

Nutritional Services



Preschool Services

Nutritional Services Handbook Contents

Charting Heights and Weights

Children with Food allergies, Special Feeding Need, or Special Diets

Bottle Feeding

Keeping Food Safe During Power Failure

Late Breakfast Arrival

Leftover Food



Charting Heights & Weights for Children

Overview

Purpose

Height and weight measurements are critical for identifying children who are overweight, obese, or underweight.

Reference

The policies and regulations referenced are:

- Head Start Performance Standards: §1302.42(b)(4), 1302.46(b)(1)(ii)
 - Community Care Licensing Title 22: §10220(a)
-

Policy overview

Obtain height and weight measurements on children during the program year:

- Part Day: two times
- Full Day or Extended Duration: four times

Quarterly tracking of height and weight for obese and overweight children is valid as long as it continues to be part of the County Goal.

Contents

The following is a table of contents.

Topic	See Page
Charting Heights & Weights	2

Charting Heights & Weights

Policy

Obtain height and weight measurements on children during the program year:

- Part Day: two times
- Full Day or Extended Duration: four times

Quarterly tracking of height and weight for obese and overweight children is valid as long as it continues to be part of the County Goal.

Definitions

Overweight is a Body Mass Index (BMI) for age on the growth chart from the 85th percentile to 94th percentile.

Obese is a Body Mass Index (BMI) for age on the growth chart above 95th percentile

Underweight is a Body Mass Index (BMI) for age on the growth chart below the 5th percentile.

Data collection

The Generalist collects height and weight data from both the physical form completed by a health care provider, and from actual measurements taken in the classroom.

The collected data is recorded in the child's file and in ChildPlus in the Growth Assessment section.

Re-enrollees

Re-enrollees follow the State of California EPSDT schedule for measurements.

Measurements for height and weight taken over 2 months prior to the start of the program year must be redone before 45 days from enrollment.

Continued on next page

Charting Heights & Weights, Continued

Deadlines

The following are the deadlines for the measurements.

If the child is ...	Then ...
Full Day or Extended Duration	<ul style="list-style-type: none">• First: before 45 days of the program year• Second: December 15th• Third: March 15th• Fourth: June 15th
Part Day	<ul style="list-style-type: none">• First: before 45 days of the program year• Second : March 15th



The measurement process

The following is the measurement process.

Who	Does What
Teacher	Supervises the children
Teacher's aid	Helps each child to step on the scale
Generalist	Takes the measurements



Measuring weight

Use the following to measure weight.

Step	Action
1	<ul style="list-style-type: none">• Place the scale on a flat surface to balance it.• Ensure the scale registers zero.
2	Have the child: <ul style="list-style-type: none">• Remove jackets and shoes.• Stand in the middle of the scale.
3	Check that the child is not moving when reading the scale.
4	Repeat weighing until two readings agree within 4 ounces.
5	Record the weight in pounds in: <ul style="list-style-type: none">• The child's file and• ChildPlus in the Growth Assessment section.
6	Is the child 2-5 years old? <ul style="list-style-type: none">• Yes, print BMI and place in child's file.• No, do not print.

Continued on next page

Charting Heights & Weights, Continued

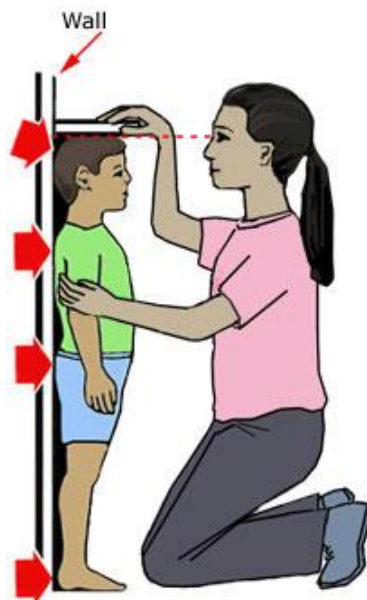


Measuring stature

Use the following to measure stature.

Step	Action
1	Have the child: <ul style="list-style-type: none">• Remove jackets and shoes.• Stand with their back to the measuring surface.
2	Position the child: <ul style="list-style-type: none">• Shoulder blade, buttocks, and heels are touching the measuring surface• Leg straight and knees together• Shoulders relaxed and arms at sides• Heels flat on the floor and knees not flexed• Looking straight ahead
3	Lower flat edge guide until it is firmly touching the crown of the head.
4	Repeat measurement until two readings agree within 1/8".
5	Record the measurement in <ul style="list-style-type: none">• The child's file and• ChildPlus in the Growth Assessment section.
6	Is the child 2-5 years old? <ul style="list-style-type: none">• Yes, print BMI and place in child's file.• No, do not print.

Continued on next page



Charting Heights & Weights, Continued

Nutrition classes

The Nutritionist schedules nutrition classes at each site.



Follow up: overweight

Do not send a referral to Nutritionist for overweight children.
As a follow up for overweight children, BMI 85%-94%, the Generalist completes the following:

Step	Action
1	Provide Nutrition Pamphlet: <i>Healthy Eating For Preschoolers</i> .
2	Refer to WIC and the Nutrition classes.
3	Document in ChildPlus / Child Case notes.



Follow up: obese

As a follow up for obese children, BMI $\geq 95\%$, the Generalist completes the following:

Step	Action
1	Provide: <ul style="list-style-type: none">• Nutrition Pamphlet: <i>Healthy Eating For Preschoolers</i>.• Weight letter.
2	Refer to WIC and the Nutrition classes.
3	Refer to Nutritionist.
4	Notify Teacher.
5	Document in ChildPlus / Referral section/ Case notes.



Follow up: underweight

As a follow up for underweight children, BMI $<5\%$, the Generalist completes the following:

Step	Action
1	Provide: <ul style="list-style-type: none">• Nutrition Pamphlet: <i>Tips For Picky Eaters</i>.• Weight letter.
2	Refer to WIC and the Nutrition classes.
3	Refer to Nutritionist.
4	Notify Teacher.
5	Document in ChildPlus / Referral section/ Case notes.



Children with Food Allergies, Special Feeding Needs, or Special Diets

Overview

Purpose The purpose is to provide dietary substitutions for children with food allergies, chronic diseases, and children with religious/cultural preferences.

Reference The policies and regulations referenced are:

- Head Start Performance Standards: §1304.23(b)(1),(C)(6), 1302.44 (a)(1)
- Child Care Licensing Title 22: §101227(a)(1)

Policy overview Special diets are accommodated for Early Head Start/Head Start children with:

- Food allergies,
- Chronic diseases, or
- Religious or Cultural Preferences.

Contents The following is a table of contents.

Topic	See Page
Food Allergies/Chronic Diseases	2
Religious or Cultural Preference Diets	4
Declining Participation	5
Purchase Order for Medically Based Diets	6
Form: Invoice	7
Special Diet Substitution Log	8
Sample Menu Substitution Log	9

Food Allergies/Chronic Diseases

Making the determination

To determine if a child has a food allergy or chronic disease at enrollment, the Generalist reviews the:

- Medical History Profile
 - Nutrition Survey
 - Child's Physical
 - Emergency Card
-

Enrollment

Children with food allergies or chronic diseases should not be enrolled and/or participating in class until Special Menus are provided by the Nutrition Specialist.



Non-compliance

Contact the Support Services Manager and ERSEA Manager for all non-compliance issues.

Generalist responsibilities

The Generalist is responsible to:

- Provide parent with:
 - Medical Statement for Food Allergy and Chronic Disease and the
 - Food Allergy Questionnaire.
 - Review Food Allergy Questionnaire.
 - Refer families who require medication to Site Supervisor.
 - Initiate nutrition referral when the completed Medical Statement for Food Allergy and Chronic Disease is received.
 - Send completed Medical Statement for Food Allergy and Chronic Disease, Food Allergy Questionnaire, and Allergy Test Report to Nutrition Specialist.
 - Notify the Site Supervisor, Food Service Worker, and Nutrition Specialist of any children who have dropped from the program.
-

Continued on next page

Food Allergies/Chronic Diseases, Continued

Nutrition Specialist responsibilities

The Nutrition Specialist is responsible to:

- Review documents received.
 - Provide Special Diet Instructions.
 - Communicate details of Special Diet Instructions to:
 - Site Supervisor,
 - Teacher,
 - Food Service Worker,
 - Program Quality Specialist, and
 - Parent when a child has multiple allergies.
-

Site Supervisor responsibilities

The Site Supervisor is responsible to:

- Provide parents with medication forms and Epi-Pen Health Plan if needed.
 - Make copies of Special Diet Instructions and Medical Statement for Food Allergy and Chronic Disease for Food Service Worker and classroom teacher.
 - Notify Nutrition Specialist immediately of any child diagnosed with a food allergy after enrollment.
-

Food Service Worker responsibilities

The Food Service Worker is responsible to:

- Maintain a copy of Medical Statement for Food Allergy and Chronic Disease and Special Diet Instructions
 - Document daily substitutions on “Menu Substitution Log”
 - Secure allergy documents in a file folder marker “Confidential”
 - Ensure “Confidential” folder is available and labeled “Allergy List”
-

Program Quality Specialist responsibilities

The Program Quality Specialist is responsible to ensure the Site Supervisor and Food Service Worker has all the needed food substitutions within two weeks.

Religious or Cultural Preference Diets



Process

Use the following process when religious or cultural reasons require special meal accommodations.

Who	Does What
Generalist	<ul style="list-style-type: none">• Reviews Nutrition Survey or Emergency Card to identify children requiring meal accommodations• Provides parent with Religious/Cultural Preference Form• Faxes completed Religious/Cultural Preference Form to the Nutrition Specialist
Nutrition Specialist	Provides “Diet Instructions” for: <ul style="list-style-type: none">• Site Supervisor and• Generalist
Site Supervisor	Makes copies of Diet Instructions Religious/Cultural Preference Form for: <ul style="list-style-type: none">• Food Service Workers and• Classroom Teacher

Declining Participation

Policy

Parents may choose to decline school meals due to religious reasons, severe allergies or as directed by medical authority.

Meal Counts

Teachers should not count a child that brings a meal from home on the Classroom Meal Count Form.

Process

Use the following when a parent chooses to decline school meals.

Who	Does What
Site Supervisor	Contacts the Nutrition Specialist
Nutrition Specialist	Contacts the parent for consultation
Site Supervisor	<ul style="list-style-type: none">• Provides parent with:<ul style="list-style-type: none">– PSD CACFP Declining Food Program Letter to Parents– Declining Participation in Child and Adult Care Food Program (CACFP) form• Signs the CACFP form after the parent signs
Site Supervisor	<ul style="list-style-type: none">• Provides copies of the Declining Participation in Child and Adult Care Food Program (CACFP) form to Food Service Worker and Nutrition Specialist• Files the original CACFP form in the file



Purchase Order for Medically Based Diets

Process The following is the Medically Based Diet process.

Stage	Who	Does What
1	Center Staff	Sends medical statement signed by medical authority to the Nutrition Specialist
2	Nutrition Specialist	Sends individual diet instructions to center staff
3	Center staff	Contacts food vendor to provide substitutions When the food vendor cannot provide substitutions, then the center staff uses a purchase order to purchase substitutions

Purchase order For Stater Bros purchase, staff uses purchase order 182804. For any other purchasing from other stores, staff must contact finance department for further direction.

Completing the invoice While at the store, write:

- Name of your site in the Name of Organization box
- Address of your site in the Billing Address box
- Your name; print and sign
- Phone number of your site
- In the bottom area of the invoice: "Mandatory Classroom Food Experience"

Attach the white receipt to the yellow copy of the invoice and send it to the Administration office within 5 working days.

Make a copy and retain it at the site.

Invoice

I N V O I C E		
FROM	BILL TO	
ADDRESS	ADDRESS	
CITY-STATE ZIP	CITY. STATE .ZIP	
DESCRIPTION		AMOUNT
TOTAL		
_____ AUTHORIZED SIGNATURE		_____ DATE

Special Diet Substitution Log

Policy

Medically based diets or other dietary requirements are accommodated.



How to complete the log

The Food Service Worker uses the following to complete the Special Diet Substitution Log.

Step	Action
1	Complete one Menu Substitution Log per child with special diet.
2	List the child's name and the food the child is allergic to.
3	Fill in the date a substitution is needed (mm/dd/yy).
4	Write in the: <ul style="list-style-type: none">• Food served• Substitution provided• Amount provided (should meet the CACFP guidelines)
5	<ul style="list-style-type: none">• Attach the completed log to the menu production record at the end of the month.• Send to the Administration Office Attention: Nutrition Services.

Sample Menu Substitution Log

Sample

Below is a sample of how to complete the Menu Substitution Log.

PRESCHOOL SERVICES DEPARTMENT
NUTRITION SERVICES
Menu Substitution Log

CENTER: Family Head Start NAME OF CHILD: Joe Smith

ALLERGY/FOOD CANNOT EAT: Milk, Pineapple

IS THERE AN ALLERGY STATEMENT ON FILE? YES / NO

DATE	MEAL (Breakfast, Lunch or Snack)	FOOD SERVED	SUBSTITUTION FOOD PROVIDED	AMOUNT PROVIDED/SERVED
1/21/10	Breakfast	Milk	Apple Juice	6 oz.
1/21/10	Lunch	Milk	Grape Juice	6 oz.
1/22/10	Breakfast	Milk Pineapple Cup	Orange juice Fresh banana	6 oz. one whole
1/22/10	Lunch	Milk	Apple Juice	6 oz.
1/23/10	Breakfast	Milk	Orange juice	6 oz
1/23/10	Lunch	Milk	Apple Juice	6 oz.



Bottle-Feeding

Overview

Purpose The purpose of this policy is to ensure that the bottle-feeding experience is positive.

Reference The policies and regulations referenced are:

- Head Start Performance Standards: §1302.44 (a)(2)(iv)(v)(viii)
- Community Care Licensing: §101227(A)

Policy overview Breast milk or iron-fortified formula is the best and only source of food needed for the first 4-6 months and remains an important nutrient until the child is at least one year of age.

Contents The following is a table of contents.

Topic	See Page
Bottle Feeding	2

Bottle-Feeding

Policy

Breast milk or iron-fortified formula is the best and only source of food needed for the first 4-6 months and remains an important nutrient until the child is at least one year of age.

Never accept or feed an unlabeled bottle to an infant.



How to sanitize baby bottles

Use the following to sanitize baby bottles:

Step	Action
1	<ul style="list-style-type: none">• Wash your hands, arms and under your nails very well with soap and warm water.• Rinse thoroughly
2	Clean and sanitize your workspace.
3	Throw out disposable nursing bags, if used, after each use.
4	<ul style="list-style-type: none">• Wash the following in hot soapy water before using:<ul style="list-style-type: none">– bottles and nipples, using bottle and nipple brushes– Caps– Rings– Preparation utensils• Rinse thoroughly.
5	Squeeze clean water through nipple holes to be sure they are open.
6	<ul style="list-style-type: none">• Sanitize using three tub sink method with 10% Quat mixed to the correct concentration of 200ppm.• Use test strips to verify levels.
7	<ul style="list-style-type: none">• Put the bottles, nipples, caps and rings in a pot and cover with water.• Put the pot over heat.• Bring to boil and boil for 5 minutes.
8	<ul style="list-style-type: none">• Remove with sanitized tongs.• Allow the items to cool and air dry.

Continued on next page

Bottle-Feeding, Continued

Before you begin

Adding too little water to formula puts a burden on the baby's kidneys and digestive system and may lead to dehydration.

Adding too much water to formula may interfere with the baby's proper growth because it does not contain adequate calories and nutrients and can cause water intoxication.



How to prepare infant formula

Use the following to prepare formula:

Step	Action
1	Ensure that the formula used is the same brand that is given to the child at home and which is documented in the file on the Needs and Services Plan.
2	Start with a sanitized bottle.
3	Clean and sanitize the workspace.
4	Wash hands.
5	Read the label instructions on the commercially prepared formula.
6	Wash can lid with soap and water to remove dirt and contamination.
7	<ul style="list-style-type: none">• Open formula and follow directions on the label.• Use the scoop provided in the container.
8	Add water (not hot) from an approved source, i.e. Sparklets, to the bottle.
9	Place desired number of scoops of formula into the sterilized bottle.
10	Attach nipple and ring to the bottle and shake well.
11	Label with child's full name, the time, and date prepared.

Continued on next page

Bottle-Feeding, Continued

Clean up

After preparing a bottle, wash the scoop with soap and hot water. Rinse thoroughly and allow to air dry.

When making formula again, the scoop should be dry before using it to scoop powder again.

Store unopened cans in a cool, dry, indoor place. Discard one month after opening.

Storing a bottle of formula

If the infant is not fed immediately:

- Put a clean nipple right side up on each bottle.
 - Cover with a nipple cap.
 - Refrigerate until feeding.
 - Use the bottle within 48 hours.
 - Do not leave formula at room temperature.
-

Guidelines for temperature

The following are guidelines for the temperature of the bottle:

- Do not allow bottles of breast milk or formula to stand at room temperature to prevent spoilage.
 - Refrigerate prepared bottles until ready to use.
 - Never use a microwave oven to heat the bottles because they may explode or the milk may get too hot.
 - Since the liquids heat unevenly, it can be much hotter than it feels.
 - Microwave heating can destroy special substances in breast milk.
 - For those babies who prefer a warm bottle, hold the bottle under running warm (not hot) water immediately before feeding.
-

Guidelines for contents

The following are guidelines for the contents of the bottle:

- Shake a bottle of breast milk before feeding because breast milk separates when it is stored.
 - Do not put cereal or other food in a bottle since this forces the baby to eat food this way.
-

Continued on next page

Bottle-Feeding, Continued

Guidelines for when to feed the baby

The following are guidelines for when to feed the baby a bottle:

- Feed when the baby indicates hunger.
 - Respond to the early signs of hunger; do not wait until the baby is upset or crying from hunger.
 - Do not offer the bottle at naptime.
 - Do not let the baby carry a bottle around; this practice promotes baby bottle tooth decay.
-

Continued on next page

Bottle-Feeding, Continued



How to bottle feed the baby



Use the following to bottle-feed the baby.

Important: Never force a baby to finish what is in the bottle. Babies are the best judge of how much they need.

Step	Action
1	Always hold infants while bottle-feeding, support the infant's head, making sure that it is slightly higher than the rest of the body.
2	Touch the infant's lips or show the bottle and wait until they open their mouth.
3	Interact during the feeding by smiling, cuddling, etc.
4	Continue to feed until the baby indicates they are full. Signs of fullness include: <ul style="list-style-type: none">• Sealing the lips• Decrease in sucking• Spitting out the nipple• Turning from bottle• Pushing bottle away
5	Wait for the baby to stop eating before burping.
6	Burp by gently patting or rubbing the baby's back while the baby is resting on your shoulder or sitting on your lap.
7	<ul style="list-style-type: none">• Throw out unused breast milk or formula left in a bottle after a feeding.• Wash the bottle with soap and hot water immediately.• Clean and sterilize bottles using written procedures before reusing them.

Do not leave bottles out

Do not leave any bottles sitting around to prevent other babies or children from drinking them.

If a child has been mistakenly fed or has drunk from another child's bottle of expressed breast milk, follow the newest guidance from the CDC at:
https://www.cdc.gov/breastfeeding/recommendations/other_mothers_milk.htm




Approved by: Phalos Haire, Director

Keeping Food Safe During Power Failure

Overview

Purpose The purpose is to keep perishable food at a safe temperature to prevent food borne illness during electrical power failure.

Reference The policies and regulations referenced are:

- Head Start Performance Standards: §1302.47(b)(6)(ii)
- Community Care Licensing: §101227(a)(1)

Policy overview Check refrigerators and freezers temperatures to maintain food safety during electrical power failure.

Contents The following is a table of contents.

Topic	See Page
Procedure During Power Failure	2

Procedure During Power Failure

Policy

Check refrigerators and freezers temperatures to maintain food safety during electrical power failure.



Preparing for a possible outage

Use the following to prepare for a possible power outage:

Step	Action
1	Keep an appliance thermometer in both the refrigerators and freezers.
2	<ul style="list-style-type: none">• Check the refrigerator temperature daily to make sure cold food is maintained at 41°F or below.• Check that freezer food is maintained at 0°F or lower .
3	Keep a bag of ice cubes in freezers at all times. Melted ice cubes or a frozen solid mass of ice cubes are signs of power failure.



In the event of an outage

Use the following in the event of an outage:

Step	Action
1	Transfer refrigerated dairy products (milk, yogurt, cheeses) , to freezer until power is restored.
2	Keep the refrigerator and freezer doors closed as much as possible.
3	Check for spoilage of refrigerated and frozen products using the bag of ice cubes as an indicator; complete this when returning from a break, whether weekend or recess.
4	If spoilage or thawing is suspected or evident, inventory all refrigerated and frozen products and discard.

Temperatures and times

Refrigerator: The refrigerator keeps food cold for about 4 hours if unopened. It should be kept at 41°F or below.

Freezer: the freezer holds the temperature for 48 hours if full, or 24 hours if half-full.



Late Breakfast Arrival

Overview

Purpose The purpose is to provide breakfast to all children, even those who may be late.

Reference The policies and regulations referenced are:

- Head Start Performance Standards: 1302.44(2)(vi)
- Child and Adult Care Food Program (CACFP) Meal Time Policy 920

Policy overview Offer a breakfast to any child that has not yet eaten, and arrives at the center after breakfast has been served.

Contents The following is a table of contents.

Topic	See Page
Late Breakfast	2

Late Breakfast Arrival

Policy	Offer a breakfast to any child that has not yet eaten, and arrives at the center after breakfast has been served.
Offer a breakfast	Offer a three-component breakfast that meets the FDA guidelines outside of regularly scheduled meal times to late children. This is not part of the meal count.
Parent/guardian	If the class has transitioned into other scheduled classroom activities, ask the parent/guardian to sit with the child while they eat their meal. Including the parent/guardian ensures the child is supervised during mealtime.
Meal Count	For Child and Adult Care Food Program (CACFP) purposes, any breakfast served to children after 9:00 a.m. and before 11:00 a.m. is not included on the meal count form since these meals were offered outside normal breakfast hours.



Leftover Food in Child Nutrition Programs

Overview

Purpose Preschool Services Department (PSD) is committed to the responsible use of Federal dollars.

If a Child and Adult Care Food Program (CACFP) institution has leftover food on a frequent basis, menu planning and production practices should be adjusted to reduce leftovers.

Reference The policies and regulations referenced are:

- Head Start Performance Standards: 1302.47(b)(6)(ii)

Policy overview In order to use Federal dollars responsibly PSD will reuse ‘non-hazardous’ foods at other meals.

Contents The following is a table of contents.

Topic	See Page
Using Leftover Food	2

Using Leftover Food

Policy

In order to use Federal dollars responsibly PSD will reuse 'non-hazardous' foods at other meals.

PSD will strictly adhere to the California Health and Safety Code, Sections 113871 'potentially hazardous foods' and 113879; considering prepackaged foods when determining which foods can be reused.

Under no circumstances may any 'potentially hazardous food' or beverage served be re-used or recycled by the food service operation for human consumption, even if the temperature guidelines are maintained and the food or beverage container has been sanitized.

Potentially hazardous foods

Potentially hazardous foods that will be discarded after meal service includes:

- Any food that requires time or temperature control to limit pathogenic microorganism growth or toxin formation.
 - Any food of animal origin that is raw or heat-treated.
 - Any food of plant origin that is heat-treated or consists of raw seed sprouts, cut melons, cut tomatoes etc.
 - Unopened cartons of milk, single servings of prepackage cheeses and yogurt.
-

Non-hazardous foods

Non-hazardous prepackaged foods that can be reused includes any properly labeled processed food, prepackaged to prevent any direct human contact with the food product upon distribution or:

- A container of food that is not potentially hazardous may be reused if the food is dispensed so that it is protected from contamination and the container is closed between uses, such as a narrow-neck bottle contacting catsup, steak sauce, syrup etc.
 - A food in an unopened, hermetically sealed container that is commercially processed to achieve and maintain commercial sterility under conditions of non-refrigerated storage and distribution (condiments, crackers, individual cereals etc.) and is in an unopened original package and is maintained in sound condition and if the food is checked periodically on a regular basis.
-