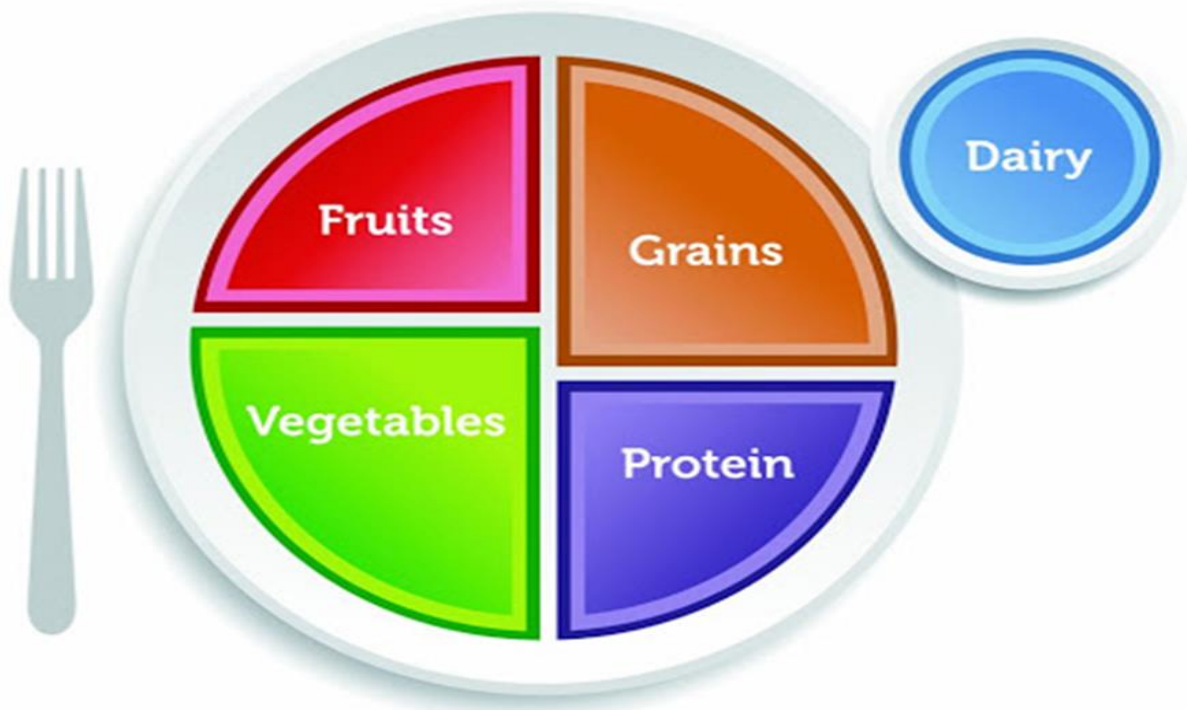


# Child Nutrition



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## **Goal of Nutrition Services**

The overall goal of the nutrition program is to provide a variety of food and activities which meet USDA nutritional requirements and provide the amount of nutrients needed for the body in accordance with the standards set by the American Dietetic Association while helping families to understand the relationship of nutrition to health thereby developing and building sound food habits and healthy bodies. These written plans along with the procedures for all activities are in accordance with the newly revised and updated Head Start Program Performance Standards.

# Nutrition Service Requirements

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## **Regulation Reference:**

(2016) 45 CFR 1302.44 (a)(1-2)(i-ix)

## **Policy:**

A program must design and implement nutrition services that are culturally and developmentally appropriate, meet the nutritional needs of and accommodate the feeding requirements of each child, including children with special dietary needs and children with disabilities. Family style meals are encouraged as described in 1302.31(e)(2).

## **Procedures:**

1. All children enrolled in Head Start (HS) and Early Head Start (EHS) will have a nutrition assessment completed to identify family eating patterns, cultural preferences, and to identify those at nutritional risk.
2. The annual community assessment update will identify major nutrition issues in the community.
3. Pregnant women enrolled in Early Head Start will have a nutritional assessment and be provided with nutrition information for a healthy pregnancy.
4. Jefferson County Child Development Council Head Start/Early Head Start program will ensure each enrolled receives meals and snacks that provide one half to two thirds of their daily nutritional needs.
5. Jefferson County Child Development Council Head Start/Early Head Start program will serve three- to five-year-olds meals and snacks that conform to USDA requirements in 7 CFR parts 210, 220, and 226, and are high in nutrients and low in fat, sugar, and salt.
6. Jefferson County Child Development Council Head Start/Early Head Start program will feed infants and toddlers according to their individual developmental readiness and feeding skills as recommended in USDA requirements outlined in 7 CFR parts 210, 220, and 226, and ensure infants and young toddlers are fed on demand to the extent possible.
7. Jefferson County Child Development Council Head Start/Early Head Start program will ensure bottle-fed infants are never laid down to sleep with a bottle. A policy will be developed to address this procedure.
8. Jefferson County Child Development Council Head Start/Early Head Start program will serve all children in the morning in the FCC Homes settings who

have not received breakfast upon arrival at the program a nourishing breakfast.

9. Jefferson County Child Development Council Head Start/Early Head Start program will provide appropriate healthy snacks and meals to each child during group socialization activities in the FCC program option.
10. Jefferson County Child Development Council Head Start/Early Head Start program will promote breastfeeding, which will include providing facilities to properly store and handle breast milk and make accommodations, as necessary, for mothers who wish to breastfeed during program hours, and if necessary, provide referrals to lactation consultants or counselors.
11. Jefferson County Child Development Council Head Start/Early Head Start program will make safe drinking water available to children during the program day.

# Child Nutritional Status

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## **Regulation Reference:**

(2016) 45 CFR 1302.44 (a)(1)(2)(i-x)

## **Policy:**

To ensure each child enrolled has a completed nutrition questionnaire which will guide the provision of nutrition services to them.

## **Procedures:**

1. The Nutrition History Form 6 will be completed by the Family and Community Engagement Specialist as part of the enrollment process.
2. The Family and Community Engagement Specialist will interview the parent during the enrollment process to obtain:
  - a. Foods that the child likes/dislikes (survey).
  - b. How often the parent provides food on a weekly basis as outlined according to My Plate.
  - c. To determine if vitamins/minerals are part of the child's nutritional needs.
  - d. To verify any special dietary needs (such as food to be avoided and/or provided for medical, religious, or personal reasons.
  - e. To determine if special adaptive feeding equipment/utensils are required.
3. The Family and Community Engagement Specialist will provide to the Nutrition Services Coordinator "General Information" Form 1 if it is determined that there are family nutritional and health problems.
4. Each child's height/weight is needed to complete the growth assessment. This information will be obtained from the completed Physical Examination or Well Child Check, if available. If this information is not readily available, the program will conduct complete the height and weight measurements using

calibrated scales and appropriate wall charts.

5. This information will be entered and stored in ChildPlus and in the health section of the child's folder. This data will also be used to notify and/or discuss the status of each child with parents, members of staff, and the registered dietician (RD) if necessary.
6. The Health and Safety Coordinator will provide the Nutrition Services Coordinator with a copy of the child's completed Physical Examination Assessment form in order to obtain documented food allergies or other special dietary needs. The information located on Form 3 is a requirement for data entry and growth charts (graphs) to be prepared.
7. The Nutrition Services Coordinator will prepare a letter of notification for each parent/guardian discussing the status of their child with no special dietary needs. A copy of the growth chart (graph) generated from the ChildPlus database will be included.
8. The Nutrition Services Coordinator will provide the Head Teacher with a letter of explanation of the child's nutritional status and growth chart. This information will be reviewed with the parent/guardian of each child.
9. The Head Teacher will distribute the Nutrition Assessment forms they receive for each child enrolled to the child's classroom teacher/designee to secure parent/guardian signatures. The required signature will be secured within twenty (20) calendar days from the first day the child officially attends the center in order to comply with the 45-day mandate as outlined in the Head Start Program Performance Standards.
10. The Head Teacher will return all documentation provided for each child after signatures have been secured to the Nutrition Services Coordinator.
11. The Nutrition Services Coordinator will retain the Receipt Verification Information Form with the parent/guardian signatures and supporting documentation for each child having a completed Nutrition Assessment.

# Physical Growth/NCHS Percentile

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## **Regulation Reference:**

(2016) 45 CFR 1302.42 (4)

## **Policy:**

To assess and document the physical growth (height for weight) two times per program year for every child enrolled in the JCCDC Head Start and Early Head Start program.

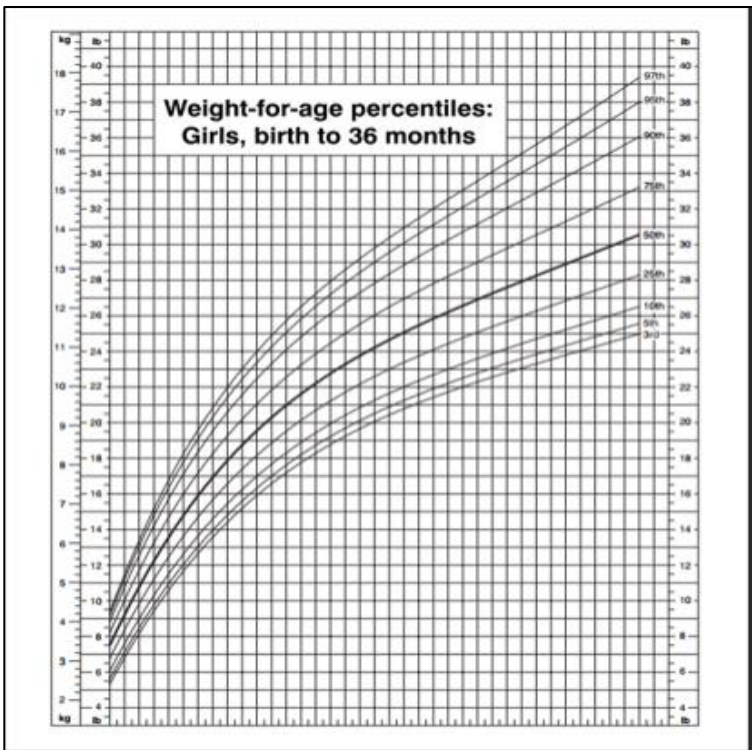
## **Procedures:**

1. The first screening will occur within 45 days of the child's enrollment. The second screening will occur within four months.
2. The Healthcare provider will complete the first height-weight measurement on all children during the summer screening/initial physical exam. For children who enroll late, the Nutrition Services Coordinator will complete the growth assessment within two weeks of enrollment.
3. The education staff, with the assistance of the Nutrition and/or Health and Safety Coordinator will complete the second height/weight measurement in four months.

**Note:** Teachers should incorporate height/weight activities into the lesson plan. Examples of classroom activities involving growth and development are included in the curriculum.

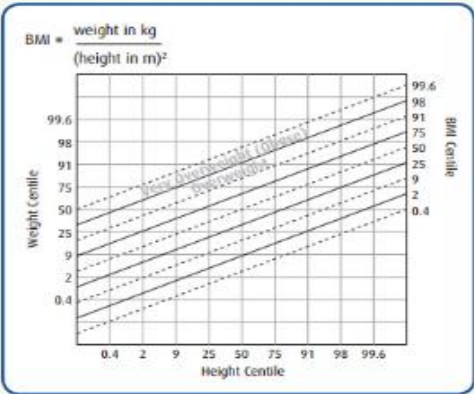
4. The Nutrition Services Coordinator will submit the completed physical form to the Nutrition Consultant in cases of abnormalities.
5. The Health and Safety Coordinator will provide growth charts from Child Plus plotting the weight for height measurements on the Physical Growth/NCHS Percentile form. These forms will then be given to each parent/guardian and a copy in the child's official file. The original letter advising the parent of the child's nutritional status will be maintained by the Nutrition Services Coordinator.





### Weight-height to BMI conversion chart

BMI indicates how heavy a child is relative to his or her height and is the simplest measure of underweight or overweight from the age of 2, when height can be measured fairly accurately. This chart<sup>3</sup> provides an approximate BMI centile, accurate to a quarter of a centile space.



Date				
Age				
BMI Centile				

# Family Support Services for Health, Nutrition, and Mental Health

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## **Regulation Reference:**

(2016) 45 CFR 1302.46 (a)(b)(1)(i-v)

## **Policy:**

The Jefferson County Child Development Council, Inc. Head Start and Early Head Start FCC Program will collaborate with parents to promote child's health and well-being by providing medical, oral, nutrition and mental health education support services that are understandable to individuals, including individuals with low health literacy.

## **Procedures:**

Jefferson County Child Development Council, Inc. Head Start and Early Head Start FCC Program will:

1. Solicit parental information, observations and concerns about their child's health and nutritional status. In conjunction with the FCE team, the Nutrition Services Coordinator or Nutrition Assistant will obtain pertinent family information and nutritional concerns at intake and re-enrollment. Nutritional information will be captured on the child's health record.
2. If needed referrals will be made to the contracted Nutritionist for any nutritional related concerns.
3. JCCDC, Inc. will offer opportunity for parent conferences with staff and consultants to discuss any nutrition related referrals.
4. The Nutrition team discuss referrals and strategies with parents in a manner that is understandable to individuals, including individuals with low health literacy.
5. The JCCDC Nutrition staff will offer nutrition related trainings, workshops, and provide technical assistance in the home and at the program in an effort to help parents to better understand good nutrition.
6. Parents will be encouraged to attend Parent Orientation, trainings and consult with the Nutrition Consultant and Nutrition Coordinator.
7. Parents will be encouraged to discuss with staff and identify issues related to child nutrition and discuss any concerns about their child's nutritional development.

# Nutrition Referrals

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## **Regulation Reference:**

(2016) 45 CFR 1302.45, 1302.46

## **Policy:**

To properly submit and follow-up on nutrition referrals.

## **Procedures:**

1. Complete the in-house referral form on child.
2. The Nutrition Coordinator will forward referral to Nutrition Consultant.
3. The Nutrition consultant will address the referral.
4. The Nutrition team will conference with parent (s) as needed.
5. The Nutrition consultant will conference with parent(s) as needed.
6. The consultant will make referral to the Mental Health agency, if needed, with parental consent.

# Monitoring

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## **Regulation Reference:**

(2016) 45 CFR 1304.44(a)

## **Policy:**

JCCDC, In. will ensure the ongoing monitoring of Nutrition Services with optimum frequency, to ensure that program operations effectively implement federal regulations

## **Procedures:**

1. The Nutrition Coordinator is responsible for ensuring that ongoing monitoring occurs.
2. The Nutrition Coordinator will review the following documents monthly to track services and ensure compliance.
  - A. Growth Charts
  - B. ChildPlus Report 3410, 3410, 3411
3. The Nutrition Coordinator will visit centers quarterly to conduct onsite monitoring reviews to ensure that children the FCC Providers demonstrate CACFP program requirements.
4. The procedure used to detect noncompliance with Federal regulations include
  - A. Quarterly FCCP CACFP Monitoring Review
  - B. Conference with staff and parents
  - C. Review of records
5. When areas of noncompliance are identified, a corrective action plan will be implemented immediately.

## **Monitoring - CACFP**

### Monitoring Schedule/Plan

The Nutrition Coordinator and team is responsible for monitoring reviews for the Child and Adult Care Food Program (CACFP) according to the following guidelines:

1. The State issued monitoring review form is the tool used to review all | participating FCC Homes to ensure compliance with the CACFP requirements.
2. Each FCC Home is monitored a minimum of three times per year according to CACFP guidelines.
3. All meal service types being claimed (breakfast, lunch, and snack) must be reviewed.

4. Two of the reviews conducted must be unannounced; the third review may be announced or unannounced at the Nutrition Coordinator's discretion.
5. Findings and recommendations are reviewed with each FCC Provider. These findings and recommendations are either corrected immediately on site or a corrective action plan is established. A copy is given to the FCC Provider and a copy is to be kept on file by the Nutrition Coordinator.
6. All documentation of reviews is kept on file for a minimum of three years from the last day of the program year to which they pertain.

# CACFP Participation

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## **Regulation Reference:**

(2016) 45 CFR 1302.44(b)

## **Policy:**

A program must use funds from USDA Food, Nutrition, and Consumer Services child nutrition programs as the primary source of payment for meal services.

## **Procedure:**

1. All contracted Family Child Care Providers will participate in the CACFP Administrative sponsored program under JCCDC.
2. The Nutrition Coordinator and team will ensure that the following areas will be adhered to and closely monitored for program compliance:
  - a. All meals provided by the FCC homes will meet USDA/CACFP required meal patterns. Only JCCDC approved menus will be used by FCC Home providers.
  - b. The Nutrition Coordinator is responsible for menu planning and monitoring meal production records.
  - c. All meal production records will be reviewed by the Nutrition Coordinator for accuracy and for use of JCCDC approved forms.
  - d. Civil Rights requirements. The Nutrition Coordinator and team is responsible for ensuring that Civil Rights training requirements are met and that appropriate documentation is in place.
  - e. All staff involved in meal counts, food service, or other key areas will attend annual training. New employees will attend training at new employee orientation prior to assuming any duties affiliated with the CACFP.
  - f. All FCH Providers will be trained annually on Civil Rights.
3. The Nutrition Coordinator will ensure that complete and accurate recordkeeping are kept for enrollment, attendance, participant eligibility, meal counts, meal production and monthly claims by the FCC Home Providers.
4. The Nutrition Coordinator shall be responsible for training designated employees in enrollment, attendance, eligibility, and meal count requirements.

5. Daily meal counts shall be completed by the end of each day for meal service by the FCC Providers. Each FCC Provider shall complete the daily attendance and meal count sheet on a daily basis.
6. The Administrative Assistant enters the attendance into ChildPlus after receiving the attendance count from each FCC Provider. The attendance counts, meal counts and participant eligibility counts will be reconciled monthly by the Nutrition Services team prior to submission of the monthly claim for reimbursement to the ALSDE Nutrition Division.
7. Inaccurate or incomplete records submitted by the FCC Provider will result in a disallowed meal or meals for each day that an error in recordkeeping is determined.
8. The Nutrition Coordinator or Nutrition Consultant shall provide training and technical assistance to any FCC provider with repeated recordkeeping errors.
9. Each FCC home shall be reviewed three times per year by the Nutrition Coordinator and/or Nutrition Consultant.