

5 — EATING ENVIRONMENT

POLICY COMPONENT EATING ENVIRONMENT

POLICY AREAS

This section addresses best practices for the eating environment in child care, including policy recommendations, rationale, implementation strategies and resources for the following seven policy areas:

- Meal Schedules
- Pleasant and Healthy Eating Environment (Physical, Social and Emotional)
- Modeling Healthy Behaviors
- Food Rewards and Punishments
- Food Service Personnel Qualifications and Training
- Food Safety
- Staff Wellness

MEAL SCHEDULES

Policy Recommendations for Children

- ▶ The child care program schedules meal and snack periods at appropriate times that are not too close together or too far apart. Food is offered at least every three hours so that children's hunger does not overwhelm their ability to self-regulate food intake.
- ▶ To encourage meal consumption and improve children's behavior, mealtimes are scheduled after structured physical activity or active play.
- ▶ Adequate time is provided to allow all children to eat and socialize. Scheduled mealtimes provide children with at least 20 minutes to eat breakfast or snack and at least 30 minutes to eat lunch or supper, after the children are sitting at the table.
- ▶ The child care program accommodates the tooth-brushing regimens of all children, including those with special oral health needs, e.g., orthodontia or high tooth decay risk.



SMART STEPS

Schedule meals and snacks for children at least two but no more than three hours apart.

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Policy Recommendations for Infants

- ▶ The child care program feeds infants according to the written feeding plan provided by parents. Infants are fed on demand following cues for hunger and fullness.
- ▶ Infants' teeth and gums are wiped with a disposable tissue or gauze after each feeding.

Rationale

Young children have small stomachs and high energy needs. They need to eat smaller amounts and more frequently than adults. Children do not have adults' ability to compensate for hunger. With a significant time span between meals, children can experience hunger symptoms (such as fatigue, irritability, inability to concentrate, weakness and stomach pains) that can interfere with daily activities and learning. Conversely, meals and snacks should not be so close together that children are not hungry.

Generally, children ages 2 and older need to eat at least every three hours so that their hunger does not overwhelm their ability to self-regulate food intake.^{38,41,44} Breakfast and lunch should be scheduled at appropriate times. Snacks should be served at times that allow children to come to their regular meals hungry but not famished. Structured mealtimes ensure that food is provided at appropriate times.

Neither the CACFP or Head Start regulations require a specific amount of time for meals and snacks, although Head Start regulations indicate that sufficient time must be allowed for each child to eat.³⁹ Generally, 30 minutes to eat lunch and supper and 20 minutes to eat breakfast and snack is sufficient, after the children are sitting at the table. However, these time frames should be adjusted as needed to ensure that all children have enough time to eat until they are no longer hungry.

Scheduling physical activity or active play before mealtimes is an effective strategy to increase meal consumption, promote better behavior and encourage a more positive mealtime environment. Children who play before they eat have improved behavior at mealtimes and in the classroom.^{56,57} They waste less food and drink more milk, which leads to increased nutrient intake. The mealtime atmosphere is improved and children are more settled and ready to learn upon returning to classroom activities.

NAEYC standards specify that staff members provide the opportunity for tooth brushing and gum cleaning at least once daily for children ages 1 and older who receive two or more meals.⁴¹ Head Start regulations specify that staff members must promote effective dental hygiene based on children's ages and developmental levels.³⁹ Infants' teeth and gums should be wiped with a disposable tissue or gauze after each feeding.^{39,41}

An infant's first year is a time of rapid growth and development. Infant feeding schedules should be flexible and respond to each infant's individual needs. State licensing regulations for licensed child care centers require that infants are fed in accordance to the written feeding schedule provided by their parents.³⁷ Infants should be fed on demand in response to hunger cues and fullness.^{38,47} Staff members should never force infants to eat or wait to feed an infant based on scheduled times.



SMART STEPS

Feed infants on demand based on each child's individual needs, in consultation with parents.

Implementation Strategies for Children

- Schedule meals and snacks at regular times.
- Schedule breakfast, lunch, supper and snacks at least two hours but no more than three hours apart.^{38,41,44}
- Schedule mealtimes after structured physical activity or active play whenever possible.
- Allow all children sufficient time to finish eating, i.e., at least 20 minutes for breakfast or snack and at least 30 minutes for lunch or supper, after the children are sitting at the table.
- Schedule time to accommodate children's tooth-brushing regimens.

Implementation Strategies for Infants

- When an infant cries, look to see if there is a reason other than hunger. Crying infants may not be hungry. They might be tired, want affection or need a diaper change.
- Feed infants on demand (about every two hours) based on hunger cues, e.g., rooting, sucking on a fist, crying and fussing. Do not try to put infants on a feeding schedule.
- Stop feeding infants when they indicate fullness, e.g., sealing lips together, decrease in sucking, spitting out the nipple, turning away from bottle and pushing bottle away. Never force infants to eat.
- When sucking stops or decreases, take the bottle out and see if the infant still roots for it. Sometimes infants use the bottle as a pacifier after their hunger needs are met.
- Look for milk running out of the mouth. Many infants will let the bottle stay in their mouth even after they are full.
- Wipe infants' teeth and gums with a disposable tissue or gauze after feeding.



Resources

Feeding Infants: A Guide for Use in the Child Nutrition Programs, USDA, 2001:
http://www.fns.usda.gov/tn/Resources/feeding_infants.html

Happy Mealtimes for Healthy Kids, Mealtime Memo for Child Care, National Food Service Management Institute, 2004: <http://www.olemiss.edu/depts/nfsmi/Information/Newsletters/meme2004-4.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>

Recess Before Lunch: A Guide to Success, Montana Office of Public Instruction, 2003:
<http://test.opi.mt.gov/PDF/SchoolFood/RBL/RBLGuide2008.pdf>

For additional resources, see *Developing Healthy Habits*, *Feeding Infants* and *Play Then Eat* in section 10.

PLEASANT AND HEALTHY EATING ENVIRONMENT (PHYSICAL, SOCIAL AND EMOTIONAL)

Policy Recommendations for Children

- ▶ The child care program serves meals and snacks in safe, clean and pleasant settings, and develops an eating environment that provides children with a relaxed, enjoyable climate. The eating environment is a place where children have:
 - adequate space to eat;
 - clean and pleasant surroundings;
 - appropriate and culturally relevant eating dishes and utensils;
 - pleasant conversation; and
 - convenient access to hand washing facilities before meals and snacks.
- ▶ Mealtimes include predictable routines, such as washing hands before coming to the table, assisting with setting plates and utensils and cleaning up after meals.
- ▶ Meals are served family style, where children serve themselves from common platters of food with assistance from supervising adults who sit and eat with the children. The child care program uses mealtime as an opportunity to teach nutrition and food concepts. Adults eating with the children encourage social interaction and conversation, and ask questions and talk about nutrition concepts related to the foods being served.
- ▶ To support the development of healthy eating habits, staff members observe children's hunger and fullness cues and implement strategies that support children's self-regulation of food intake.
- ▶ Staff members encourage children to try foods but never force, coax or bribe children to eat.
- ▶ Staff members do not praise children for finishing food or cleaning their plates.
- ▶ Mealtime is never used to discipline or scold children.

Policy Recommendations for Infants

- ▶ The child care program follows best practices for feeding infants, as defined by the American Academy of Pediatrics and the USDA Child and Adult Care Food Program. Infants are provided a safe, calm and uninterrupted feeding environment.
- ▶ Staff members hold infants while they are being fed and never lay them down to sleep or propped in a bouncy chair or high chair with a bottle.



SMART STEPS

Create a pleasant and relaxed eating environment that encourages children to enjoy mealtimes.

When family style meals are not possible or children bring meals from home, children and adults can still eat their meals together at the table. Staff members can encourage a pleasant eating environment and support children's self-regulation of food intake.

- ▶ Whenever possible, infants are fed by a single caregiver to develop familiarity, encourage bonding and make mealtime an enjoyable experience.

Rationale

The physical dining environment should keep children safe while eating and encourage healthy eating practices. Furniture and eating utensils should be the right size for children's ages and development. Proper seating ensures children's comfort and safety while eating and reduces the risk of choking.³⁸ Suitable furniture and utensils provide comfort, enable children to perform eating tasks they have already mastered and facilitate the development of skill and coordination in handling food and utensils.³⁸

The physical, social and emotional dining environment greatly affects the atmosphere in which children eat. Mealtimes provide many opportunities to support children's development and socialization and promote the development of healthy eating habits. A pleasant social and emotional environment encourages children to accept and enjoy food.⁴⁴ Children are more likely to enjoy feeding themselves and eat well in a pleasant and relaxed environment. Mealtime practices should focus on making the eating experience pleasant and enjoyable for children by providing a positive environment with predictable routines. Predictable routines help communicate expectations to children. They also provide appropriate sharing of responsibility in the adult-child feeding relationship.⁵⁸⁻⁶⁰

Family-style meals allow supervising adults to serve as role models, teach social skills and provide educational activities that are centered on foods. This approach allows children to identify and be introduced to new foods, new tastes and new menus. It encourages a positive attitude toward nutritious foods and helps children develop good eating habits. The USDA strongly encourages family-style meal service in the CACFP. It is a best-practice standard of the *National Health and Safety Performance Standards* and the *ADA's Benchmarks for Nutrition Programs in Child Care Settings* and a required component of Head Start regulations.^{38,39,44}

Developing healthy eating habits relies on a division of responsibility between children and adults.^{58,59} Adults have the responsibility of providing healthy and safe foods served at regularly scheduled meals and snacks. Children have the responsibility of deciding whether and how much to eat. Staff members play an important role in helping children to recognize their internal cues of hunger and fullness so that they are able to self-regulate food intake, i.e., eat when they are hungry and stop when they are full. When adults force children to eat or encourage them to clean their plates, children are taught to disregard their internal hunger cues. This can lead to overeating and childhood obesity.

Infants need a calm and supportive atmosphere that ensures an uninterrupted mealtime. To enhance bonding and establish a sense of security while feeding, staff members should hold babies, establish eye contact and softly talk to babies.^{39,47} Feeding should continue until the baby indicates fullness. (For more information on recognizing fullness, see *Implementation Strategies for Infants* under *Meal Schedules* in this section.) The practice of propping an infant's bottle is inappropriate because it prevents staff members from bonding with the infant and observing cues for fullness. It may also lead to choking, ear infections or dental problems, e.g., baby bottle tooth decay.



SMART STEPS

Serve meals
family style and let
children decide what
and how much to eat.

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Implementation Strategies for Children

- Provide dining areas that are attractive, well-lit and have sufficient space for seating.
- Provide tables and chairs that are in good repair and are the right size for children.
- Provide appropriate child-size flatware, plates and bowls, serving dishes and child-size serving utensils.
- Provide accommodations to allow children with disabilities and special feeding needs to eat with their nondisabled peers, including adaptive utensils and cups.
- Provide hand-washing equipment and supplies in a convenient place so children can wash their hands before eating.
- Provide children with clear expectations for mealtime behavior, e.g., sharing, being polite and having pleasant conversation.
- Encourage self-feeding for toddlers, e.g., using a spoon, using fingers to self-feed and holding and drinking from a cup.
- Serve meals family style, where children serve themselves from common platters of food with assistance from supervising adults who sit and eat with the children. If family-style meal service cannot be implemented completely, try serving at least one or two foods family style.
- Train staff members on strategies for implementing family-style meal service.
- Encourage socializing and pleasant conversation among children and between children and adults.
- Do not use mealtime to discipline or scold children
- Encourage all children to come to the table for meals and snacks. Provide a transition activity to help children slow down from active play to mealtime, e.g., playing music, reading a story or setting the table.
- Serve all meal components simultaneously and let children decide what and how much to eat.
- Help children to recognize their internal cues of hunger and fullness so they are able to self-regulate food intake, i.e., eat

HELPING CHILDREN DETERMINE HUNGER AND FULLNESS

- Encourage appropriate portion sizes. Children have small stomachs and need small portions. Like adults, they can overeat when their plate contains too much food.
- Start with small portions and ask children if they are hungry before serving or allowing second helpings.
- Serve family-style meals to help children learn to put the right amount of food on their plate.
- Create a positive eating environment. Listen when children say they are full. Discourage staff members from asking children to clean their plates.
- Observe younger children for fullness cues. For example, toddlers may not say they are full but they may be distracted from eating or start to play.
- Model healthy behaviors while sitting with the children. Let them see adults eating when they are hungry and pushing their plates away and stopping eating when they are full, even if there is still food on the plate.

when they are hungry and stop when they are full. For more information, see *Helping Children Determine Hunger and Fullness* on the previous page.

- Observe staff interaction with children at mealtimes and provide appropriate guidance to assist staff members in implementing the division of responsibility for children's eating.
- Encourage appropriate portion sizes. Provide additional helpings of food beyond the CACFP recommended amounts only if the child asks for more or serves himself.
- Provide training for staff members on appropriate portion sizes, based on the CACFP Meal Pattern for Children. The Nemours Foundation's *Best Practices for Healthy Eating: A Guide to Growing Up Healthy* provides pictures of appropriate CACFP portion sizes for each age group.
- Encourage children to try foods but never bribe, coax or force children to eat or praise children for finishing food.
- Acknowledge children's differences and preferences for food, but do not compare children's eating characteristics.

Implementation Strategies for Infants

- Provide a safe, calm and uninterrupted mealtime, e.g., serving foods at proper temperatures, holding and softly talking to babies, and feeding until baby indicates fullness. For more information on recognizing fullness, see *Implementation Strategies for Infants* under *Meal Schedules* in this section.
- For babies who can sit up and are eating solid foods, use appropriate infant seats and high chairs and appropriate feeding equipment, e.g., infant spoons and dishes.
- Work with families to follow best practices for infant feeding including the transition from bottle to cup and the introduction of solid foods. For more information, see *Nutrition Guidelines for Infants* in section 4.
- Provide training for staff members on appropriate portion sizes for infant foods, based on the CACFP Infant Meal Pattern. The Nemours Foundation's *Best Practices for Healthy Eating: A Guide to Growing Up Healthy* provides pictures of appropriate CACFP portion sizes for infants.

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>

Best Practices for Serving Foods to Groups of Children, University of Idaho: http://www.cals.uidaho.edu/feeding/pdfs/1_2%20Best%20Practices.pdf

Building Mealtime Environments and Relationships (BMER) — An Inventory for Feeding Young Children in Group, University of Idaho, 2005: <http://www.ag.uidaho.edu/feeding/buildingpdf.htm>

Care Connection, National Food Service Management Institute, 2009: <http://www.nfsmi.org/ResourceOverview.aspx?ID=199>

Developing Healthy Eating Habits, MyPyramid for Preschoolers, USDA, 2009: <http://www.mypyramid.gov/preschoolers/HealthyHabits/index.html>

Ellyn Satter Associates: <http://www.ellynsatter.com/>

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Feeding Policy Division of Responsibility, Ellyn Satter Associates: <https://ellynsatter.com/resources.jsp>

Family Style Dining in Child Care, Mealtime Memo, No. 8, National Food Service Management Institute, 2006: <http://www.olemiss.edu/depts/nfsmi/Information/Newsletters/meme2006-8.pdf>

Making Food Healthy and Safe for Children: How to Meet the National Health and Safety Performance Standards — Guidelines for Out-of-Home Child Care Programs, Second Edition, The National Training Institute for Child Care Health Consultants, Department of Maternal and Child Health, The University of North Carolina at Chapel Hill, 2007: http://nti.unc.edu/course_files/curriculum/nutrition/making_food_healthy_and_safe.pdf

For additional resources, see *Developing Healthy Eating Habits* in section 10.

MODELING HEALTHY BEHAVIORS

Policy Recommendations

- ▶ The child care program recognizes the importance of staff members as positive role models for children as they learn to live healthy lives. Staff members model behaviors for healthy eating, physical activity (including limited screen time), and positive body image in the presence of children. They do not consume unhealthy foods and beverages such as candy and soda in front of children.
- ▶ The child care program encourages parents to reinforce these positive messages by serving as role models for their children at home.

Rationale

Adults help shape children's behaviors. They can have significant influence on the development of healthy eating and physical activity habits or sedentary behaviors, such as watching television. Modeling healthy behaviors reinforces lessons about nutrition and physical activity and encourages children to value healthy practices. Modeling by staff members demonstrates the child care program's commitment to providing a healthy child care environment. Staff members' body language and reaction to food can affect a child's decision to try and like new foods.

When parents serve as role models, they support and reinforce the positive messages that children are learning in child care. Parents' positive nutrition attitudes are related to more pleasant mealtimes, fewer negative mealtime practices and less troublesome child eating behaviors.⁶⁰ Parents who exhibit negative meal practices (e.g., verbal reprimands and telling children to clean their plates) are more likely to have obese children.⁶⁰

Implementation Strategies

- If family-style meal service is implemented, sit with children at the table and eat the same foods as children (with exceptions for staff members with special religious, dietary or medical restrictions).
- If children and staff members bring meals from home, staff members eat with the children and their meals model healthy food choices.



SMART STEPS

Staff members model healthy eating and physical activity practices throughout the child care environment.

- Enjoy healthy foods (such as fruits, vegetables and whole grains) and make positive comments about healthy foods.
- Encourage children to try healthy foods and provide positive reinforcement when they do.
- Do not consume unhealthy foods and beverages (such as candy, cake, soda and coffee) in front of children.
- Educate staff members about avoiding inappropriate verbal and nonverbal responses that communicate negative messages to children, such as making negative comments about foods, negative body language (e.g., negative facial expressions when a disliked food is served), commenting about children's or adults' body size and comparing children's eating characteristics (e.g., "Sam eats his peas, why can't you?").
- Do not treat children differently based on their body size or shape.
- Encourage staff members to participate in unstructured child-initiated physical activity.
- Provide opportunities that support staff members in making healthy food and lifestyle choices for themselves, e.g., professional development on health, physical activity and wellness. For more information, see *Staff Wellness* in this section.
- Educate families about the importance of adults as positive role models for healthy eating, physical activity, limited screen time and positive body image at home. For more information, see *Engaging Families* in section 8.

ENCOURAGING NEW FOODS

- Model positive attitudes and behaviors. Staff members try new foods, and talk about enjoying their taste, texture and smell.
- Offer new foods at the beginning of the meal when children are most hungry and more likely to try something new.
- Serve a new food with familiar foods that children like.
- Serve one new food at a time so children are not overwhelmed.
- Offer a very small amount of the new food.
- Gently encourage children to try new foods and provide positive reinforcement when they do. Never force children to eat.
- Offer new foods many times on the menu to help children become familiar with them. It may take up to a dozen times before a child will try a new food.
- Provide opportunities to try new foods outside meals, e.g., as part of nutrition education or cooking activities.

Resources

Be a Role Model for Kids — 10 Tips for Setting Good Examples, USDA, Center for Nutrition Policy and Promotion, September 2009:

<http://www.mypyramid.gov/downloads/TenTips/RoleModelTipsheet.pdf>

Developing Healthy Eating Habits, MyPyramid, USDA:

<http://www.mypyramid.gov/preschoolers/HealthyHabits/index.html>

MODEL Health! Promoting Nutrition and Physical Activity in Children, Maryland State Department of Education, 2007: <http://healthymeals.nal.usda.gov/hsmrs/Maryland/MODELHealth.pdf>

For additional resources, see *Modeling Healthy Behaviors* in section 10.

FOOD REWARDS AND PUNISHMENTS

Policy Recommendations

- ▶ Staff members do not use foods or beverages as rewards for performance or good behavior, unless this practice is required by a child's individualized education program (IEP) under the Individuals with Disabilities Education Act (IDEA).
- ▶ Staff members never withhold food or beverages (including food served through CACFP meals) as a punishment.
- ▶ The child care program develops alternative nonfood reinforcements for appropriate behavior.



SMART STEPS

Do not use food as a reward or punishment.

Rationale

Offering food as a reward or restricting food as punishment places undue importance on food and can harm children's eating behaviors. Restricting access to CACFP meals and snacks as a punishment is prohibited by USDA regulations. These practices are inappropriate for all child care programs, regardless of whether they participate in the CACFP. Head Start regulations, the *National Health and Safety Performance Standards*, ADA's *Benchmarks for Nutrition Programs in Child Care Settings*, and the NAFCC accreditation standards all prohibit the use of food as reward or punishment.^{38,41,42,44}

Food as Reward: Rewarding with food can interfere with children learning to eat in response to hunger and satiety cues. This teaches children to eat when they are not hungry as a reward to themselves, and may contribute to the development of obesity and disordered eating. Foods used as rewards are typically unhealthy foods that are high in fat and sugars with little nutritional value. Decreasing the availability of these foods is one strategy child care programs can use to address the current childhood obesity epidemic. For more information, see *Rationale for Healthy Foods and Beverages in Child Care* in section 4.

Adults often use food rewards because they are an easy, inexpensive and powerful tool to bring about immediate short-term behavior change. Yet, using food as a reward has many negative consequences that go far beyond the short-term benefits of good behavior or performance. Rewarding children with food undermines efforts to teach children about good nutrition by modeling unhealthy behavior and contradicting the nutrition principles taught in the classroom. It interferes with children learning to eat in response to hunger and satiety cues. This teaches children to eat when they are not hungry as a reward to themselves, and may contribute to the development of disordered eating.^{61,62} It also increases children's preferences for unhealthy foods. Research shows that food preferences for both sweet and nonsweet food increase significantly when foods are presented as rewards.^{62,63} Rewarding children with food encourages overconsumption of unhealthy foods.

Food as Punishment: Facilities participating in the CACFP are prohibited from restricting children's access to CACFP meals and snacks for any reason, including as a punishment for individual or group behavior. Other inappropriate practices include:

- forcing a child to eat a food;
- delaying access to food, e.g., a child or group of children is served last;
- denying children access to certain types of foods, e.g., dessert and snacks; and
- preventing children from eating food when food is normally allowed.

These practices are inappropriate for all child care programs, regardless of whether they participate in the CACFP. Child care program policies must prohibit staff members from forcing children to eat or withholding access to meals and snacks as punishment. Restricting access to meals, snacks or other foods and beverages is an inappropriate form of punishment. Children should be secure in knowing that they will be able to eat at appropriate times, and adults should not create anxiety and stress around eating by using food to control children's behavior. Child care program policies should develop alternative practices for promoting appropriate behavior.

Implementation Strategies (as developmentally appropriate)

- Use or build upon discipline policies that are already in place, instead of using food.
- Train staff members on appropriate strategies for encouraging positive behaviors.
- Develop alternative positive practices for promoting appropriate behavior, e.g., earning “rights,” such as the right to spend more time at a desired activity.
- If rewards are allowed, provide staff members with a list of acceptable age-appropriate nonfood alternatives, e.g., stickers.
- Provide training for staff members and information to families on the negative consequences of using food to reward or punish children.

Resources

Alternatives to Food as Rewards, CSDE, 2007:

<http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=320754#Resources>

Center on the Social and Emotional Foundations for Early Learning, Vanderbilt University:

<http://www.vanderbilt.edu/csefel/>

For additional resources, see *Alternatives to Food Rewards* and *Behavior Management* in section 10.

FOOD SERVICE PERSONNEL QUALIFICATIONS AND TRAINING

Policy Recommendations

- ▶ Qualified nutrition professionals administer the CACFP. The child care program provides adequate training and continuing professional development for all nutrition and food service personnel.
- ▶ Food service personnel regularly participate in professional development activities that address all applicable areas of food service operations, including planning, preparing and serving nutritious, safe and appealing meals and snacks that meet the required CACFP meal pattern components and serving sizes.
- ▶ Food service personnel regularly participate in professional development activities that address other appropriate topics, such as nutrition, strategies for promoting healthy eating behaviors and accommodating special dietary needs.



SMART STEPS

Provide regular training for food service personnel on nutrition, food safety and CACFP requirements.

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Rationale

Food service personnel who are appropriately trained in nutrition, CACFP requirements, food preparation techniques, accommodating special diets and food safety are better prepared to provide nutritious and safe meals. Training helps food service personnel understand their responsibilities and be successful in their jobs. Motivation is increased when employees understand program goals and the tasks required to achieve those goals. Training also instills a sense of positive self-esteem through improved professional competency. CACFP regulations require that all sponsors provide annual training for key staff members.⁴⁰ At a minimum, the training must address the CACFP meal pattern and requirements, e.g., meal counts, claim submission, review procedures, recordkeeping requirements and the reimbursement system.

Implementation Strategies

- Ensure that food service personnel are adequately trained and regularly participate in professional development activities to provide healthy meals and snacks that meet the CACFP requirements. Training should address appropriate topics such as CACFP meal pattern requirements, menu planning, food preparation, food safety and sanitation, nutrition, children's health trends and strategies for promoting healthy eating behaviors.
- Provide training for food service personnel on appropriate procedures for preparing meals for children with food allergies and other special dietary needs. For more information, see *Special Dietary Needs* in section 4.
- Use appropriate personnel (including registered dietitian consultant, health consultant and food service director) and the community (including registered dietitians and other health professionals) to promote awareness and serve as a resource to food service personnel for nutrition, food service and related topics. For more information, see *Finding Consultants* under *Professional Development* in section 6.
- Encourage food service personnel to participate in appropriate certification and credentialing programs.
- For child care programs using food contractors, specify the requirements for food service personnel qualifications and training in the written contract.
- For child care programs that are required to comply with the state qualified food operator (QFO) regulation, ensure that the appropriate food service personnel are QFOs. For more information, see *Food Safety* in this section.



Resources

Resources on food service personnel can be found in *Qualifications of Food Service Personnel* and *Training for Food Service Personnel* in section 10.

FOOD SAFETY

Policy Recommendations

- ▶ All foods and beverages made available in the child care program comply with federal, state and local food safety and sanitation regulations. This includes foods and beverages served for CACFP meals and snacks, nutrition education activities (such as cooking and taste-testing), celebrations and other events on site.
- ▶ The child care program takes appropriate precautions during food preparation to eliminate foods that are high risks for choking and use preparation methods to make all foods safe to eat.

Rationale

Serving safe food is a critical responsibility for all child care programs and a key aspect of a healthy child care environment. Young children are especially susceptible to foodborne illness, which can cause serious side effects, even death. Child care programs are responsible for ensuring that meals served to children are properly prepared using healthy foods and safe food-handling practices. Prevention is the key to providing safe food service. All child care programs must ensure that foods are kept at proper temperatures at all times and that all food service personnel follow appropriate food safety and sanitation practices.

Children younger than 4 are at the highest risk of choking. Child care menus must reflect the eating abilities of the children being served.⁶⁴ The child care program must eliminate foods that are high risks for choking (e.g., round, hard, small, thick and sticky, smooth or slippery foods) and use preparation methods to make all foods safe to eat, e.g., cutting foods into small pieces and cooking and mashing vegetables. For more information, see the CCCNS in appendix C.

For information on food safety for children with food allergies, see *Special Dietary Needs* in section 4.

Implementation Strategies

- Designate a QFO and an alternate QFO at each site with a food service establishment that is required to comply with the state qualified food operator regulation.⁶⁴ For more information, see *Responsibilities of Child Nutrition Programs Regarding Connecticut's Qualified Food Operator (QFO) Requirement*.

CONNECTICUT PUBLIC HEALTH CODE

All child care centers and emergency shelters must follow Connecticut Public Health Code Section 19-13-B42 regulations.⁶⁴ Food service operations in child care centers and emergency shelters must also comply with any local requirements, as directed by the local department of health. The local department of health is responsible for inspecting food service operations to ensure compliance with the Connecticut Public Health Code. Child care programs should always consult their local health department for guidance on questions regarding specific sanitation and food safety issues.

Note: Connecticut Public Health Code Section 19-13-B42 does not apply to family day care homes. However, to ensure the safety of meals for all children, day care home providers should follow appropriate food safety procedures.

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- Ensure that all foods used are clean, wholesome and from approved sources.
- Maintain food storage, preparation and service that are consistent with state and federal standards for food safety and sanitation. For more information, see *Nutrition Policies and Guidance for the Child and Adult Care Food Program: Food Safety*.
- Ensure that foods are kept at proper temperatures at all times.
- Eliminate foods that are high risks for choking and use preparation methods to make all foods safe to eat. For more information, see the CCCNS in appendix C and the CSDE's *Preventing Choking in Infants and Young Children*.
- Provide ongoing food safety and sanitation training for all food service personnel, including basic food safety principles and proper hand washing procedures.
- Attend sanitation and food safety training provided by state agencies, state child care organizations, CACFP sponsors and other appropriate organizations.
- Train teachers and other program staff members in basic food safety principles.
- Take advantage of Internet-based training, such as online courses and seminars. The National Food Service Management Institute provides online training on a variety of topics related to the USDA Child Nutrition Programs.
- Follow appropriate food safety practices for preparing infant bottles and food. For more information, see the CSDE's *Nutrition Policies and Guidance for the Child and Adult Care Food Program: Feeding Infants* and the USDA's *Feeding Infants: A Guide for Use in the Child Nutrition Programs*.
- Communicate with families regarding food safety procedures for foods brought from home. For more information, see *Parent-Provided Meals and Snacks* in section 4.



SMART STEPS

Provide food safety guidance for families regarding foods brought from home.

Resources

Compliance Guide for Food Service Inspection Form, Connecticut Department of Public Health, 2001:
http://www.ct.gov/dph/lib/dph/environmental_health/food_protection/pdf/compliance.pdf

Connecticut Public Health Code Section 19-13-B42 Sanitation of Places Dispensing Foods or Beverages:
http://www.dir.ct.gov/dph/PHC/docs/19_Sanitation_of_Food_Fair.doc

Feeding Infants: A Guide for Use in the Child Nutrition Programs, USDA, 2001:
http://www.fns.usda.gov/tn/Resources/feeding_infants.html

Food Protection Program, Connecticut Department of Public Health:
<http://www.ct.gov/dph/foodprotection>

Inspection Report for Food Service Establishments, Connecticut Department of Public Health, June 2001:
http://www.ct.gov/dph/lib/dph/environmental_health/food_protection/pdf/inspection_form.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>

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

Online Courses, National Food Service Management Institute:
<http://www.nfsmi.org/> (click on “Online Courses”)

Preventing Choking in Infants and Young Children, CSDE, 2009: http://www.sde.ct.gov/sde/LIB/sde/pdf/deps/nutrition/CACFP/Feeding_Infants/Preventing_Choking.pdf

Responsibilities of Child Nutrition Programs Regarding Connecticut’s Qualified Food Operator (QFO) Requirement, CSDE, 2009: http://www.sde.ct.gov/sde/LIB/sde/pdf/deps/nutrition/QFO_Handout.pdf

For additional resources on food safety and sanitation, see *Food Safety* in section 10.

STAFF WELLNESS

Policy Recommendations

- ▶ The child care program highly values the health and well-being of every staff member. The child care program promotes and provides activities and resources that support personal efforts by staff members to maintain a healthy lifestyle and that encourage staff members to serve as role models for children.

Rationale

Health promotion services for all staff members can improve their eating and physical activity behaviors and their effectiveness in teaching and modeling healthy behaviors. When staff members improve their own personal health and wellness they increase morale, become role models, and build the commitment to promote children’s health through a healthy child care environment. Connecting staff members to health promotion programs helps staff members, children and their families.

Implementation Strategies

- Survey staff members regarding their interest in specific health promotion activities.
- Identify community and state programs and initiatives that support and promote wellness.
- Collaborate with community health promotion initiatives to provide staff health promotion programs or to promote these opportunities, e.g., health screenings, physical activity and fitness programs, nutrition education, health fairs, weight management, smoking cessation, influenza vaccinations and stress management. For more information, see *Partnering with Community Organizations* in section 8.
- Provide information to encourage staff members to participate in health promotion programs,



SMART STEPS

Provide activities and resources to promote the health and well-being of staff members.



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e.g., introduce wellness programs to new staff members at orientation sessions; present information at regular staff meetings; include fliers and brochures with paychecks; and share information in newsletter articles, brochures and e-mail messages.

- Provide staff members with information and resources on relevant health topics.
- Provide educational activities for staff members on healthy lifestyle behaviors, e.g., healthy eating, physical activity and wellness.
- Develop peer support groups for identified health issues, e.g., weight management, stress management and tobacco-use cessation.
- Provide only healthy foods and beverages for staff functions, meetings and other events. For more information, see *Functions, Events and Meetings* in section 4, the CCCNS (appendix C) and *Ideas for Healthy Celebrations and Events* (appendix F).
- Develop a walking club for staff members that meets before or after work hours or during established breaks.



Resources

Resources on staff wellness can be found in *Staff Wellness* in section 10.