

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. Coor.
Transportation Coordinator	Trans. Coor.
Mental Health Consultant	MHC
Management Team (Directors, Managers, All Specialists)	Management Team

1304.23 Child Nutrition**Head Start**

P.S. #	Performance Standard	Implementation	Responsible	Time Frame	Documentation
1304.23(a)	(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:	<p>Nutrition Screening Questionnaires & Health Histories are obtained at the child's enrollment. Discussions are to include, but not limited to:</p> <ul style="list-style-type: none"> • Overweight/ Underweight concerns • Food allergies/ intolerances • Foods not eaten for medical, religious, cultural or personal reasons • Food groups that their child may not be eating enough of/ Number of meals eaten per day • Other nutrition related concerns 	<p><u>Nutrition</u> H & S RD Enrollment Staff Teacher HV Parent(s)</p>	At enrollment initially and ongoing throughout year as needed	Nutrition Screening Questionnaire & Health History
1304.23(a) (1)	(1) Any relevant nutrition-related assessment data (height, weight, hemoglobin/hematocrit) obtained under 45 CFR 1304.20(a);	<p>Nutritional assessment data is attained from the child's physical exam, WIC certifications, if a participant, and/or Program Nutrition Specialist will do height/ weight at enrollment.</p> <ul style="list-style-type: none"> • Heights/ Weights are assessed in the Fall, Mid-Year if there is a concern, and Spring. Parent(s) may also request it done more often if they are concerned for over/underweight. Each height and weight is tracked in Child Plus. Graphed ht/wts are sent home for parent's information. • If child is determined by their physician, WIC or the 	<p><u>Nutrition</u> H & S RD</p>	<p>Ht/ Wt:45 days and ongoing through year</p> <p>Hgb: Ongoing until information on each child is complete or refused</p>	Physical Exam, WIC Certification, Child Plus Tracking, Tracking Forms, Refusal Form

		<p>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 5th percentile or above the 95th percentile.</p> <ul style="list-style-type: none"> • Hemoglobin levels are obtained from the child's physical exam, WIC certifications, or Urban Indian Health Staff here at the Pierre Center. • The Health Advisory Board approved the following process on 05/26/10, for those children who have not obtained a Hgb: 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 			
--	--	---	--	--	--

		<p>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> <ul style="list-style-type: none"> • If a child’s Hgb level is below the normal range of 11.1 for a 2-6 yr. old, follow-up consists of providing an iron deficiency letter, information on the importance of iron, and vitamins may be offered. A follow up blood work value will be recommended in approx. 3 months from the initial screening. 			
<p>1304.23(a) (2)</p>	<p>(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);</p>	<p>The Nutrition Screening Questionnaire, filled out at enrollment, asks 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"> • The Program Nutrition Specialist or Health Specialist 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><u>Nutrition</u> H & S RD Enrollment Staff Teacher HV Parent(s)</p>	<p>At enrollment initially and ongoing throughout year as needed</p>	<p>Dr. Order / Special Diet Request Form, Child’s file/ Child Plus, Special Diet Daily Menu Form, Red Alert Folders, Individual Allergy Action Plan, Parent Statement</p>

		<ul style="list-style-type: none"> • 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. • 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. At center a Special Diet Daily Menu is sent on the cart, each meal, to inform all staff and volunteers of any omits and substitutions. • If requested, information may be provided to families so special dietary requirements can also be met in the home. <p>If a parent indicates reasons for not eating food(s) for religious, cultural, or personal reasons.</p> <ul style="list-style-type: none"> • 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 menus. Information will also be placed in the child file and given to the appropriate staff for menu 			
--	--	--	--	--	--

		adjustments to be made.			
1304.23(a) (3)	(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	See Early Head Start Child Nutrition 1304.23 (a) (3)			
1304.23(a) (4)	(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.	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. 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 health/nutritional concerns and Head Start/ EHS concerns. Meetings are for educational and preventive purposes.	Ex. Dir. Prog. Dir Nutrition H & S HSAC Parent(s)	Fall & Spring of school year	Health Advisory Committee minutes, Community Needs Assessment
1304.23(b) (1)	(b) Nutritional services. (1) Grantee and delegate agencies must design and implement a nutrition program that meets	Special Diet Daily Menus/ substitutions are planned daily for a child with special dietary needs. <ul style="list-style-type: none"> • A physician’s order or Special 	Nutrition H & S Cook RD Teacher	For breakfast, snack & lunch during school year -	Nutrition Screening Questionnaire, Application, Health History,

	<p>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.</p>	<p>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. At center a Special Diet Daily Menu is sent on the cart, each meal, to inform all staff and volunteers of any omits and substitutions.</p> <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"> • Contract Registered Dietician has developed a six week cycle menu with a variety of foods and reviews any changes made to menus. • Nutrition activities are also required to broaden food experiences. Nutrition activities will consider cultural and ethnic preferences. • Monthly menus are sent home and 	<p>HV Parent(s)</p>	<p>Ongoing</p>	<p>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>
--	--	--	-------------------------	----------------	--

		families may give input into menu planning.			
1304.23(b)(1)(i)	(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.	<p>Program Nutrition Specialist completes a Child & Adult Care Food Program agreement each year in September.</p> <ul style="list-style-type: none"> 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. 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 10th of the month. 	Nutrition Fiscal CACFP program	September for agreement, HS/EHS site reviews 3 times/ year and ongoing as needed.	CACPF approved agreement, CACFP site monitors and reports; PNS office, CACFP meal reimbursement spreadsheets & reports; Program Administrators office.
1304.23(b)(1)(ii)	(ii) Each child in a part-day center-based setting must receive meals and snacks that provide at least 1/3 of the child's daily nutritional needs. Each child in a center-based full-day program must receive meals and snacks that provide	Children in center based/ Combination option programs, receive snacks and meals that provide at least 1/3 of daily nutritional needs. Morning classes receive a breakfast and lunch, afternoon classes receive a lunch and snack each day. A six week cycle menu has been developed and approved by our contracted	Nutrition RD Cook Teachers	Daily during school year for CB programs	Cycle Menu/ Menus, Production Records

	½ to 2/3 of the child’s daily nutritional needs, depending upon the length of the program day.	Registered Dietician to ensure nutritional needs are compliant with CACFP & USDA requirements.			
1304.23(b)(1)(iii)	(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.	<p>A breakfast meeting the CACFP meal pattern requirements, is served upon arrival to the center. Menus must be posted.</p> <ul style="list-style-type: none"> • If a child arrives to the center late, and it is indicated that the child has not had breakfast, the child will be fed. • If a child arrives late to center, on a regular basis, a Late Snack/Breakfast Form will be filled out and given to the appropriate staff. The form includes a person responsible for feeding that child when they arrive to the center. 	Nutrition Cook Education Staff	Daily during school year for center base program & as needed.	Menus & production records Late snack/breakfast form
1304.23(b)(1)(iv)	(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.	See Early Head Start Child Nutrition			
1304.23(b)(1)(v)	(v) For 3- to 5-year-olds in center-based settings, the quantities and kinds of food	The quantities and kinds of food served to enrolled children meet the recommended serving sizes and minimum standards	Nutrition RD Cook	Ongoing though the school year	Menus/ Cycle Menu & Production Records

	<p>served must conform to recommended serving sizes and minimum standards for meal patterns recommended in the USDA meal pattern or nutrient standard menu planning requirements outlined in 7 CFR parts 210, 220, and 226.</p>	<p>according to the USDA Child and Adult Care Food Program meal patterns. By planning meals according to these meal patterns, each child enrolled in the part day center-based option will be offered meals and snacks that provide at least 1/3 of the child’s daily nutritional needs. Morning class sessions will offer breakfast (1/4 RDA) and lunch (1/3 RDA). Afternoon class sessions will offer lunch (1/3 RDA) and snack. OCDC follows family style eating philosophy. All components and required amounts are made available at the initial serving time. CACFP meal pattern for children (3-5 yrs.) needs to be posted, preferably in food service area, as a food service guidance material. Menus must also be posted.</p>	<p>Teachers</p>		
<p>1304.23(b)(1)(vi)</p>	<p>(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.</p>	<p>To ensure the foods, served to the children at Head Start, are high in nutrients, low in fat, sugar, and salt the following are considered when purchasing and preparing foods:</p> <ul style="list-style-type: none"> • Breads and cereals served will be made from whole grain or enriched/fortified flour, bran, or germ. Cereals are low in sugar/ no added sugar. • Fluid milk will be pasteurized, meet state and local standards and be fortified with Vitamins A and D. 1% milk will be served to all 3-5 year old children, no flavored milk. 	<p><u>Nutrition</u> RD Cook Teachers</p>	<p>Ongoing though the school year</p>	<p>Menus Production Records Cycle Menu</p>

		<ul style="list-style-type: none"> • The fruit juices served will 100% real juice and will be fortified with Vitamin C. • A variety of fresh, frozen and canned fruits and vegetables will be included on the menus. • Good sources of Vitamins A, D, C and Iron will be included on the menus. • Sugar and salt containers will not be placed on the tables. 			
1304.23(b)(1)(vii)	(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.	Meal times are scheduled in compliance with CACFP regulations. Sufficient time will be allowed for each child to eat, usually 30 minutes. Children with special services schedules are adjusted to meet their needs, such as children may be fed early or late depending on their schedule/ needs.	<u>Nutrition</u> H & S Cook Teachers	Daily during school year for center base programs	Menus, Class schedules Late snack/breakfast form
1304.23(b)(2)	(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).	Snacks and or meals will be served to each child at group socialization. CACFP Meal Pattern for children is followed to ensure correct amounts and components are served.	<u>Nutrition</u> RD Cook Teachers	During Socializations	Menus Production Records
1304.23(b)(3)	(3) Staff must promote effective dental hygiene among children in conjunction with meals.	Staff and children/ parents are educated about proper dental hygiene by Health & Safety Specialists and Education Staff. <ul style="list-style-type: none"> • Each child will be taught to brush 	Health Advisory Board minutes, Program self-	Ongoing throughout the school year daily at	Class schedule, Lesson plans, Newsletter, Handouts

		<p>his/her own teeth with a smear of fluoridated toothpaste (once daily after a meal at a center/ socializations).</p> <ul style="list-style-type: none"> • HS will provide toothbrushes and holders to each child and will make sure they are replaced on a regular basis. • Each child will have their own toothbrush. It will be labeled with the child's name. • Toothbrushes will be stored so they stay clean and open to circulating air. • Staff will serve as role models by brushing their teeth after meal time. 	<p>assessment report, documentation from families input in child's file</p>	<p>center, Socializations</p>	
<p>1304.23(b) (4)</p>	<p>(4) Parents and appropriate community agencies must be involved in planning, implementing, and evaluating the agencies' nutritional services.</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"> • Monthly menus will be written by PNS and/or obtained from public school lunch programs. All menu suggestions and recipes from parents will be reviewed and utilized in menu planning if appropriate. The program contracts with a Registered Dietitian who approves menus, provides nutrition counseling for families, and may provide nutrition training for staff. • Parents will be encouraged to provide meal and recipe 	<p><u>Nutrition</u> H & S HSAC Parent(s)</p>	<p>2 times a year (Fall & Spring) for Health Adv. Board, Self-Assessment 1 time/year. 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>suggestions.</p> <ul style="list-style-type: none"> • Parent involvement opportunities in nutritional services may include serving on the Health Advisory Committee, participating in the annual program review, volunteering in the classroom, participating in nutrition training sessions/ parent meetings, and submitting recipe/menu suggestions. • 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. 			
1304.23(c)	(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:	Meals are served in a pleasant, clean, well-lit, and ventilated environment that encourages socialization. Pleasant conversation emphasizing adult/child verbal interaction should take place. Child-size chairs, tables, and dining ware are provided whenever possible. At orientation families are encouraged to come to the center and have breakfast / lunch / snack with their children. HB families attend the socializations.	<u>Nutrition</u> Ed staff Parent(s) Volunteers	Ongoing throughout the school year.	Family style eating checklist Site monitor forms Orientation sheets Volunteer sheets Menus & Production Records Approved CACFP agreement,
1304.23(c) (1)	(1) A variety of food is served which broadens each child’s food experiences;	Contract Registered Dietician has developed a six week cycle menu with a variety of foods.	<u>Nutrition</u> RD Cook Ed Staff	Ongoing throughout the school year	Menus/ Cycle Menu & Production Records

<p>1304.23(c) (2)</p>	<p>(2) Food is not used as punishment or reward, and that each child is encouraged, but not forced, to eat or taste his or her food;</p>	<p>The Program Nutrition Specialist and Family Partnership Specialist provide annual training to staff and volunteers regarding food issues and appropriate encouragement. New foods will be introduced gradually and children will be encouraged to taste but never forced to eat. Training is done each year in August/ September before school begins.</p>	<p><u>Nutrition</u> Staff eating w/ children Ed Staff Volunteers</p>	<p>Pre-service and at hire thereafter, ongoing for families & volunteers</p>	<p>Family style eating checklist Orientation sheets Training Sheets Volunteer sheets</p>
<p>1304.23(c) (3)</p>	<p>(3) Sufficient time is allowed for each child to eat;</p>	<p>Mealtimes are approximately 30 minutes in length. Conversation at meal time between children and adults will help set an appropriate pace, while keeping it pleasant. Slow eaters are allowed sufficient time to finish their meal. Children who become restless before the meal is over, are allowed to scrape/ clear their setting, and are directed to alternative activities.</p>	<p><u>Nutrition</u> Staff eating w/ children Ed Staff Volunteers</p>	<p>During meal times (breakfast, snack & lunch) Ongoing throughout the school year</p>	<p>Classroom schedules Family style eating checklist Orientation sheets Training Sheets Volunteer sheets</p>
<p>1304.23(c) (4)</p>	<p>(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;</p>	<p>Staff, volunteers, parents/guardians and children eat together family style with the same menu.</p> <ul style="list-style-type: none"> • At least one adult is at each table where children sit. • Family style includes passing menu items around the table so children learn self help skills. Children are encouraged to pour their own juice/milk. • Hot food items are not passed, due to safety concerns. The required portion is given on the plate at the setting of meal service. 	<p><u>Nutrition</u> Staff eating w/ children Ed Staff Volunteers</p>	<p>All meal times (breakfast, snack & lunch)</p>	<p>Family style eating checklist Orientation sheets Training Sheets Volunteer sheets</p>

<p>1304.23(c) (5)</p>	<p>(5) Infants are held while being fed and are not laid down to sleep with a bottle;</p>	<p>See Early Head Start Nutrition 1304.23 (c) (5)</p>			
<p>1304.23(c) (6)</p>	<p>(6) Medically-based diets or other dietary requirements are accommodated; and</p>	<p>HS will accommodate all children with special diets or dietary requirements, at no cost to the parents, by modifying or supplementing individual diets at the written direction of the child’s parents and/or the health care provider.</p>	<p><u>Nutrition</u> H & S RD Teacher HV Parent(s)</p>	<p>All meal times at center days/ socializations as needed per child</p>	<p>Dr. order or Special Diet Request, Tracking systems Child’s file</p>
<p>1304.23(c) (7)</p>	<p>(7) As developmentally appropriate, opportunity is provided for the involvement of children in food-related activities.</p>	<p>Children are involved in table setting and preparation of nutrition activities that are safe for the child, and developmentally appropriate.</p> <ul style="list-style-type: none"> • Table setting can include such things as placing cups, utensils, napkins, bowls and plates at each setting. • Nutrition activities are required a minimum of one time per month. • Each class day, menu items are discussed with the children in large group. 	<p><u>Education Staff</u> Nutrition Parent(s) Volunteers</p>	<p>Ongoing throughout the school year daily at center, Socializations</p> <p>nutrition activities~ one time per month</p>	<p>Nutrition activity forms, Lesson plans, Family style checklist, Menus</p>
<p>1304.23(d)</p>	<p>(d) Family assistance with nutrition. Parent education activities must include opportunities to assist individual families with food preparation and nutritional skills.</p>	<p>Nutrition-related educational opportunities will be in the following ways:</p> <ul style="list-style-type: none"> • 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 consultation. • HB information provided at home 	<p><u>Nutrition</u> H & S RD Ed Staff</p>	<p>Enrollment & Ongoing during school year</p>	<p>Parent Surveys, Parent Meeting Minutes, Newsletters, Handouts, Lesson plans/ Nutrition Activity Form Notes in Child’s File or Child Plus</p>

		<p>visits and parents are encouraged to help with meal preparation at socializations.</p> <ul style="list-style-type: none"> • Opportunities are also provided through nutrition activities, monthly newsletters, nutrition education information sent home to families. • 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>1304.23(e) (1)</p>	<p>(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.</p>	<p>Food safety and sanitation are practiced in the following ways:</p> <ul style="list-style-type: none"> • When food items are received 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 the store room. 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. • Food preparation areas are sanitized before and after food preparation. 	<p><u>Nutrition</u> H & S All staff eating with children Parent(s) Volunteers</p>	<p>Health & Safety Checklists 4 times/year, CACFP Reviews 3 times/year Ongoing</p>	<p>Health & Safety Checklist, Site Monitor Forms Family style eating checklist Orientation sheets Training Sheets Volunteer sheets</p>

		<ul style="list-style-type: none">• 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.• 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.• Food is served as close to meal time as possible to avoid food sitting out at improper temperatures.• Dishes are washed, rinsed, sanitized, and left to air dry.• All chemicals are stored in an area not accessible to children, preferably a locked cabinet.• 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.• Nutrition services personnel will conduct food safety and sanitation inspections (food monitoring) 3 times per year, according to CACFP requirements. Any areas that require attention will be addressed immediately with			
--	--	---	--	--	--

		<p>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>1304.23(e) (2)</p>	<p>(2) For programs serving infants and toddlers, facilities must be available for the proper storage and handling of breast milk and formula.</p>	<p>See Early Head Start Child Nutrition 1304.23 (e) (2)</p>			