

4 — NUTRITION STANDARDS

POLICY COMPONENT NUTRITION STANDARDS

POLICY AREAS

This section addresses best practices for nutrition standards in the child care environment including policy recommendations, rationale, implementation strategies and resources for *CACFP Meals and Snacks* and *Other Foods and Beverages* in the child care environment. The policy recommendations in this section are based on the Connecticut Child Care Nutrition Standards.

CACFP Meals and Snacks

CACFP meals and snacks are those meals and snacks that meet the USDA requirements and are reimbursable under the CACFP. Policy recommendations for CACFP meals and snacks address best practices for the following four policy areas:

- Menu Planning
- Nutrition Guidelines for Children
- Nutrition Guidelines for Infants
- Special Dietary Needs

Other Foods and Beverages

Other foods and beverages are items available in the child care setting that are not part of CACFP reimbursable meals and snacks. They might be provided by families (e.g., parent-provided meals and snacks or foods for celebrations), the CACFP facility (e.g., foods served at events and meetings) or outside groups (e.g., foods used as fundraisers). Policy recommendations for other foods and beverages address best practices for the following five policy areas:

- Parent-Provided Meals and Snacks
- Celebrations
- Functions, Events and Meetings
- Fundraising
- Access to Drinking Water

CONNECTICUT CHILD CARE NUTRITION STANDARDS

The policy recommendations for CACFP meals and snacks and other foods and beverages in the child care environment are based on the Connecticut Child Care Nutrition Standards (CCCNS). The CCCNS provides the healthiest choices in child care by promoting whole or minimally processed, nutrient-rich foods that are low in fat, added sugars and sodium. The standards reflect current nutrition science and national health recommendations from the Dietary Guidelines for Americans and national organizations, such as the National Academy of Sciences Institute of Medicine, American Academy of Pediatrics, American Dietetic Association and American Heart Association.

The CCCNS is based on the food groups of the CACFP meal patterns (see appendices A and B). Foods and beverages that do not contribute to the CACFP meal patterns are eliminated, e.g., potato chips, ice cream, frozen novelties, pudding, gelatin, candy, bacon, soda, lemonade and fruit-flavored drinks. The CCCNS also eliminates foods that are creditable in the CACFP meal patterns but contain little nutritional value, such as sweetened grain-based desserts (e.g., cakes, cookies, donuts and brownies), grain-based snack chips (e.g., tortilla chips, corn chips and multigrain chips), fried or baked pre-fried vegetables (e.g., french fries and potato puffs) and fried, baked pre-fried or high-fat meats and meat alternates (e.g., chicken nuggets, fish sticks, processed luncheon meats and process cheese foods). For specific information on the CCCNS, see appendix C.

When all foods and beverages meet the CCCNS, the child care program provides the healthiest choices for children and a consistent message about the importance of good nutrition.

To support children's health and reinforce nutrition education efforts, the CSDE strongly encourages all child care programs to follow the CCCNS for all foods and beverages served throughout the child care environment, including CACFP meals and snacks, celebrations, learning experiences, meetings and any other activities where foods and beverages are provided by the child care program or families.

RATIONALE FOR HEALTHY FOODS AND BEVERAGES IN CHILD CARE

The CCCNS eliminates foods and beverages that are high in fat, added sugars and sodium because children have many opportunities to consume these less nutritious choices outside child care. Serving only healthy foods and beverages in child care models healthy eating behaviors and helps children avoid excess calories. It helps parents balance children's food choices at home and gives children a better chance of meeting their daily MyPyramid recommendations. It also allows parents to determine whether and when their children have less nutritious foods. Current research on children's eating habits supports this approach because most children consume too many calories from fats and sugars.

DISCRETIONARY CALORIES

The daily calorie recommendations of MyPyramid include a small amount of discretionary or "extra" calories after basic nutrient needs are met. Many children overspend their daily discretionary calorie allowance by eating too many foods with added fats and sugars. For more information, see "Inside the Pyramid" at <http://www.mypyramid.gov/index.html>.

- **Most children consume too many unhealthy foods and beverages outside child care.** A recent study found that snacking among children ages 2 to 18 increased significantly from 1977 to 2006.²⁵ Children consume 27 percent of their calories from snack foods consisting mostly of salty snacks (crackers, chips, popcorn and pretzels), candy, desserts (cakes, cookies, pies, bars, ice cream and gelatin) and sweetened beverages (soft drinks, fruit drinks and sports drinks). From 1977 to 2006, children consumed 168 more calories per day from snacking. The largest increase was found among children ages 2 to 6, who consumed the most snacks per day and increased their overall daily caloric intake by 182 calories. Most children also far exceed the American Heart Association's recommended limit for added sugars. For children ages 4 to 8, added sugars should be limited to about 5 ¼ teaspoons per day, but average daily consumption is four times as much (21 teaspoons).^{51, 52}
- While occasional treats like desserts and french fries can fit into a healthy diet, for many children regular consumption is the norm. The CSDE strongly encourages only healthy foods and beverages in child care to model healthy eating behaviors and help children avoid excess calories.
- **Meals and snacks consumed before and after child care are often less nutritious and may not meet children's nutrient needs.**^{49, 50, 53} A study of preschoolers found that overconsumption of fats, oils and sweets (e.g., candy, cookies, cakes, doughnuts, pastries, chips, soda, ice cream, syrup, butter and jelly) was significantly greater during time away from child care.⁵³ Children consumed more servings of fats, oils and sweets per day than any other food group except fruit and juice. On any given day, 49 percent of toddlers ages 15 to 24 months consumed at least one meal or snack away from home and child care.⁵⁰ Lunches consumed away from home and child care frequently contained less healthful foods (e. g., fried foods, french fries, soda and sweetened fruit-flavored drinks), significantly more trans fat and fewer key nutrients.
 - **Many parents rely on child care to provide healthy foods for their children.** When a child care program chooses to serve less nutritious foods and beverages, it is easier for children to consume excess calories from fat and sugars. On average, children ages 2 to 8 have about 170 discretionary calories per day.⁵² One serving of a dessert in child care, such as two small chocolate chip cookies, can easily exceed this daily limit. This makes it more difficult for parents to balance children's food choices at home.
 - **Unhealthy foods can displace the nutrient-rich foods needed for healthy growth and development.** When children have simultaneous access to healthy and unhealthy foods — for example, a choice of an apple or cookie — they are more likely to choose the unhealthy food.⁵⁴⁵⁵ Young children's appetites are small. When they fill up on less nutritious foods, they may not be hungry for the nutrient-rich foods provided in CACFP meals or snacks. Eliminating unhealthy foods and beverages in child care makes it easier for children to make healthy choices and get the nutrients they need.
 - **Serving unhealthy foods and beverages contradicts the health messages promoted in child care.** Nutrition education is meaningless if it is contradicted by other activities that promote unhealthy choices. Actions in the child care environment must support the messages being taught in the classroom and give children opportunities to practice healthy habits. Learning about nutrition remains strictly theoretical if the child care environment regularly promotes unhealthy behaviors.

CACFP MEALS AND SNACKS

MENU PLANNING

Policy Recommendations

- ▶ The child care program uses a cycle menu of at least four weeks that changes with the seasons and contains minimal repetition.
- ▶ Menus are planned using good menu planning principles and include a variety of new and familiar healthy and appealing foods. Menus regularly include foods from different cultures.
- ▶ Menus are planned and approved by a health professional with knowledge of nutrition and CACFP requirements.
- ▶ The menu planning process includes input from families and staff members through menu surveys, discussions, meetings and other means.
- ▶ Written menus are developed at least one month in advance and are posted and shared with families and staff members.

Rationale

CACFP meals have a substantial impact on the nutritional quality of children's overall dietary intake and provide a valuable opportunity to teach children about good nutrition. Following basic menu planning principles (balance, variety, contrast, color and eye appeal) increases menu variety and makes meals more appealing. Children are more likely to try foods when they look attractive and when new foods are served with familiar foods. When children learn about and try new foods, they are more likely to learn to eat a varied diet. For more information, see *Encouraging New Foods* under *Modeling Healthy Behaviors* in section 5.

Cycle menus help provide varied and balanced meals. They allow child care programs to take advantage of seasonal variety, such as fresh fruits and vegetables. Cycle menus save time and labor and help reduce food cost.

State licensing regulations require that licensed child care centers serving meals must have a registered dietitian consultant available for advice regarding nutrition and food service.³⁷ When menus are planned by a health professional with appropriate knowledge of nutrition and the CACFP, they are more likely to meet nutrition guidelines and the USDA requirements.

The menu is an important tool to communicate with and seek input from families regarding CACFP meals and snacks. Input from families is important to the menu planning process.

The recommendations in the *CACFP Meals and Snacks* section address meals and snacks provided by the child care program. For information on foods provided from home, see *Parent-Provided Meals and Snacks* in this section.



SMART STEPS

Plan menus to include a variety of nutritious and appealing foods that reflect the cultures and customs of families.



SMART STEPS

Use cycle menus to increase variety, save time and reduce food cost.

Meals provide an opportunity to reflect and celebrate ethnic and cultural communities through preparation techniques and use of food products. Menus that reflect the local cultures and customs of families are more likely to be acceptable to children. The *National Health and Safety Performance Standards* and Head Start regulations specify that menus include a variety of foods that consider cultural and ethnic food preferences and broaden children’s food experiences.^{38,39}

The written menu is a critical element in documenting compliance with the CACFP meal pattern requirements. Each CACFP facility must have a “menu of record” on file to document the specific meal pattern components served to all enrolled children each day. This menu must be dated and reflect any changes made to the planned meals and snacks. The CACFP facility must maintain all menus on file with other required CACFP records in accordance with Section 226.10(d) of the CACFP regulations.⁴⁰

The menu should be made available to families and posted in a highly visible location. State licensing regulations for licensed child care centers require that menus are prepared at least one week in advance and posted in a conspicuous location.³⁷ The *National Health and Safety Performance Standards* specify that written menus should be developed at least one month in advance and be made available to parents.³⁸ NAEYC accreditation standards specify that written menus are posted where families can see them, with copies available for families.⁴¹ NAFCC accreditation standards specify that a written menu is posted daily or weekly and any changes are indicated.⁴²

Implementation Strategies

- Use an appropriate health professional with sufficient knowledge of nutrition and CACFP requirements to plan and approve CACFP menus, i.e., registered dietitian consultant, registered dietitian or public health nutritionist. For more information, see *Finding Consultants* under *Professional Development* in section 6.
- Use cycle menus to plan CACFP meals and snacks at least one month in advance.
- Use the USDA’s menu planning resources and recipes, e.g., *Building Blocks for Fun and Healthy Meals* and *Child Care Recipes, Food for Health and Fun*.
- Plan menus that include balanced flavors (e.g., mild, strong and spicy), variety, contrast (e.g., texture, type, size and shape), color and eye appeal. Include a variety of familiar and new foods to broaden children’s food experiences.
- Include specific information on the menu that describes the type of food being served, e.g., low-fat milk and whole-grain bread.
- Include foods that are developmentally appropriate and appealing and attractive to children.
- Address the food preferences of the local child care community by considering children’s cultural norms and preferences.
- Involve children, families and staff members in taste-testing new food items or recipes, e.g., provide samples of new food items and recipes as part of nutrition education activities or sample menu items at parent and staff meetings, orientations and open houses.
- Post menus in a central location and let families know where they can find them. For the purposes of documenting CACFP requirements, the menu posted for families must be the same as the CACFP menu of record.
- Disseminate menus through family newsletters, e-mails and posting on the program Web site.

Resources

Building Blocks for Fun and Healthy Meals: A Planner for the Child Menu and Adult Care Food Program, USDA, 2000: <http://www.fns.usda.gov/tn/Resources/buildingblocks.html>

Child Care Recipes, Food for Health and Fun, USDA, 1999:
http://www.fns.usda.gov/tn/Resources/childcare_recipes.html

Creative Menu Planning, Mealtime Memo, No. 2, National Food Service Management Institute, 2008:
<http://www.olemiss.edu/depts/nfsmi/Information/Newsletters/MM2008-2.pdf>

Food Buying Guide for Child Nutrition Programs, USDA, 2002:
<http://www.fns.usda.gov/tn/Resources/foodbuyingguide.html>

Menu Magic for Children, USDA, 2002:
http://teamn nutrition.usda.gov/Resources/menu_magic.pdf

Menus for Child Care, National Food Service Management Institute, 2008:
<http://www.nfsmi.org/ResourceOverview.aspx?ID=196>

Nutrition Policies and Guidance for the Child and Adult Care Food Program: Crediting Foods, CSDE, 2009:
<http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322326>

Nutrition Policies and Guidance for the Child and Adult Care Food Program: Menu Planning, CSDE, 2009:
<http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322326>

Using Cycle Menus, Mealtime Memo, No. 10, National Food Service Management Institute, 2006:
<http://www.olemiss.edu/depts/nfsmi/Information/Newsletters/meme2006-10.pdf>

Using Cycle Menus to Control Food Costs, Mealtime Memo, No. 3, National Food Service Management Institute, 2009: <http://www.nfsmi.org/documentlibraryfiles/PDF/20090306023620.pdf>

For additional resources, see *CACFP Menus*, *Cultural Diversity* and *Menu Planning and Recipes* in section 10.

NUTRITION GUIDELINES FOR CHILDREN

Policy Recommendations

- ▶ The child care program provides healthy and safe meals and snacks that meet the nutrition requirements established by federal and state laws and regulations. Agreements with food or vending companies ensure that contractors follow these requirements.
- ▶ Menus offer varied and nutritious food choices that are consistent with the CACFP Meal Pattern for Children, the Dietary Guidelines for Americans and the Connecticut Child Care Nutrition Standards. Meals and snacks emphasize nutrient-rich foods, including fruits, vegetables, whole grains, low-fat or nonfat dairy, lean meats, skinless poultry, fish, eggs, legumes, nuts and seeds.
- ▶ Healthy food preparation techniques are used.



SMART STEPS

Provide healthy meals and snacks that meet CACFP requirements, the Dietary Guidelines for Americans and the CCCNS.

Rationale

Child care programs play an important role in providing all children access to the varied and nutritious foods they need to stay healthy and learn well. CACFP facilities must serve meals and snacks that meet the requirements specified by USDA regulations, as well as all state and local requirements.⁴⁰ State licensing regulations for licensed centers require that meals and snacks meet the USDA requirements for the CACFP (see CACFP Meal Pattern for Children in appendix A).³⁷ State licensing regulations for family day care homes require that adequate and nutritious meals and snacks must be provided.⁴³ Head Start regulations, the *National Health and Safety Performance Standards*, and the NAEYC and NAFCC accreditation standards specify that meals and snacks must follow the CACFP requirements.^{38, 39, 41, 42} Head Start regulations also specify that foods must be high in nutrients and low in fat, sugar and salt.³⁹

The USDA regulations do not require that CACFP meals and snacks meet specific nutrition standards or the Dietary Guidelines for Americans, nor do they prohibit child care programs from offering additional foods and beverages of poor nutrient value. To provide children with consistent health messages and optimal nutrition, the CSDE strongly recommends that all CACFP meals and snacks meet the CCCNS (see appendix C). For more information, see *Consistent Health Messages* in section 8.

The American Dietetic Association's (ADA) *Benchmarks for Nutrition Programs in Child Care Settings* specifies that child care menus should be consistent with the Dietary Guidelines for Americans.⁴⁴ This ensures that children eat nutritious foods that promote normal health and development and enables them to learn food preferences and dietary habits that prevent disease and support a lifetime of good health.⁴⁴

When meals or snacks are provided by a food service contractor, it is important to maintain good communication regarding the child care program's nutrition requirements. The child care program is responsible for ensuring that contractors meet all federal, state and local requirements.

Implementation Strategies

- Follow the USDA and CSDE guidance and resources for planning meals and snacks to meet the CACFP Meal Pattern for Children (see appendix A).
- Plan CACFP menus to include only foods and beverages that meet the CCCNS (see appendix C). Use food labels to review products for compliance with the CCCNS before purchasing. For more information, see appendices D and E.
- Follow CACFP menus as planned. If menu substitutions are needed for children with special dietary needs, follow the USDA requirements for accommodating special diets. For more information, see *Special Dietary Needs* in this section.



SMART STEPS

Choose whole or minimally processed, nutrient-rich foods that are low in fat, added sugars and sodium.

The Dietary Guidelines for Americans are science-based advice for Americans ages 2 and older to promote health and reduce risk of chronic diseases.²⁷ They focus on consuming most calories from nutrient-rich foods that are low in fat, added sugars and sodium. Consumption of a healthy diet that contains nutrient-rich foods and limits fat, added sugars and sodium is linked to reduced health risks, such as heart disease, cancer, obesity and osteoporosis.

4 | Nutrition Standards — CACFP Meals and Snacks

Action Guide for Child Care Nutrition and Physical Activity Policies

- Serve the required components and amounts of food at meals and snacks, based on the CACFP Meal Pattern for Children (see appendix A). CACFP menu planning templates are available in *Nutrition Policies and Guidance for the Child and Adult Care Food Program: Meal Pattern Requirements*. The Nemours Foundation's *Best Practices for Healthy Eating: A Guide to Growing Up Healthy* contains pictures of appropriate CACFP portion sizes for each age group.
- Use standardized recipes to ensure the correct amount of food is prepared and healthy food preparation techniques are followed, e.g., steaming instead of boiling; baking, roasting or grilling instead of frying.
- Use appropriate precautions during food preparation to eliminate potential choking risks and address food allergies. For more information, see *Special Dietary Needs* in this section, Food Safety in section 5 and the CCCNS in appendix C.
- Increase the variety of whole fruits and vegetables (fresh, frozen, canned and dried) available in meals and snacks, and emphasize fresh and locally grown produce, when available. For more information, see the *Vegetables and Fruits* category of the CCCNS for Children in appendix C.
- Serve whole-grain foods (e.g., breads, grains, pasta, rice and cereals) most often. For more information, see the *Grains and Breads* category of the CCCNS for Children in appendix C.
- Serve lean protein sources with minimal or no added fat, sugars and salt, such as skinless poultry, fish, legumes, nuts and seeds, nut and seed butters, eggs, low-fat yogurt and low-fat natural cheese. For more information, see the *Meat and Meat Alternates* category of the CCCNS for Children in appendix C.
- Serve only whole milk for children younger than 2 and only low-fat (1%) or fat-free milk for children ages 2 and older. For more information, see the *Milk* category of the CCCNS for Children in appendix C.
- Choose and prepare foods without hydrogenated or partially hydrogenated oils (see the Glossary for more information).
- Provide ongoing training for food service personnel and program staff on meeting CACFP menu planning requirements and preparing healthy and safe meals. For more information, see *Food Service Qualifications and Training* in section 5.
- Attend training on CACFP regulations, menu planning, food safety, nutrition education and other relevant topics, as provided by the CSDE, state child care organizations, CACFP sponsors and other appropriate organizations.
- When food or vending contractors are used, specify the child care program's nutrition requirements (CACFP and CCCNS) in the written contract.



SMART STEPS

Include more fruits, vegetables and whole grains in meals and snacks. Eliminate juice and serve whole fruits and vegetables instead.



Resources

Best Practices for Healthy Eating: A Guide to Help Children Grow Up Healthy, The Nemours Foundation, 2008: <http://static.nemours.org/www-filebox/nhps/grow-up-healthy/cacfp-guideline.pdf>

Building Blocks for Fun and Healthy Meals: A Menu Planner for the Child and Adult Care Food Program, USDA, 2000: <http://www.fns.usda.gov/tn/Resources/buildingblocks.html>

Child and Adult Care Food Program Requirements and Operational Memoranda, CSDE: <http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=321576>

Dietary Guidelines for Americans, USDA and U.S. Department of Health and Human Services, 2005: <http://www.healthierus.gov/dietaryguidelines/>

Making Nutrition Count for Children — Nutrition Guidance for Child Care Homes, USDA, 2003: <http://www.fns.usda.gov/tn/Resources/nutritioncount.html>

Measuring Success with Standardized Recipes, National Food Service Management Institute, 2002: <http://www.olemiss.edu/depts/nfsmi/Information/measuring-success.html>

Menu Magic for Children, USDA, 2003: <http://teammnutrition.usda.gov/Resources/menumagic.html>

MyPyramid for Kids (6-11), USDA: <http://www.mypyramid.gov/kids/index.html>

MyPyramid for Preschoolers, USDA: <http://www.mypyramid.gov/pyramid/grains.html>

Nutrition Policies and Guidance for the Child and Adult Care Food Program: Crediting Foods, CSDE, 2009: <http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322326>

Nutrition Policies and Guidance for the Child and Adult Care Food Program: Meal Pattern Requirements, CSDE, 2009: <http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322326>

Nutrition Policies and Guidance for the Child and Adult Care Food Program: Planning Healthy Meals, CSDE, 2009: <http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322326>

The CCCNS provides specific guidance on the recommended standards for foods and beverages in child care programs (see appendix C). For additional resources, see *Dietary Guidelines*, *Menu Planning and Recipes*, *Fruits and Vegetables* and *Whole Grains* in section 10.

NUTRITION GUIDELINES FOR INFANTS

Policy Recommendations

- ▶ The child care program creates an environment that encourages and supports mothers who are breastfeeding their infants, including:
 - refrigerated storage for breast milk;
 - a comfortable, private area for mothers to breastfeed their infants or express milk;
 - sensitivity for breastfeeding mothers and their infants; and
 - training for staff members on proper handling of breast milk.
- ▶ If a mother is breastfeeding exclusively, staff members will feed the mother's expressed breast milk to the infant and support the mother in breastfeeding her infant when visiting the facility.
- ▶ Breastfed infants will receive infant formula only if the mother requests it.
- ▶ The child care program supports exclusive breastfeeding (preferred) or iron-fortified infant formula for the first six months of life.
- ▶ The child care program supports families who are breastfeeding beyond 12 months.
- ▶ The child care program works in consultation with families to gradually introduce solid foods from ages 4 to 6 months, based on each infant's developmental readiness. The AAP strongly recommends waiting until infants are 6 months before serving any solid foods. All foods provided to infants will meet the CACFP requirements and the Connecticut Child Care Nutrition Standards.
- ▶ The child care program will not serve infants any food or drink in a bottle other than breast milk or iron-fortified infant formula unless medically necessary and documented by a medical statement.
- ▶ Following the American Academy of Pediatrics' recommendations, the child care program encourages children ages 1 and older to use a cup exclusively, instead of a bottle.



SMART STEPS

Support and promote exclusive breastfeeding for at least the first six months of life.

Rationale

Child care programs play an important role in providing all infants access to the varied and nutritious foods they need for healthy growth and development during their first year. CACFP facilities must feed infants in accordance with the requirements specified by USDA regulations, state licensing regulations and local requirements. Following the CCCNS provides infants with optimal nutrition by encouraging a nutrient-rich diet and avoiding ingredients that are not needed by infants, such as trans fats, sodium and added sugars.

Breast milk is the ideal food for babies. The AAP and other national health organizations and federal



agencies recommend exclusive consumption of breast milk for at least the first six months of life.^{45, 46} The child care program can help working mothers and their infants increase their breastfeeding duration by providing an environment that supports breastfeeding. For specific strategies, see the USDA's *Feeding Infants: A Guide for Use in the Child Nutrition Programs*.

Breastfed infants should not be fed infant formula unless the parents request that it be served. State licensing regulations for licensed child care centers do not allow formula to be substituted for breast milk unless it is specified in the written feeding plan provided by the parents.³⁷

The CACFP Infant Meal Pattern is specifically designed to be flexible in meeting infants' individual feeding needs, based on their developmental stages. The USDA indicates that most babies are developmentally ready to begin to eat solid foods between 4 to 6 months.⁴⁷ The child care program should consult with families regarding their infant's developmental readiness for solid foods and work with families to ensure consistency as new solid foods are introduced. The AAP strongly recommends waiting until infants are 6 months before serving any solid foods.

No food or drink other than breast milk or iron-fortified infant formula should be served in a bottle. Food added to a bottle (such as infant cereal) does not help infants sleep through the night. This practice deprives infants of the opportunity to learn to regulate their food intake and contributes to tooth decay.

The practice of allowing infants to lie down with a bottle is dangerous, as it may lead to choking, ear infections or dental problems, e.g., baby bottle tooth decay. The AAP recommends that children ages 1 and older should use a cup exclusively and not be allowed to carry it around throughout the day.⁴⁸ Prolonged exposure of the teeth to the sugars in juice, milk or formula is a major factor contributing to dental caries.

CACFP facilities can provide special dietary accommodations for infants only when the appropriate medical statement is completed and on file. This statement must be signed by a licensed physician if the infant is considered disabled or by a recognized medical authority if the infant is not disabled but has medical or other special dietary needs.⁴⁰ For more information, see *Special Dietary Needs* in this section.

Implementation Strategies

- Follow the USDA and CSDE guidance for meeting the CACFP Infant Meal Pattern requirements (see appendix B).
- Follow CACFP infant menus as planned. If menu substitutions are needed for infants with special dietary needs, follow the USDA requirements for accommodating special diets. For more information, see *Special Dietary Needs* in this section.
- Create an environment that encourages and supports breastfeeding mothers. For more information, see Chapter 3 in the USDA's *Feeding Infants: A Guide for Use in the Child Nutrition Programs*, the Vermont Department of Health's *Sample Childcare Center Breastfeeding Policy* and the Connecticut Breastfeeding Coalition's *Breastfeeding Friendly Employer Project*.
- Provide ongoing training for staff members on the proper procedures for storing and handling breast milk and strategies to support breastfeeding mothers.



SMART STEPS

When infants are developmentally ready, provide healthy foods that meet the CACFP requirements and the CCCNS.

- Serve only breast milk (preferred) or iron-fortified infant formula, as specified in the written feeding plan supplied by parents. For more information, see the Infant Beverages category of the CCCNS for Infants in appendix C.
- Consult with parents regarding their infant’s developmental readiness for solid foods. In the CACFP, new foods can be introduced when an infant is at least 4 months and parents request that they be served. However, the AAP strongly recommends waiting until infants are 6 months before serving any solid foods.
- Talk with parents about what the baby is eating at home and in child care to ensure that nutrition needs are met, and discuss any concerns about how the baby is eating and growing.
- For infants eating solid foods, plan CACFP meals and snacks to include only appropriate foods that meet the CCCNS (see appendix C). Use food labels to review products for compliance with the CCCNS before purchasing. For more information, see appendices D and E.
- Serve appropriate portion sizes at meals and snacks, based on the CACFP Infant Meal Pattern (see appendix B) and each infant’s individual needs. The Nemours Foundation’s *Best Practices for Healthy Eating: A Guide to Growing Up Healthy* contains pictures of appropriate CACFP portion sizes for infants.
- Serve foods plain, without added fat, salt, honey, sugars or other sweeteners (including natural, artificial and nonnutritive) or sugar alcohols. Choose foods without hydrogenated or partially hydrogenated oils. For more information, see the CCCNS for Infants in appendix C.
- Serve only breast milk (preferred) or iron-fortified infant formula in a bottle. For more information, see the *Infant Beverages* category of the CCCNS for Infants in appendix C.
- Provide ongoing training for food service personnel and program staff members on meeting the CACFP requirements for feeding infants. For more information, see *Food Service Qualifications and Training* in section 5.
- When food or vending contractors are used, specify the child care program’s nutrition requirements for infants (CACFP and CCCNS) in the written contract.



SMART STEPS

No juice for infants until 12 months.

INTRODUCING SOLID FOODS

The American Academy of Pediatrics recommends exclusive consumption of breast milk for at least the first six months of life, followed by the gradual introduction of solid foods from 6 to 12 months. Infants may be developmentally ready for solid foods when they:

- have good neck and head control;
- do not push most solid objects out of their mouth with their tongue (tongue thrust reflex); and
- have increased demand for breastfeeding.

The child care program should consult with parents regarding their infant’s developmental readiness and any solid foods being introduced at home. Single-ingredient solid foods should be introduced one at a time. Each food should be provided for at least seven days before a new food is introduced. This helps identify if the infant has any adverse reactions such as food allergies or intolerances.

Resources

- 10 Steps to Breastfeeding Friendly Child Care Centers*, Wisconsin Department of Health Services, 2009:
http://dhs.wi.gov/health/physicalactivity/pdf_files/BreastfeedingFriendlyChildCareCenters.pdf
- Best Practices for Healthy Eating: A Guide to Help Children Grow Up Healthy*, The Nemours Foundation, 2008: <http://static.nemours.org/www-filebox/nhps/grow-up-healthy/cacfp-guideline.pdf>
- Breastfeeding Friendly Employer Project*, Connecticut Breastfeeding Coalition:
<http://www.breastfeedingct.org/bfproject/employerfriendlyproject.htm>
- Feeding Infants: A Guide for Use in the Child Nutrition Programs*, USDA, 2001:
http://www.fns.usda.gov/tn/Resources/feeding_infants.html
- Feeding Infants Right from the Start*, Mealtime Memo, No. 9, 2006, National Food Service Management Institute: <http://www.olemiss.edu/depts/nfsmi/Information/Newsletters/meme2006-9.pdf>
- Nutrition Policies and Guidance for the Child and Adult Care Food Program: Feeding Infants*, CSDE, 2009:
<http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322326>
- Sample Childcare Center Breastfeeding Policy*, Vermont Department of Health:
http://healthvermont.gov/wic/documents/childcare_policy.pdf

For additional resources, see *Feeding Infants* in section 10.

SPECIAL DIETARY NEEDS

Policy Recommendations

- ▶ The child care program follows state and federal requirements for accommodating children with special dietary needs.
- ▶ With appropriate medical documentation, the child care program prepares modified meals for children (including infants) with food allergies or other special dietary needs.
- ▶ Parents must provide the appropriate medical statement before the child care program can make any dietary accommodations. This statement must be signed by a licensed physician if the child is considered disabled or by a recognized medical authority (i.e., physician, physician assistant, doctor of osteopathy or advanced practice registered nurse) if the child is not disabled but has medical or other special dietary needs.
- ▶ The child care program takes appropriate precautions to prepare and serve safe meals and snacks for children with food allergies. Procedures are in place to:
 - develop a food allergy action plan for each child with life-threatening food allergies;
 - check ingredients labels for all foods served to children with food allergies;
 - designate an area in the kitchen for allergy-free meals and use separate equipment and utensils during preparation, cooking and serving;
 - develop cleaning procedures that avoid cross-contamination; and
 - provide ongoing training for staff members.

Rationale

CACFP regulations require substitutions or modifications in meals for children and infants who are considered disabled under Section 504 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (IDEA) and whose disabilities restrict their diet, when the need is certified by a licensed physician.⁴⁰ Examples of disabling conditions include food anaphylaxis (severe life-threatening food allergy) and metabolic disorders such as diabetes and phenylketonuria (PKU). Substitutions are also required when a physician determines that a child's severe medical condition requires specific dietary modifications, even if the child is not considered disabled under Section 504 or IDEA.



USDA regulations specify that CACFP facilities may choose, but are not required, to substitute foods for children who are not disabled but who are medically certified as having a special medical or dietary need.⁴⁰ These substitutions may be made on a case-by-case basis and must be documented by a statement signed by a recognized medical authority, including physicians, physician assistants, doctors of osteopathy and advanced practice registered nurses (APRN). Close communication among health consultants, child care staff and CACFP food service personnel is essential to ensure that children receive appropriate dietary accommodations.

Head Start regulations require that medically based diets or other dietary requirements are accommodated.³⁹ The *National Health and Safety Performance Standards* specify that child care programs should obtain a written history of special nutrition or feeding needs and develop individual feeding plans to address these needs.³⁸ The NAEYC standards indicate that an individualized care plan should be prepared by the child's health care provider in consultation with family members and specialists involved in the child's care.⁴¹

The child care program must implement procedures to ensure that meals and snacks prepared for children with food allergies are safe. For children with life-threatening food allergies, this includes the development of a food allergy action plan. This plan addresses prevention and emergency response and is prepared in consultation with the child's family, health care provider and, for licensed centers, the registered dietitian consultant and health consultant.

Appropriate training for staff members is critical for effective management of life-threatening food allergies. Food service personnel require appropriate training on how to read food labels and identify potential allergens in processed foods. They also need to know how to avoid cross-contamination with potential allergens during food preparation, service and cleaning. Cross-contamination occurs when allergen-containing ingredients are transferred to allergy-free food by hands, food-contact surfaces, sponges, cloth towels or utensils. All staff members need training on identifying the symptoms of an allergic reaction and how to respond in an emergency.

Implementation Strategies

- Develop written procedures for handling families' requests for special dietary accommodations, based on federal, state and CACFP requirements.
- Inform families of program procedures and provide guidance on using the appropriate medical statements for CACFP meals. For more information, see the CSDE's *Nutrition Policies and Guidance for the Child and Adult Care Food Program: Accommodating Special Dietary Needs*.
- Maintain appropriate documentation for all special dietary accommodations and develop a plan for ensuring that the dietary information on file is current, e.g., annually updating medical statements in conjunction with children's physicals.
- Communicate with families, the child's health provider, food service personnel, teachers and other staff members to ensure that everyone is aware of each child's dietary needs and specific accommodations, as indicated on the child's medical statement.
- Develop an individual food allergy action plan for each child with life-threatening food allergies in consultation with the child's family, health care provider and, for licensed centers, the registered dietitian consultant and health consultant.
- Develop written responsibilities for the child care program, staff members and families regarding safe meals and snacks for children with life-threatening food allergies. These responsibilities should also address other foods and beverages available in the child care environment, such as celebrations and foods used for nutrition education activities.
- Provide appropriate training for program staff members on procedures for handling special dietary accommodations and food allergies and supporting children with special feeding needs.
- Contact the CSDE with questions regarding specific procedures for handling CACFP meal accommodations for children with food allergies and other special dietary needs.

Resources

Accommodating Children with Special Dietary Needs in the School Nutrition Programs: Guidance for School Food Service Staff, USDA, 2001: http://www.fns.usda.gov/cnd/Guidance/special_dietary_needs.pdf

Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools, CSDE, 2006: http://www.sde.ct.gov/sde/lib/sde/PDF/deps/student/health/Food_Allergies.pdf

NFSMI Best Practices for Serving Students with Special Food and/or Nutrition Needs in School Nutrition Programs, National Food Service Management Institute, 2009: <http://www.nfsmi.org/documentlibraryfiles/PDF/20090717040947.pdf>

Meeting Children's Special Food and Nutrition Needs in Child Nutrition Programs, National Food Service Management Institute, 2007: <http://nfsmi-web01.nfsmi.olemiss.edu/ResourceOverview.aspx?ID=89>

Nutrition Policies and Guidance for the Child and Adult Care Food Program: Accommodating Special Dietary Needs, CSDE, 2009: <http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322326>

For additional resources, see *Special Diets* in section 10.

OTHER FOODS AND BEVERAGES

PARENT-PROVIDED MEALS AND SNACKS

Policy Recommendations

- ▶ When meals and snacks are provided from home for an individual child's consumption, families support safe and healthy eating by providing nutrient-rich choices that meet the CACFP Meal Pattern for Children and the Connecticut Child Care Nutrition Standards.
 - Foods provided by parents are healthy choices from the CACFP meal components of grains and breads, meat and meat alternates and vegetables and fruits. They are low in fat, added sugars and sodium.
- ▶ Beverages provided for children (ages 1 and older) will consist only of:
 - whole milk for children younger than 2;
 - low-fat (1%) or fat-free unflavored milk for children ages 2 and older;
 - 100 percent juice when it can be served in a cup (limit of $\frac{1}{4}$ cup or 2 fluid ounces per day for ages 12 to 23 months and $\frac{1}{2}$ cup or 4 fluid ounces per day for ages 2 and older); and
 - water without added ingredients, e.g., flavors, sugars, sweeteners (natural, artificial and nonnutritive), sugar alcohols and caffeine.
- ▶ Beverages for infants (birth through 11 months) will consist only of:
 - breast milk (preferred) or iron-fortified infant formula; and
 - water without added ingredients for infants ages 7 months and older when it can be served in a cup.
- ▶ Families will provide safe foods for children by clearly labeling all foods with the child's name and date and type of food and storing all foods at an appropriate temperature until they are eaten.
- ▶ Children are not allowed to share lunches and snacks brought from home with other children.
- ▶ Foods that do not meet the child care program's standards for nutrition and food safety will be returned home with the children. The child care program supplements children's meals or snacks if food from home is deficient in meeting the child's nutrient needs.



SMART STEPS

Provide families with specific nutrition and food safety guidelines for foods and beverages brought from home.

Rationale

The child care program serves safe and healthy meals and snacks, and staff members model healthy eating behaviors throughout the day. Families are important partners in supporting the child care program's efforts to provide good nutrition for children. Child care programs should communicate with families to ensure that meals and snacks from home meet the same nutrition and food safety standards as those provided by the program.

State licensing regulations require that meals and snacks provided by parents for children in licensed child care centers must meet the USDA meal pattern requirements even if the center does not participate in the CACFP.³⁷ The NAEYC accreditation standards specify that the child care program works with families to ensure that foods brought from home meet the CACFP meal patterns.⁴¹ The NAFCC accreditation standards specify that if parents bring food, the provider assures that it is nutritious food or supplements it.⁴²



Meals that follow the CACFP meal patterns are more nutritious. Research indicates that lunches served in the CACFP are higher in nutrients than those provided by parents. Lunches sent from home for preschoolers in child care generally do not meet CACFP requirements and may not regularly provide adequate nutrients for growth and development.^{49,50}

The *National Health and Safety Performance Standards* specify that food brought into the child care program should be labeled with the child's name, date and type of food.³⁸ They also indicate that the child care program should provide families with written nutrition guidelines for foods brought from home and supplement a child's meals or snacks if food from home is deficient in meeting the child's nutrition needs. State licensing regulations for licensed child care centers require that all infant bottles are labeled with the infant's name.³⁷

Implementation Strategies

- Develop nutrition guidelines for parent-provided meals and snacks that encourage nutrient-rich choices based on the CACFP Meal Pattern for Children (appendix A), the CACFP Infant Meal Pattern (appendix B), and the CCCNS (appendix C).
- Provide clear guidance to families regarding foods and beverages that are not allowed due to poor nutritional value or food safety reasons and specify the procedures that will be followed if inappropriate foods are sent from home. For more information, see the CCCNS in appendix C and *Food Safety* in section 5.
- Develop procedures for staff members on handling inappropriate foods sent from home, e.g., returning foods that do not meet the child care program's standards for nutrition and food safety, supplementing the child's meal with appropriate foods and discussing the child care program's standards with parents.
- Provide guidance to families on identifying healthy choices and reading food labels. For more information, see *Food Labels* in section 10 and appendix D and the CCCNS in appendix C.
- Provide guidance to families on safe food preparation and storage practices for meals and snacks brought from home. For more information, see *Food Safety* in section 5 and the University of California Cooperative Extension's *Safe Lunches for Preschool Children*.
- Regularly monitor foods sent from home for nutrition content, food safety and choking risk. For more information, see *Food Safety* in section 5 and the CCCNS in appendix C.

- Share the program’s nutrition and food safety standards with families through a variety of means, such as entrance interviews, orientation, meetings, workshops, program Web site, newsletters and memos.
- For licensed child care centers that serve meals, provide assistance and nutrition guidance to families through the program’s registered dietitian consultant. For more information, see *Finding Consultants* under *Professional Development* in section 6.
- Provide workshops and materials for families on nutrition and healthy eating for children. For more information, see *Engaging Families* in section 8.

Resources

Lunch Box Handouts, University of California Cooperative Extension, San Luis Obispo County, 2007:
http://cesanluisobispo.ucdavis.edu/Nutrition,_Family_and_Consumer_Science208/Lunch_Box_Handouts.htm

MyPyramid for Kids (6-11), USDA: <http://www.mypyramid.gov/kids/index.html>

MyPyramid for Preschoolers, USDA: <http://www.mypyramid.gov/pyramid/grains.html>

Nibbles for Health: Nutrition Newsletters for Parents of Young Children, USDA, 2008:
<http://www.fns.usda.gov/tn/Resources/nibbles.html>

Safe Lunches for Preschool Children, University of California Cooperative Extension, 2007:
<http://cesanluisobispo.ucdavis.edu/files/54157.pdf>

For additional resources, see *Nutrition Handouts*, *Nutrition for Young Children* and *Resources for Families* in section 10.

CELEBRATIONS

Policy Recommendations

- ▶ The child care program promotes nonfood celebrations. If foods and beverages are served at celebrations, they consist only of healthy choices that meet the Connecticut Child Care Nutrition Standards.
- ▶ Families support the child care program’s efforts by providing only nonfood items or healthy foods that meet the Connecticut Child Care Nutrition Standards for celebrations, holiday parties and other events on site.
- ▶ To protect food safety and guard against allergic reactions, all food provided by families to be shared with other children must be either whole fruits (e.g., apples, oranges or pears) or commercially prepared packaged foods that are unopened and, when possible, individually wrapped.
- ▶ The child care program provides staff members and families with party ideas, including an approved list of appropriate healthy foods and beverages and nonfood activities for parties.
- ▶ Foods and beverages that do not meet the child care program’s standards for nutrition and food safety are not accepted.



SMART STEPS

Provide healthy foods and beverages that meet the CCCNS for all celebrations in child care.

Rationale

Providing healthy celebrations demonstrates the child care program's commitment to promoting healthy behaviors. It supports the classroom lessons children are learning about health, instead of contradicting them, and gives children an opportunity to practice healthy behaviors.

The CCCNS promotes healthy choices and eliminates foods and beverages with little nutritional value. Research shows that most children consume too many calories from fats and sugars. Serving only healthy foods in child care helps parents balance children's food choices at home and gives children a better chance of meeting their daily MyPyramid recommendations. For more information, see *Rationale for Healthy Foods and Beverages in Child Care* in this section.

The *National Health and Safety Performance Standards* and NAEYC accreditation standards specify that foods brought into child care should be limited to whole fruits and commercially packaged foods.^{38, 41} If the child care program allows families to provide food for celebrations and other functions on site, the CSDE strongly recommends requiring commercially prepared healthy foods. When parents send in homemade food, it is difficult to ensure that the food has been handled properly and is safe from bacterial contamination. Homemade foods are also a concern for children with food allergies because it is difficult to determine what ingredients have been used and whether the food has been contaminated with potential allergens during the preparation process, e.g., the same knife used for spreading peanut butter is used to cut vegetables. Child care programs can protect food-allergic children by providing nonfood celebrations or, if food is served, obtaining it from a known source such as the food service program. For more information, see *Special Dietary Needs* in this section.



Implementation Strategies

- Develop procedures to ensure food safety and prevent allergic reactions when food is provided by families to be shared with other children, e.g., allow only whole fruits or healthy commercially prepared packaged foods that meet the CCCNS, are unopened and, when possible, individually wrapped.
- Provide staff members and families with an approved list of appropriate healthy foods and beverages for parties and other events on site. For more information, see *Ideas for Healthy Celebrations and Events* in appendix F.
- Provide staff members with an approved list of nonfood activities for parties, such as special party games and other activities.
- Ask families to provide age-appropriate supplies instead of food, e.g., pencils, erasers, stickers and other small school supplies. Provide guidance for families regarding appropriate supplies that are not choking hazards.

- Create a healthy party idea book. Ask staff members and families to send in healthy recipes and ideas for activities, games and crafts.
- Plan a special activity for children and ask families to provide activity supplies instead of food.
- Give children extra play time instead of a class party. For birthdays, the birthday child can choose and lead an active game for everyone.
- Plan nonfood celebrations for birthdays, for example:
 - Instead of food, ask families to purchase a book for the classroom or program library in the birthday child's name. Teachers read it to the class or invite the child's parents to read it to the class.
 - Instead of food, ask families to purchase a small toy for a gift box. The birthday child gets to pick a gift.
 - Create a "Celebrate Me" book, where classmates draw pictures or write stories and poems (as developmentally appropriate) to describe what is special about the birthday child.
 - Create a special birthday package, e.g., the birthday child wears a sash and crown, sits in a special chair and gets a special birthday surprise, such as a pencil, sticker or card.
 - Let the birthday child be the teacher's assistant for the day and help with special tasks like leading the line, starting an activity and choosing a game or story.

Resources

Appendix F provides ideas for healthy foods and beverages at celebrations and events. For information on the CCCNS, see appendix C. For additional resources, see *Healthy Celebrations* in section 10.

FUNCTIONS, EVENTS AND MEETINGS

Policy Recommendations

- ▶ All foods and beverages served at any functions, events and meetings on site, whether provided by the child care program or brought from home by families, meet the Connecticut Child Care Nutrition Standards.

Rationale

Foods and beverages served at the child care program's functions, events and meetings can support or contradict the health messages promoted to children and families. Providing healthy choices that meet the CCCNS supports the classroom lessons children are learning about health, instead of contradicting them, and gives children an opportunity to practice healthy behaviors. For more information, see *Rationale for Healthy Foods and Beverages in Child Care* in this section.



SMART STEPS

Follow the CCCNS for all foods and beverages served at functions, events and meetings on site.

Consistently providing healthy foods demonstrates the child care program’s commitment to promoting healthy behaviors and emphasizes the importance of adults as positive role models for children. Positive adult role models shape children’s behaviors and can significantly influence the development of healthy eating and physical activity habits. For more information, see *Modeling Healthy Behaviors* in section 5 and *Consistent Health Messages* in section 8.

Implementation Strategies

- Review all functions, events and meetings held on site to determine whether foods and beverages are provided and what changes are needed to comply with the CCCNS.
- Regularly communicate with families regarding the importance of providing consistent health messages for children. For more information, see *Consistent Health Messages* and *Engaging Families* in section 8.
- Provide staff members and families with an approved list of appropriate healthy foods and beverages for parties and other events on site. For more information, see *Ideas for Healthy Celebrations and Events* in appendix F.
- Whenever possible, incorporate physical activity into functions, events and meetings. For more information, see section 7.

Resources

Appendix F provides ideas for healthy food and beverages at child care program events. For information on the CCCNS, see appendix C. For additional resources, see *Healthy Celebrations* in section 10.

FUNDRAISING

Policy Recommendations

- ▶ Fundraising activities do not involve food or beverages or only use foods and beverages that meet the Connecticut Child Care Nutrition Standards.
- ▶ The child care program encourages fundraising activities that promote physical activity, as developmentally appropriate.
- ▶ The child care program provides a list of ideas for acceptable fundraising activities, such as nonfood items or healthy foods and beverages.
- ▶ Vending machines are not located on site. If vending machines are available, they sell only beverages and foods that meet the Connecticut Child Care Nutrition Standards.



SMART STEPS

If fundraisers are conducted, use only nonfood items or healthy foods that meet the CCCNS.

Rationale

Foods and beverages are often used to raise money through activities such as catalog sales, bake sales, vending machines and other activities. The items typically used for fundraisers — candy, cookies, pies, cheesecake, chips and sweetened beverages like soda and sports drinks — generally contain little nutritional value. These foods and beverages contradict the child care program’s health messages for children and families.

Fundraisers can support the health messages promoted to children and families, instead of contradicting them. Consistently providing healthy foods and beverages demonstrates the child care program’s commitment to promoting healthy behaviors. For more information, see *Rationale for Healthy Foods and Beverages in Child Care* in this section and *Consistent Health Messages* in section 8.

When unhealthy foods and beverages are available on site, staff members are more likely to consume them in front of children. To serve as effective role models, staff members should not consume unhealthy foods and beverages in front of children. For more information, see *Modeling Healthy Behaviors* in section 5.



Implementation Strategies

- Conduct fundraising activities that do not involve food or that use only healthy food, e.g., fruit.
- Encourage fundraising activities that promote physical activity, as developmentally appropriate, e.g., jump-a-thons, walk-a-thons and bike-a-thons.
- Provide staff members and families with a list of acceptable fundraising activities such as healthy foods and beverages or nonfood fundraisers.
- If vending contracts are negotiable, specify healthy choices, such as water and 100 percent juice instead of soda and sports drinks, and foods that meet the CCCNS instead of candy, cookies and chips.
- Relocate vending machines so they are not visible to children and families.

Resources

Healthy Fundraising: Promoting a Healthy School Environment, CSDE, 2009:
http://www.sde.ct.gov/sde/lib/sde/PDF/DEPS/Student/NutritionEd/Healthy_Fundraising.PDF

For additional resources, see *Healthy Fundraisers* in section 10.

ACCESS TO DRINKING WATER

Policy Recommendations

- ▶ Safe, fresh drinking water will be clearly visible and available to children at all times indoors and outdoors, including during meals and snacks.
- ▶ Water will not be offered as a choice to replace the CACFP meal pattern components of milk or juice.

Rationale

Children need to stay hydrated for good health. Water is the best choice when children are thirsty between meals and snacks. Child care programs should make drinking water available and accessible to children at all times. State licensing regulations require that licensed child care centers make sanitary drinking fountains or individual disposable drinking cups available and accessible to children at all times.³⁷ State licensing regulations for family day care homes require that readily available drinking water is accessible to children at all times.⁴³ The *National Health and Safety Performance Standards* and the NAEYC and NAFCC accreditation standards specify that drinking water is available at all times.^{38, 41, 42}

However, it is important to note that water is *not* a component of reimbursable meals and snacks in the CACFP. It cannot be offered as a choice to replace the required CACFP meal pattern components. For example, a reimbursable CACFP lunch cannot include a choice of water or milk. Milk is a required component of all breakfasts, lunches and suppers.

If milk or juice is served as one of the two required snack components, water cannot be served as a choice instead of milk or juice. A reimbursable snack must always include two of the four CACFP snack components (milk, vegetables/fruits, grains/breads and meat/meat alternates). The CCCNS recommends serving whole fruits and vegetables instead of juice (see appendix C).

Water can be served in addition to the required CACFP components, for example, allowing children access to water after the meal pattern components are served.

Implementation Strategies

- Develop an appropriate procedure to make water available at meals and snacks while meeting CACFP requirements, i.e., do not offer water as a choice instead of milk or instead of juice.



SMART STEPS

Make drinking water readily available to children at all times.

Water is not a component of the CACFP meal patterns (see appendices A and B) and cannot be served instead of the required CACFP meal pattern components. However, it can be served in addition to the required CACFP meal pattern components.

4 | Nutrition Standards — Other Foods and Beverages

Action Guide for Child Care Nutrition and Physical Activity Policies

- Encourage staff members to offer water to children often during the day.
- Provide pitchers of water and disposable cups if water fountains are not available.
- Provide disposable cups near sinks that are available to children and provide a step stool if children are unable to reach the sink.
- For programs serving school-age children, provide signage to encourage drinking water.

Resources

Drinking Water for Good Health, Mealtime Memo for Child Care, Number 3, National Food Service Management Institute, 2008: <http://www.olemiss.edu/depts/nfsmi/Information/Newsletters/MM2008-3.pdf>

