

## Early Childhood Development and Health Services

### Abbreviations used in service area plans

Board of Directors	Board
Policy Council	PC
Executive Director	Ex. Dir.
Program Director	Prog. Dir.
Fiscal Director	Fiscal
Human Resource/Fiscal Assistant	HR
Maintenance/Custodians	Custodian
Data Encoder/Program Assistant	Tech.
Executive Secretary/Receptionist	Secretary
Program Nutrition Specialist	Nutrition
Program Health and Safety Specialists	H & S
Program Behavioral/Mental Health Specialist	MH
Program Family and Community Partnership Specialists	FCP
Education Managers	Ed. Mgr.
Program Disabilities/Transition Specialist	Disabilities
Assistant Cook	Asst. Cook
Cook	Cook
HS Teachers	Teacher
HS Teacher Assistants	T. Asst.
HS Home Visitor and EHS Home Visitor	HV
Disabilities/Transition Coordinator	Dis. Coord.
Transportation Coordinator	Trans. Coord.
Mental Health Consultant	MHC
Management Team (Directors, Managers, All Specialists)	Management Team

## 1304.23 Child Nutrition

## Early Head Start

P.S. #	Performance Standard	Implementation	Responsible	Time Frame	Documentation
1304.23(a)	<b>(a) Identification of nutritional needs. Staff and families must work together to identify each child's nutritional needs, taking into account staff and family discussions concerning:</b>	Nutrition Screening Questionnaires & Health Histories are obtained initially at the child's enrollment. Then, depending on the age of the child, NSQ's are done, as the child turns, 2 weeks, 4/6months, 12 months, 15/18months, 24 months & 36 months. Discussions are to include, but not limited to: <ul style="list-style-type: none"> <li>• Breastfeeding/Formula/ milk use &amp; amounts</li> <li>• Introduction of new foods</li> <li>• Food allergies/ intolerances, foods not eaten for medical, religious, cultural or personal reasons</li> <li>• Feeding / elimination concerns</li> </ul>	<u>Nutrition</u> H & S RD Enrollment Staff HV Parent(s)	Initially at enrollment; then schedule as child turns each age. Ongoing as need arises	Nutrition screening questionnaire & Health History Tracking Systems
1304.23(a)(1)	<b>(1) Any relevant nutrition-related assessment data (height, weight, hemoglobin/hematocrit) obtained under 45 CFR 1304.20(a);</b>	Nutritional assessment data is attained from the child's well child exams, WIC certifications, if a participant, and/or Program Nutrition Specialist will do height/ weight at enrollment if appropriate. <ul style="list-style-type: none"> <li>• Ht and Wt's are monitored for normal growth development of infants/children. Each height and weight is tracked in Child Plus. Graphed ht/wts are sent home for parent's information.</li> <li>• If child is determined by their</li> </ul>	<u>Nutrition</u> H & S RD Parent(s)	Ongoing through year per WCE schedules.  Hgb: Ongoing until information on each child is complete or refused	Physical Exam, WIC Certification, Tracking Systems, Refusal Form

		<p>physician, WIC or the PNS/Dietician to be overweight, parent will be notified by letter/ phone/ personal consult. At this time a consult with the registered dietician will be offered to parent(s) and educational information will be given. Parents are also encouraged to discuss growth concerns with the child’s physician, especially if a child’s BMI-for-age falls below the 5<sup>th</sup> percentile or above the 95<sup>th</sup> percentile.</p> <ul style="list-style-type: none"> <li>• Hemoglobin blood work is not done before the age of 9 months, some physicians up to 12 months. These values are obtained from the well-child exams or WIC certifications, if a participant. If the blood work value is below 11.1, the normal range for the age group, follow-up consists of providing information on iron &amp; anemia and/or vitamins if appropriate. A follow -up blood work value will be recommended, to be completed, in approx. 3 months from the initial screen. The Health Advisory Board approved the following process on 05/26/10, for those children who have not obtained a Hgb:</li> </ul>			
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		<p>The Program Nutrition Specialist will contact the child’s parent/guardian via phone or letter, offering assistance with transportation and/or in making an appointment at WIC or physician of their choice or to get permission for the screening to be done at the Pierre Center by a medical professional. If they wish to not have the service they may refuse it, by signing a refusal form, which is placed in the child’s file. If the blood work is still incomplete after 30 days from the original contact or no response has been made by the parent(s), the PNS will make 1 more contact, and document results of the contact in the tracking systems and/ or the child’s file.</p>			
<p><b>1304.23(a)(2)</b></p>	<p><b>(2) Information about family eating patterns, including cultural preferences, special dietary requirements for each child with nutrition-related health problems, and the feeding requirements of infants and toddlers and each child with disabilities (see 45 CFR 1308.20);</b></p>	<p>The Nutrition Screening Questionnaires, ask if the child has any allergies/ intolerances or if there are any foods not eaten for medical, religious, cultural, or personal reasons.</p> <p>For medical reasons, a doctor’s order or Special Diet Forms, must be on file to make appropriate adjustments to the child’s meals.</p> <ul style="list-style-type: none"> <li>• The Program Nutrition Specialist or Health Specialist</li> </ul>	<p><u><b>Nutrition</b></u> H &amp; S RD Enrollment Staff HV Parent(s)</p>	<p>At enrollment; at EPSDT schedule. Ongoing as need arises</p>	<p>Dr. Order / Special Diet Request Form, Child’s file/ Child Plus, Special Diet Daily Menu Form, Red Alert Folders, Individual</p>

		<p>will meet with the parent at enrollment time /or a Food Allergy Alternate Menu letter will be sent to the parent(s) to inform them that at dr. order or special diet request form must be provided to us.</p> <ul style="list-style-type: none"> <li>• An Individual Allergy Action Plan is also developed with the family. The PNS or HS will either develop this with the family at enrollment or over the phone.</li> <li>• Upon receipt of the Dr. Order and/or Special Diet Request, the PNS will provide appropriate staff with the information, so adjustments can be made the child's menu. Then, information will also be posted in the classroom/ social sites to make all staff aware.</li> <li>• If requested, information may be provided to families so special dietary requirements can also be met in the home.</li> </ul> <p>If a parent indicates reasons for not eating food(s) for religious, cultural, or personal reasons. The Program Nutrition Specialist will ask the parent to write a letter stating the request for food omissions from diet. If indicated, information will be taken into account when planning</p>			<p>Allergy Action Plan, Parent Statement</p>
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		menus. Information will also be placed in the child file and given to the appropriate staff for menu			
<b>1304.23(a)(3)</b>	<b>(3) For infants and toddlers, current feeding schedules and amounts and types of food provided, including whether breast milk or formula and baby food is used; meal patterns; new foods introduced; food intolerances and preferences; voiding patterns; and observations related to developmental changes in feeding and nutrition. This information must be shared with parents and updated regularly; and</b>	<p>Staff will have ongoing communication with parents regarding changing nutritional needs of the children.</p> <ul style="list-style-type: none"> <li>Nutrition Screening Questionnaires are to be completed at 2 weeks, 4/6 months, 12 months, 15/18 months, 24 months, and 36 months by the parent and staff.</li> </ul> <p>Parents have the opportunity to discuss concerns or changes, with their home visitor on a regular basis, on home visits and at socializations. PNS will provide information to/ consult with families, if an area of concern is noted/ discussed on the nutrition screening questionnaire, at home visits or at socializations.</p>	<b>Nutrition</b> H & S RD Enrollment Staff HV Parent(s)	Initially at enrollment During socializations, Home Visits	Nutrition Screening Questionnaire, Lesson Plans, Health History, Well-Child Exam
<b>1304.23(a)(4)</b>	<b>(4) Information about major community nutritional issues, as identified through the Community Assessment or by the Health Services Advisory Committee or the local health department.</b>	<p>A Community Needs Assessment is completed or updated each year to identify strengths, needs, and resources. Directors then share results with staff. Nutrition goals and objectives are revised and updated as appropriate.</p> <p>Program Nutrition Specialist, Health Specialists and members of the Health Advisory Committee meet in the Fall and Spring of every school year. Issues discussed involve major community</p>	<b>Ex. Dir.</b> Prog. Dir Nutrition H & S HSAC Parent(s)	Fall & Spring of school year	Health Advisory Committee minutes, Community Needs Assessment

		<p>health/nutritional concerns and Head Start/ EHS concerns. Meetings are for educational and preventive purposes.</p>			
<p><b>1304.23(b)(1)</b></p>	<p><b>(b) Nutritional services. (1) Grantee and delegate agencies must design and implement a nutrition program that meets the nutritional needs and feeding requirements of each child, including those with special dietary needs and children with disabilities. Also, the nutrition program must serve a variety of foods which consider cultural and ethnic preferences and which broaden the child’s food experience.</b></p>	<p>Special Diet Daily Menus/ substitutions are planned daily for a child with special dietary needs.</p> <ul style="list-style-type: none"> <li>A physician’s order or Special Diet Prescription for Meals form will need to be filled out by the child’s physician stating the need for special diet and omissions/ substitutions. PNS or HS will discuss this with the parent(s) at enrollment or by phone call. Upon receipt of the Dr. Order and/or Special Diet Prescription for Meals, the PNS will provide appropriate staff with the information, so adjustments can be made the child’s menu. Then, information will also be posted in the classroom/ social sites to make all staff aware.</li> </ul> <p>A variety of foods which consider cultural and ethnic preferences and which broaden the child’s food experience.</p> <ul style="list-style-type: none"> <li>Contract Registered Dietician has developed a six week cycle menu with a variety of foods. This is used as a guide to develop socialization menus.</li> <li>Nutrition activities are also required to broaden food</li> </ul>	<p><u><b>Nutrition</b></u> H &amp; S Cook RD HV Parent(s)</p>	<p>During socializations</p>	<p>Nutrition Screening Questionnaire, Application, Health History, Physical Exam, Physician’s Order/ Special Diet Request in child’s file/ Child Plus, IEP Special Diet Daily Menu Form, Menus, Nutrition Activity Forms</p>

		<p>experiences. Nutrition activities will consider cultural and ethnic preferences.</p> <ul style="list-style-type: none"> <li>• Menus are given on home visits and families may give input into menu planning.</li> </ul>			
<b>1304.23(b)(1)(i)</b>	<p><b>(i) All Early Head Start and Head Start grantee and delegate agencies must use funds from USDA Food and Consumer Services Child Nutrition Programs as the primary source of payment for meal services. Early Head Start and Head Start funds may be used to cover those allowable costs not covered by the USDA.</b></p>	<p>Program Nutrition Specialist completes a Child &amp; Adult Care Food Program agreement each year in September.</p> <ul style="list-style-type: none"> <li>• Each HS and EHS site is registered to receive meal reimbursement for each enrolled child. CACFP sites are monitored by the PNS or other trained OCDC staff, to ensure they are following CACFP regulations. A CACFP monitor form is used for site reviews. Two of three monitors are unannounced. If follow up is needed, it is to be completed by the next scheduled monitor and documented on monitoring form.</li> </ul> <p>A reimbursement report is completed at the beginning of each month, by the PNS. It is then given to the Fiscal Administrator to be finalized and sent off to the CANS office, no later the 10<sup>th</sup> of the month.</p>	<p><b><u>Nutrition</u></b> Fiscal CACFP program</p>	<p>September for agreement, HS/EHS site reviews 3 times/ year and ongoing as needed.</p>	<p>CACPF approved agreement, CACFP site monitors and reports; PNS office,  CACFP meal reimbursement spreadsheets &amp; reports; Program Administrators office.</p>
<b>1304.23(b)(1)(ii)</b>	<p><b>(ii) Each child in a part-day center-based setting must receive meals and snacks that provide at least 1/3 of the</b></p>	<p>N/A</p>			

	<b>child's daily nutritional needs. Each child in a center-based full-day program must receive meals and snacks that provide ½ to 2/3 of the child's daily nutritional needs, depending upon the length of the program day.</b>				
<b>1304.23(b)(1)(iii)</b>	<b>(iii) All children in morning center-based settings who have not received breakfast at the time they arrive at the Early Head Start or Head Start program must be served a nourishing breakfast.</b>	N/A			
<b>1304.23(b)(1)(iv)</b>	<b>(iv) Each infant and toddler in center-based settings must receive food appropriate to his or her nutritional needs, developmental readiness, and feeding skills, as recommended in the USDA meal pattern or nutrient standard menu planning requirements outlined in 7 CFR parts 210, 220, and 226.</b>	N/A			
<b>1304.23(b)(1)(v)</b>	<b>(v) For 3- to 5-year-olds in center-based settings, the quantities and kinds of food served must conform to recommended serving sizes and minimum standards for meal patterns recommended in the USDA meal pattern or nutrient standard menu</b>	See HS workplans			

	<b>planning requirements outlined in 7 CFR parts 210, 220, and 226.</b>				
<b>1304.23(b)(1)(vi)</b>	<b>(vi) For 3- to 5-year-olds in center-based settings or other Head Start group experiences, foods served must be high in nutrients and low in fat, sugar, and salt.</b>	See HS workplans			
<b>1304.23(b)(1)(vii)</b>	<b>(vii) Meal and snack periods in center-based settings must be appropriately scheduled and adjusted, where necessary, to ensure that individual needs are met. Infants and young toddlers who need it must be fed “on demand” to the extent possible or at appropriate intervals.</b>	N/A			
<b>1304.23(b)(2)</b>	<b>(2) Grantee and delegate agencies operating home-based program options must provide appropriate snacks and meals to each child during group socialization activities (see 45 CFR 1306.33 for information regarding home-based group socialization).</b>	Snacks and/or meals are served to each child/pregnant mom at group socialization activities. CACFP Meal Pattern for children is followed to ensure correct amounts and components are served.	<b><u>Nutrition</u></b> RD Cook Teachers	During socializations	Menus Production Records
<b>1304.23(b)(3)</b>	<b>(3) Staff must promote effective dental hygiene among children in conjunction with meals.</b>	Staff and children/ parents are educated about proper dental hygiene by Health & Safety Specialists and Education Staff. <ul style="list-style-type: none"> <li>Each child will be taught to brush his/her own teeth with a smear of fluoridated toothpaste</li> </ul>	Health Advisory Board minutes, Program self- assessment report, documentation	Ongoing throughout at socializations	Socialization schedule, Lesson plans, Newsletter, Handouts

		<p>(once daily after a meal at a center/ socializations).</p> <ul style="list-style-type: none"> <li>• H &amp; S will provide toothbrushes and holders to each child and will make sure they are replaced on a regular basis.</li> <li>• H &amp; S will provide baby tooth wipes for the oral care of infants.</li> <li>• Each child will have their own toothbrush. It will be labeled with the child's name.</li> <li>• Toothbrushes will be stored so they stay clean and open to circulating air.</li> </ul> <p>Staff/ parents are encouraged to serve as role models by brushing their teeth after meal time.</p>	<p>from families input in child's file</p>		
<p><b>1304.23(b)(4)</b></p>	<p><b>(4) Parents and appropriate community agencies must be involved in planning, implementing, and evaluating the agencies' nutritional services.</b></p>	<p>Parents, HS staff, and community partners (HSAC) will be involved in the planning, implementation and evaluation of the nutrition services program.</p> <ul style="list-style-type: none"> <li>• Monthly menus will be written by PNS. Any menu suggestions and recipes from parents will be reviewed and utilized in menu planning if appropriate. The program contracts with a Registered Dietitian who reviews menus, provides nutrition counseling for families, and may provide</li> </ul>	<p><u><b>Nutrition</b></u> H &amp; S HSAC Parent(s)</p>	<p>2 times/year (Fall &amp; Spring) for Health Advisory Board, Annual Self-Assessment Ongoing for nutritional services to families</p>	<p>Health Advisory Board minutes, Program self-assessment report, documentation from families input in child's file</p>

		<p>nutrition training for staff.</p> <ul style="list-style-type: none"> <li>• Parents will be encouraged to provide meal and recipe suggestions.</li> <li>• Parent involvement opportunities in nutritional services may include serving on the Health Advisory Committee, participating in the annual program review, attending socializations, participating in nutrition training sessions/ parent meetings, and submitting recipe/menu suggestions.</li> <li>• Community agency representatives provide input by serving on the Health Services Advisory Committee (HSAC), serving as a Board Member and/or participating in our annual self assessment.</li> </ul>			
<b>1304.239(c)</b>	<b>(c) Meal service. Grantee and delegate agencies must ensure that nutritional services in center-based settings contribute to the development and socialization of enrolled children by providing that:</b>	N/A			
<b>1304.23(c)(1)</b>	<b>(1) A variety of food is served which broadens each child's food experiences;</b>	N/A			
<b>1304.23(c)(2)</b>	<b>(2) Food is not used as</b>	N/A			

	<b>punishment or reward, and that each child is encouraged, but not forced, to eat or taste his or her food;</b>				
<b>1304.23(c)(3)</b>	<b>(3) Sufficient time is allowed for each child to eat;</b>	N/A			
<b>1304.23(c)(4)</b>	<b>(4) All toddlers and preschool children and assigned classroom staff, including volunteers, eat together family style and share the same menu to the extent possible;</b>	N/A			
<b>1304.23(c)(5)</b>	<b>(5) Infants are held while being fed and are not laid down to sleep with a bottle;</b>	N/A			
<b>1304.23(c)(6)</b>	<b>(6) Medically-based diets or other dietary requirements are accommodated; and</b>	N/A			
<b>1304.23(c)(7)</b>	<b>(7) As developmentally appropriate, opportunity is provided for the involvement of children in food-related activities.</b>	N/A			
<b>1304.23(d)</b>	<b>(d) Family assistance with nutrition. Parent education activities must include opportunities to assist individual families with food preparation and nutritional skills.</b>	<p>Nutrition-related educational opportunities will be in the following ways:</p> <ul style="list-style-type: none"> <li>All families will be surveyed during the enrollment process regarding their nutrition education needs. PNS and RD will review results to determine what subjects need to be presented at parent meetings. PNS and RD will also be available for individual</li> </ul>	<p><b><u>Nutrition</u></b> H &amp; S RD Ed Staff</p>	Ongoing	<p>Parent Surveys, Parent Meeting Minutes, Newsletters, Handouts, Lesson plans/ Nutrition Activity Form Notes in Child's File or Child Plus</p>

		<p>consultation.</p> <ul style="list-style-type: none"> <li>• HB information provided at home visits and parents are encouraged to help with meal preparation at socializations.</li> <li>• Opportunities are also provided through nutrition activities, monthly newsletters, nutrition education information sent home to families.</li> </ul> <p>Parents will be informed of the benefits and availability of food assistance programs such as pregnant women, infants and children (WIC), food stamps, and food pantries.</p>			
<p><b>1304.23(e)(1)</b></p>	<p><b>(e) Food safety and sanitation. (1) Grantee and delegate agencies must post evidence of compliance with all applicable Federal, State, Tribal, and local food safety and sanitation laws, including those related to the storage, preparation and service of food and the health of food handlers. In addition, agencies must contract only with food service vendors that are licensed in accordance with State, Tribal, or local laws.</b></p>	<ul style="list-style-type: none"> <li>• When food items are purchased they are put away in a timely manner. All freezers and refrigerators have thermometers, so accurate temperatures can be determined. Freezers need to be 0 degrees F and below and refrigerators 40 degrees F and below. Dry ingredients are stored on shelves in cupboards. All meat products are thawed in the refrigerator, not on the countertop due to bacteria growth. All meat items are checked with a meat thermometer showing the proper internal temperature before being served.</li> <li>• Food preparation areas are</li> </ul>	<p><b><u>Nutrition</u></b> H &amp; S HV All staff eating with children Parent(s) Volunteers</p>	<p>Health &amp; Safety Checklists 4 times/year, CACFP Reviews 3 times/year</p>	<p>Health &amp; Safety Checklists, CACFP Site Monitor Forms Orientation sheets Training Sheets Volunteer sheets</p>

		<p>sanitized before and after food preparation.</p> <ul style="list-style-type: none"><li>• Hair restraints policy is followed by all staff and volunteers during food preparation and service. Long hair needs to be pulled back. Steps must be taken to assure that hair is not hanging above food items during preparation or service.</li><li>• Proper hand washing techniques are practiced at all times. In addition, food service gloves need to be worn whenever handling ready-to-eat food items.</li><li>• Food is served as close to meal time as possible to avoid food sitting out at improper temperatures.</li><li>• Dishes are washed, rinsed, sanitized, and left to air dry.</li><li>• All chemicals are stored in an area not accessible to children, preferably a locked cabinet.</li><li>• All food items are purchased through commercial vendors. Licenses are posted at the Pierre site, in the kitchen. In outlying areas all food is purchased at local grocery stores.</li><li>• Nutrition services personnel will conduct food safety and</li></ul>			
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		<p>sanitation inspections (food monitoring) 3 times per year, according to CACFP requirements. Any areas that require attention will be addressed immediately with appropriate staff. If follow up is needed, it is to be completed by the next scheduled monitor and documented on monitoring form. Copies will be maintained in the nutrition services office.</p>			
<p><b>1304.23(e)(2)</b></p>	<p><b>(2) For programs serving infants and toddlers, facilities must be available for the proper storage and handling of breast milk and formula.</b></p>	<p>All containers will be properly refrigerated. Freezers and refrigerators are available at each site and have thermometers present so accurate temperatures can be determined and for proper storage of breast milk. Staff and parents will work together to ensure that all containers of breast milk and/or formula are labeled while attending socializations. Freezers need to be 0 degree F or below and refrigerators need to be 40 degrees F and below. Bottles will be heated by placing the bottle in hot water, and then shaken. The temperature will be tested on the preparer’s wrist before feeding the bottle to the child.</p>	<p><u><b>Nutrition</b></u> HV C</p>	<p>Socialization s</p>	<p>CACFP sites monitor forms</p>