foods should be maintained at temperatures not lower than 135°F, and cold foods should be maintained at temperatures of 41°F or lower (1). Hot foods may be allowed to cool to 110°F or lower before serving to young children as long as the food is cooked to appropriate temperatures and the time at room temperature does not exceed two hours (or if room temperature is above 90°F then the time does not exceed one hour) (2). The temperature of foods should be checked with a working food-grade, metal probe thermometer.



**4.10.0.3: Holding of Food Prepared at Off-Site Food Service Facilities.** Centers receiving food from an off-site food service facility shall have provisions for the proper holding and serving of food and washing of utensils to meet the requirements of the Food and Drug Administration's Model Food Code and the standards approved by the State or local health authority (1).

**5.2.1.6: Ventilation to Control Odors.** Odors in toilets, bathrooms, diaper changing, and other inhabited areas of the facility should be controlled by ventilation and appropriate cleaning and disinfecting. Toilets and bathrooms, janitorial closets, and rooms with utility sinks or where wet mops and chemicals are stored should be mechanically ventilated to the outdoors with local exhaust mechanical ventilation to control and remove odors in accordance with local building codes. Chemical air fresheners or air sanitizers should not be used. Adequate ventilation should be maintained during any cleaning, sanitizing or disinfecting procedure to prevent children and caregivers/teachers from inhaling potentially toxic fumes.

**5.2.1.14: Water Heating Devices and Temperatures Allowed.** Facilities should have water heating devices connected to the water supply system as required by the regulatory authority. These facilities should be capable of heating water to at least 120°F. Hot water temperature at sinks used for handwashing, or where the hot water will be in direct contact with children, should be at a temperature of at least 60°F and not exceeding 120°F. Scald-prevention devices, such as special faucets or thermostatically controlled valves, should be permanently installed, if necessary, to provide this temperature of water at the faucet. Where a dishwasher is used, it should have the capacity to heat water to at least 140°F for the dishwasher (with scald preventing devices that prohibit the opening of the dishwasher during operation cycle).

**5.2.9.1: Use and Storage of Toxic Substances.** The following items should be used as recommended by the manufacturer and should be stored in the original labeled containers: a) Cleaning materials; b) Detergents; c) Automatic dishwasher detergents; d) Aerosol cans; e) Pesticides; f) Health and beauty aids; g) Medications; h) Lawn care chemicals; i) Other toxic materials.

Material Safety Data Sheets (MSDS) must be available onsite for each hazardous chemical that is on the premises. These substances should be used only in a manner that will not contaminate play surfaces, food, or food preparation areas, and that will not constitute a hazard to the children or staff. When not in active use, all chemicals used inside or outside should be stored in a safe and secure manner in a locked room or cabinet, fitted with a child-resistant opening device, inaccessible to children, and separate from stored medications and food.

Chemicals used in lawn care treatments should be limited to those listed for use in areas that can be occupied by children. Medications can be toxic if taken by the wrong person or in the wrong dose. Medications should be stored safely (see Standard 3.6.3.1) and disposed of properly (see Standard 3.6.3.2).

The telephone number for the poison center should be posted in a location where it is readily available in emergency situations (e.g., next to the telephone). Poison centers are open twenty-four hours a day, seven days a week, and can be reached at 1-800-222-1222.

**5.4.1.1: General Requirements for the Toilet and Handwashing Areas.**

Clean toilet and handwashing facilities should be located in the best place to meet the developmental needs of children. For infant areas, toilets and handwashing facilities are for adult rather than child use. They should be located within the infant area to reduce staff absence. For toddler areas, toilet and handwashing facilities should be located in or adjacent to the toddler rooms. For preschool and school-age children, toilet and handwashing facilities should be located near the entrance to the group room and near the entrance to the playground. If both entrances are close to each other, then only one set of toilet and handwashing facilities is needed.

**5.4.1.2: Location of Toilets and Privacy Issues.** Toilets should be located in rooms separate from those used for cooking or eating. If toilets are not on the same floor as the child care area and not within sight or hearing of a caregiver/teacher, an adult should accompany children younger than five years of age to and from the toilet area. In centers, males and females who are six years of age and older should have separate and private toilet facilities. Younger children who request privacy and have shown capability to use toilet facilities properly should be given permission to use separate and private toilet facilities.

**5.4.1.3: Ability to Open Toilet Room Doors.** Children shall be able to easily open every toilet room door from the inside, and caregivers shall be able to easily open toilet-room doors from the outside if adult assistance is required.

**5.4.1.4: Preventing Entry to Toilet Rooms by Infants and Toddlers.** Toilet rooms shall have barriers that prevent entry by toddlers who are unattended. Toddlers shall be supervised by sight and sound at all times.

**5.4.1.5: Chemical Toilets.** Chemical toilets shall not be used in child care facilities unless they are provided as a temporary measure in the event that the facility's normal plumbed toilets are not functioning. In the event that chemical toilets may be required on a temporary basis, the child care operator shall seek approval from the regulatory health agency.

**5.4.1.6: Ratio of Toilets, Urinals and Hand Sinks to Children.** Toilets and hand sinks should be easily accessible to children and facilitate adult supervision. The number of toilets and hand sinks should be subject to the following minimums:

- a. Toddlers:
  1. If each group size is less than ten children, provide one sink and one toilet per group.
- b. Preschool-age children:
  1. If each group size is less than ten children, provide one sink and one toilet per group;
  2. If each group size is between ten to sixteen children, provide two sinks and two flush toilets for each group.
- c. School-age children:
  1. If each group size is less than ten children, provide one sink and one toilet per group;
  2. If each group size is between ten to twenty children, provide two sinks and two toilets per group.

Provide separation of male and female toilets.

**5.4.1.7: Toilet Learning/Training Equipment.** Equipment used for toilet learning/training should be provided for children who are learning to use the toilet. Child-sized toilets or safe and cleanable step aids and modified toilet seats (where adult-sized toilets are present) should be used in facilities. Non-flushing toilets (i.e., potty chairs) should be strongly discouraged. If child-sized toilets, step aids, or modified toilet seats cannot be used, non-flushing toilets (potty chairs) meeting the following criteria should be provided for toddlers, preschoolers, and children with disabilities who require them. Potty chairs should be: a) Easily cleaned and disinfected; b) Used only in a bathroom area; c) Used over a surface that is impervious to moisture; d) Out of reach of toilets or other potty chairs; e) Cleaned and disinfected after each use in a sink used only for cleaning and disinfecting potty chairs.

Equipment used for toilet learning/training should be accessible to children only under direct supervision.

The sink used to clean and disinfect the potty chair should also be cleaned and disinfected after each use.

**5.4.1.8: Equipment Used for Cleaning and Disinfecting Toileting Equipment.** Utility gloves and equipment designated for cleaning and disinfecting toilet learning/training equipment and flush toilets should be used for each cleaning and should not be used for other cleaning purposes. Utility gloves should be washed with soapy water and dried after each use.

**5.4.1.9: Waste Receptacles in the Child Care Facility and in Child Care Facility Toilet Room(s).** Waste receptacles in toilet rooms shall be kept clean and in good repair, and emptied daily. Toilet rooms should have at least one plastic-lined waste receptacle with a foot-pedal operated lid.

**5.4.1.10: Handwashing Sinks.** A handwashing sink shall be accessible without barriers (such as doors) to each child care area. In areas for infants, toddlers, and preschoolers, the sink shall be located so the caregiver may visually supervise the group of children while carrying out routine handwashing or having children wash their hands. Sinks shall be placed at the child's height or be equipped with a stable step platform to make the sink available to children. If a platform is used, it shall have slip-proof steps and platform surface. Also, each sink shall be equipped so that the user has access to: a) Water, at a temperature at least 60 and no hotter than 120 degrees F; b) A foot-pedal operated, electric-eye operated, open, self-closing, slow-closing, or metering faucet that provides a flow of water for at least 30 seconds without the need to reactivate the faucet; c) A supply of hand cleansing liquid soap; d) Disposable single-use cloth or paper towels or a heated-air hand-drying device with heat guards to prevent contact with surfaces that get hotter than 110 degrees F. A steam tap or a water tap that provides hot water that is hotter than 120 degrees F may not be used at a handwashing sink.

**5.4.1.11: Prohibited Uses of Handwashing Sinks.** Handwashing sinks shall not be used for rinsing soiled clothing or for the disposal of any waste water used in cleaning the facility.

**5.4.1.12: Mop Sinks.** Centers with more than 30 children shall have a mop sink. Large and small family child-care homes shall have a means of obtaining clean water for mopping and disposing of it in a toilet or in a sink used only for such purposes.

**5.4.2.1: Diaper Changing Tables.** The facility shall have at least one diaper changing table per infant group or toddler group to allow sufficient time for changing diapers and for cleaning and sanitizing between children. Diaper changing tables and sinks shall be used only by the children in the group whose routine care is provided together throughout their time in child care. The facility shall not permit shared use of diaper changing tables and sinks by more than one group.

**5.4.2.2: Handwashing Sinks for Diaper Changing Areas in Centers.** Handwashing sinks in centers should be provided within arm's reach of the caregiver/teacher to diaper changing tables and toilets. A minimum of one handwashing sink should be available for every two changing tables. Where infants and toddlers are in care, sinks and diaper changing tables should be assigned for use to a specific group of children and used only by children and

adults who are in the assigned group as defined by Standard 5.4.2.1. Handwashing sinks should not be used for bathing or removing smeared fecal material.

**5.4.2.3: Handwashing Sinks for Diaper Changing Areas in Homes.** Handwashing sinks in large and small family child care homes should be supplied for diaper changing, as specified in Standard 5.4.2.2, except that they should be within ten feet of the changing table if the diapering area cannot be set up so the sink is adjacent to the changing table. If diapered toddlers and preschool-age children are in care, a stepstool should be available at the handwashing sink, as specified in Standard 5.4.1.10, so smaller children can stand at the sink to wash their hands. Handwashing sinks should not be used for bathing or removing smeared fecal material.

**5.4.2.4: Use, Location and Setup of a Diaper Changing Area.** Infants and toddlers should be diapered only in the diaper changing area. Children should be discouraged from remaining in or entering the diaper changing area. The contaminated surfaces of waste containers should not be accessible to children.

Diaper changing areas and food preparation areas should be physically separated. Diaper changing should not be conducted in food preparation areas or on surfaces used for other purposes. Food and drinking utensils should not be washed in sinks located in diaper changing areas.

The diaper changing area should be set up so that no other surface or supply container is contaminated during diaper changing. Bulk supplies should not be stored on or brought to the diaper changing surface. Instead, the diapers, wipes, gloves, a thick layer of diaper cream on a piece of disposable paper, a plastic bag for soiled clothes, and disposable paper to cover the table in the amount needed for a specific diaper change will be removed from the bulk container or storage location and placed on or near the diaper changing surface before bringing the child to the diaper changing area. Conveniently located, washable, plastic-lined, tightly covered, hands-free receptacles, should be provided for soiled cloths and linen containing body fluids.

Where only one staff member is available to supervise a group of children, the diaper changing table should be positioned to allow the staff member to maintain constant sight and sound supervision of children.

**5.4.2.5: Changing Table Requirements.** Changing tables should meet the following requirements: a) Have impervious, nonabsorbent, smooth surfaces that do not trap soil and are easily disinfected; b) Be sturdy and stable to prevent tipping over; c) Be at a convenient height for use by caregivers/teachers (between twenty-eight and thirty-two inches high); d) Be equipped with railings or barriers that extend at least six inches above the change surface.

**5.4.3.1: Ratio and Location of Bathtubs and Showers.** The facility shall have one bathtub or shower for every six children receiving overnight care. If the facility is caring for infants, it shall have age-appropriate bathing facilities for them. Bathtubs and showers, when required or used as part of the daily program, shall be located within the facility or in an approved building immediately adjacent to it.

**5.4.3.2: Safety of Bathtubs and Showers.** All bathing facilities should have a conveniently located grab bar that is mounted at a height appropriate for a child to use. Nonskid surfaces should be provided in all tubs and showers. Bathtubs should be equipped with a mechanism to guarantee that drains are kept open at all times, except during supervised use. Water temperature should not exceed 120°F and anti-scald devices should be permanently installed in the faucet and shower head.

**5.6.0.4: Microfiber Cloths, Rags, and Disposable Towels and Mops Used for Cleaning.** Microfiber cloths should be preferred for cleaning. They should be laundered between each use. If microfiber cloths are not appropriate for use, disposable towels should be preferred for cleaning. If clean reusable rags are used, they should be laundered separately between each one-time use for cleaning. Disposable towels should be sealed in a plastic bag and removed to outside garbage. Cloth rags should be placed in a closed, foot-operated, plastic-lined receptacle until laundering. When a mop is needed, microfiber mops should be considered as a preferred cleaning method over conventional loop mops. Use of sponges in child care facilities for cleaning purposes is not recommended.

**6.2.5.1: Inspection of Indoor and Outdoor Play Areas and Equipment.** The indoor and outdoor play areas and equipment should be inspected daily for the following: a) Missing or broken parts; b) Protrusion of nuts and bolts; c) Rust and chipping or peeling paint; d) Sharp edges, splinters, and rough surfaces; e) Stability of handholds; f) Visible cracks; g) Stability of non-anchored large play equipment (e.g., playhouses); h) Wear and deterioration. Observations should be documented and filed, and the problems corrected. Facilities should conduct a monthly inspection as outlined in Appendix EE, America's Playgrounds Safety Report Card.

#### **9.2.3.10: Sanitation Policies and Procedures.**

The child care facility should have written sanitation policies and procedures for the following items: a) Maintaining equipment used for hand hygiene, toilet use, and toilet learning/training in a sanitary condition; b) Maintaining diaper changing areas and equipment in a sanitary condition; c) Maintaining toys in a sanitary condition; d) Managing animals in a safe and sanitary manner; e) Practicing proper handwashing and diapering procedures (the facility should display proper handwashing instruction signs conspicuously); f) Practicing proper personal hygiene

of caregivers/teachers and children; g) Practicing environmental sanitation policies and procedures, such as sanitary disposal of soiled diapers; h) Maintaining sanitation for food preparation and food service.

**9.2.3.11: Food and Nutrition Service Policies and Plans.**

The facility should have food handling, feeding, and nutrition policies and plans under the direction of the administration that address the following items and assigns responsibility for each: a) Kitchen layout; b) Food budget; c) Food procurement and storage; d) Menu and meal planning; e) Food preparation and service; f) Kitchen and meal service staffing; g) Nutrition education for children, staff, and parents/guardians; h) Emergency preparedness for nutrition services; i) Food brought from home including food brought for celebrations; j) Age-appropriate portion sizes of food to meet nutritional needs; k) Age-appropriate eating utensils and tableware; l) Promotion of breastfeeding and provision of community resources to support mothers.

A nutritionist/registered dietitian and a food service expert should provide input for and facilitate the development and implementation of a written nutrition plan for the early care and education facility.

**9.4.2.5: Health History.**

The file for each child should include a health history completed by the parent/guardian at admission, preferably with staff involvement. This history should include the following: a) Identification of the child's medical home/primary care provider and dental home; b) Permission to contact these professionals in case of emergency; c) Chronic diseases/health issues currently under treatment; d) Developmental variations, sensory impairment, serious behavior problems or disabilities that may need consideration in the child care setting; e) Description of current physical, social, and language developmental levels; f) Current medications, medical treatments and other therapeutic interventions; g) Special concerns (such as allergies, chronic illness, pediatric first aid information needs); h) Specific diet restrictions, if the child is on a special diet; i) Individual characteristics or personality factors relevant to child care; j) Special family considerations; k) Dates of infectious diseases; l) Plans for medical emergencies; m) Any special equipment that might be needed; n) Special transportation adaptations.



## **APPENDIX B**

### **COMMUNITY RESOURCES**

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In your community, there are many people who can help you provide nutrition education and nutritious and safe food to the children. Use the spaces below to write down the telephone numbers for your community resources.

<i>Program/Person</i>	<i>Telephone Number</i>
Local Health Department	_____
Child and Adult Care Food Program	_____
Expanded Food and Nutrition Education Program (EFNEP)	_____
Head Start Program	_____
Community College Dietary Technician Program	_____
Cooperative Extension Service	_____
Child Care Nutrition Specialist	_____
WIC Nutritionist	_____
Local Sanitation Inspector	_____
Registered Dietitian	_____
University Extension Food and Nutrition Specialist	_____
Home Economics/ Family Life Teacher	_____
Child Care Resource and Referral Agency	_____

In addition to these community resources, here are some telephone numbers for national hotlines where you can find help:

USDA Meat and Poultry Hotline (for information about food handling)	1-888-674-6854
Hours: 10:00 am - 4:00 pm Monday-Friday, Eastern Time	

ADA Consumer Nutrition Hotline	1-800-366-1655
Hours: 9:00 am - 4:00 pm Monday-Friday, Central Time	

FDA Food Information and Seafood Hotline	1-888-SAFE FOOD
Hours: 12:00 pm - 4:00 pm Monday-Friday, Eastern Time	

## APPENDIX C

### RESOURCE LIST

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The materials in this list are for use by child care staff, children, or parents, or may be adapted for use in a child care setting. These materials provide additional information on topics discussed in this text.

**Bright Futures in Practice: Nutrition.** *National Center for Education in Maternal and Child Health.*

This book contains strategies and tools to help health professionals provide nutrition supervision (including screening, assessment, and counseling) and promote partnerships with families and communities.

<http://www.brightfutures.org/nutrition/>

**Bright Futures: Nutrition Family Fact Sheets.** *National Center for Education in Maternal and Child Health.*

Series of nutrition fact sheets for families organized by developmental periods

<http://www.brightfutures.org/nutritionfamfact/index.html>

**Caring For Our Children: National health and safety performance standards; Guidelines for early care and education programs** (3<sup>rd</sup> ed. 2011). American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care.

This book provides health and safety guidelines for early care and education programs.

<http://nrckids.org/>

**Child and Adult Care Food Program (CACFP)** at [www.fns.usda.gov/cnd/care](http://www.fns.usda.gov/cnd/care).

**Dole 5-a-Day Student Activities.** *Dole Food Company, Inc.*

Learn more about fruits and vegetables and the importance of eating five to nine servings every day

<http://www.dole5aday.com/>

**Feeding Infants: A Guide for Use in the Child Nutrition Programs.** *United States Department of Agriculture.*

Information on infant development, nutrition for infants, breastfeeding and formula feeding, preventing tooth decay, feeding solid foods, and other related topics

[http://www.fns.usda.gov/tn/Resources/feeding\\_infants.html](http://www.fns.usda.gov/tn/Resources/feeding_infants.html)

**Fit Source. Office of Child Care.** Web directory for child care providers on nutrition and physical activity resources.

<http://nccic.acf.hhs.gov/fitsource/>

**Healthy Habits for Healthy Kids—A Nutrition and Activity Guide for Parents.** *American Dietetic Association.*

Guide for parents that provides strategies for eating healthy and being physically active

[http://w2.anthem.com/bus\\_units/healthyliving/HealthyKids/index.html](http://w2.anthem.com/bus_units/healthyliving/HealthyKids/index.html)

**Iowa Department of Education.** Team Nutrition: Setting the Stage—Early Childhood Nutrition and Physical Activity Training Resources at [http://educateiowa.gov/index.php?option=com\\_content&view=article&id=431:team-nutrition-learning-tools&catid=440:nutrition-program-learning-tools&Itemid=446](http://educateiowa.gov/index.php?option=com_content&view=article&id=431:team-nutrition-learning-tools&catid=440:nutrition-program-learning-tools&Itemid=446)

**Kids' Health.** *Nemours Foundation.*  
Healthy game and activity links  
<http://www.kidshealth.org/kid/closet/>

**Kids in Action.** *Presidents Council on Physical Fitness and Sports.*  
Brochure featuring healthy recipes, fun games, information about how your body works and information for parents.  
[http://www.fitness.gov/Reading\\_Room/Kidsinactionbook.pdf](http://www.fitness.gov/Reading_Room/Kidsinactionbook.pdf)

**Let's Move Child Care**  
Resources and guidelines for child care staff to implement physical activity and healthy eating habits in their facilities.  
<http://healthykidshealthyfuture.org/welcome.html>

**Making Nutrition Count for Children: Nutrition Guidance for Child Care Homes.**  
*Department of Agricultural Food and Nutrition Service.*  
This booklet provides information on how children grow and develop, the nutrients they need for healthy growth and development, how to help children learn about food and eating, and information on the Food Guide Pyramid and the Dietary Guidelines for Americans.  
<http://teamnutrition.usda.gov/Resources/nutritioncount.html>

**Menu Planning Guide for Child Care Homes: Menu Magic for Children.** *Department of Agricultural Food and Nutrition Service.*  
This booklet provides information on the Child and Adult Care Food Program Meal Pattern requirements, serving quality meals and snacks, and tips on menu planning and grocery shopping.  
<http://teamnutrition.usda.gov/Resources/enumagic.html>

**Pediatric Nutrition Handbook (6<sup>th</sup> edition)– A Manual for Health Professionals, 2009.**  
*American Academy of Pediatrics.*  
This reference provides practicing clinicians with evidence-based guidance on a variety of childhood nutrition issues.  
[https://www.nfaap.org/netFORUM/eweb/DynamicPage.aspx?webcode=aapbks\\_productdetail&key=9dfb8d31-2c44-4424-9a90-32ed96aa6e71](https://www.nfaap.org/netFORUM/eweb/DynamicPage.aspx?webcode=aapbks_productdetail&key=9dfb8d31-2c44-4424-9a90-32ed96aa6e71)

**Position of the American Dietetic Association: Benchmarks for Nutrition Programs in Child Care Settings.** *American Dietetic Association.*  
This article presents the American Dietetic Association's position on standards for nutrition programs in child care settings.  
<http://www.eatright.org/About/Content.aspx?id=8366>

**Team Nutrition.** *United States Department of Agriculture.*

Initiative to support USDA Child Nutrition Programs through training and technical assistance for foodservice, nutrition education for children and their caregivers, and school and community support for healthy eating and physical activity

<http://www.fns.usda.gov/tn/>