

## **Section C: Ministerial Requirements for Food and Nutrition**





## Definitions

**“Agency”** means a person licensed to manage a family home child-care program.

**“Care provider”** means a person who is approved by an agency to provide a family home child-care program in the person’s home.

**“Facility Director”** means a person who provides daily onsite supervision of a facility.

**“Family home child-care program”** means a child care program that is provided by a care provider in the care provider’s home.

**“Food allergy”** means a sensitivity caused by a reaction of the body's immune system to specific proteins in a food. Food allergies are estimated to affect as many as 6% of young children and 3% to 4% of adults.\*

**“Food and Beverage Criteria”** means the Food and Beverage Criteria for Regulated Child Care Settings in Nova Scotia, which are based upon *Eating Well with Canada’s Food Guide* (Health Canada, 2007). These criteria provide specific information for choosing food and beverages, based on sodium, sugar, fibre and fat content.

**“Food intolerance”** means a food sensitivity that does not involve the individual's immune system. Unlike food allergies, or chemical sensitivities, where a small amount of food can cause a reaction, it generally takes a more normal sized portion to produce symptoms of a food intolerance. While the symptoms of food intolerance vary and can be mistaken for those of a food allergy, food intolerances are more likely to originate in the gastrointestinal system and are usually caused by an inability to digest or absorb certain foods, or components of those foods.\*

**“Food sensitivity”** means an adverse reaction to a food that other people can safely eat, and includes food allergies, food intolerances, and chemical sensitivities.\*

\* Health Canada. *Food Allergies and Tolerances*. Accessed at <http://www.hc-sc.gc.ca/fn-an/securit/allerg/index-eng.php>, 2011

**“Full-day program”** means a child-care program that is not a family home child-care program and that

- (i) provides child care for children who are not attending school, and
- (ii) is operated for more than 4 consecutive hours per day or more than 30 hours per week.

**“Infant”** means a child who is younger than 18 months old.

**“Infant Feeding Plan”** means a written document for parents and staff/care providers to use in order to ensure that the infant’s daily nutritional needs are met. The Infant Feeding Plan will document any plans for the introduction of new foods. The Infant Feeding Plan will have a space for parents to provide comments and observations. The Infant Feeding Plan is a key communication tool for parents/guardians and staff/care providers.

**“Licensee”** means the person in whose name a license has been issued under the *Act*.

**“Part-day program”** means a child-care program that is not a family home child-care program and that

- (i) provides child-care for children who are older than 30 months and are not attending school, and
- (ii) is operated for fewer than 4 consecutive hours per day or fewer than 30 hours per week;

**“Potable drinking water”** means water that is suitable for human consumption.

**“Regulated child care settings”** means the facility or home in which full-day, part-day, school-age and family home child-care programs are offered.

**“Special dietary considerations”** means food allergies, food intolerances and food restrictions that may be related to a child’s ability to self feed, medical conditions and/or religious or cultural beliefs.

**“Ministerial Requirements for Food and Nutrition”** mean requirements that must be met in order to comply with Section 25(1) of the *Early Learning and Child Care Regulations*.

**“Staff”** means paid employees of a licensee and does not include care providers.

# Objectives

## **These Requirements will accomplish the following:**

- ✓ Enable licensees to comply with Regulations 25 and 27 in the *Early Learning and Child Care Regulations*;
- ✓ Support licensees, staff and care providers to develop menus for snacks and meals that will meet the nutritional needs of all children;
- ✓ Support licensees, staff and care providers to develop menus and make menu substitutions that reflect the healthy foods enjoyed by all children and staff in the facility or approved family child care home, as well as the kinds of foods that are easily accessible in the community, such as locally grown and produced products;
- ✓ Support licensees, staff and care providers in creating an environment that supports all children in developing healthy eating patterns and behaviours;
- ✓ Support licensees, staff and care providers in creating an environment that is inclusive and supportive of children with special dietary considerations;
- ✓ Support licensees, staff and care providers to develop a culture that fosters healthy development by promoting nutritious food and beverage choices that are consistent with the Food and Beverage Criteria for Regulated Child Care Settings in all program areas;
- ✓ Provide a framework for Public Health Nutritionists, Early Childhood Development Consultants, Licensing Officers, licensees, care providers, and staff to build capacity and understanding of healthy eating and healthy child development within regulated child care settings; and
- ✓ Provide parents, families, food service providers, and the child care sector with a shared understanding of expectations for food and nutrition practices in regulated child care settings.

## Scope

These requirements apply to all child care settings that are regulated under the *Early Learning and Child Care Act and Regulations*. This includes licensed child-care facilities and family child-care homes that are approved by a licensed family home child-care agency.

These requirements reflect local, national, and international food and nutrition policies and are grounded in health sciences and early human development evidence. These requirements also reflect local insight and practices with respect to the provision of healthy foods in regulated child care settings. Each requirement is preceded by a rationale that explains why the requirement is included.

It is the responsibility of the licensee to ensure that the requirements are implemented in regulated child care settings. These requirements must be followed in order to comply with requirements for the provision of food under the *Early Learning and Child Care Regulations*.

### **Requirements must be followed in each of the following areas:**

- ✓ Food and Beverages Served
- ✓ Clean Drinking Water
- ✓ Breastfeeding
- ✓ Adapting the Menu for Infants
- ✓ Food Safety
- ✓ Special Dietary Considerations
- ✓ Meal and Snack Routines
- ✓ Meal and Snack Time Environment
- ✓ Modeling Positive Attitudes towards Food and Nutrition
- ✓ Fundraising with Food and Beverages
- ✓ Food is Not Used to Reinforce Desired Behaviours
- ✓ Special Functions
- ✓ Promotion and Advertising

### **Accountability and Monitoring of the Ministerial Requirements for Food and Nutrition for Regulated Child Care Settings**

- ✓ The Departments of Education and Early Childhood Development and Health and Wellness and Public Health Services will review these requirements, tools, and resources on an as-needed basis.
- ✓ The Departments of Education and Early Childhood Development and Health and Wellness will work with Public Health Nutritionists and partners in the nutrition and early childhood sectors to enhance pre-service and in-service training opportunities related to food and nutrition in early childhood and the requirements under these standards.
- ✓ Licensees will ensure that parents, staff, children (as appropriate), food service providers and community partners are informed of the requirements and able to access them.
- ✓ The Department of Education and Early Childhood Development, Licensing Division, will monitor compliance with the Ministerial Requirements for Food and Nutrition in Regulated Child Care Settings through the licensing inspection process.

### **Evaluation**

The Departments of Education and Early Childhood Development and Health and Wellness and Public Health Services will work with licensees to evaluate and improve upon the effectiveness of the requirements.

# Ministerial Requirements for Food and Nutrition in Regulated Child Care Settings

## 1.0 Food and Beverages Served

**Rationale** *The selection of food and beverages served in regulated child care settings is based on Eating Well with Canada's Food Guide and complies with the Food and Beverage Criteria for Regulated Child Care Settings. Eating Well with Canada's Food Guide outlines recommendations for a pattern of eating that supports healthy growth and development for children who are two years of age and older.*

*For children between the ages of six months to two years old, new foods, tastes and textures should be introduced with the goal of having all children consume foods presented in Eating Well with Canada's Food Guide by the time they are two years old.*

- 1.1 Foods and beverages served are consistent with the Food and Beverage Criteria for Regulated Child Care Settings. The facility director, or the person responsible for menu development, signs and dates the menu to confirm that it complies with the Food and Beverage Criteria.
- 1.2 Full fat milk (3.25% MF) is provided to children under the age of two years.
- 1.3 Menu planning is the responsibility of the facility director or care provider. The facility director may delegate this responsibility to one person, for example, a cook.
- 1.4 Menus are posted in a conspicuous area and identify substitutions that are made.
- 1.5 Menus are developed at least one week in advance of when they will be posted.
- 1.6 All menus and any substitutions made must be kept on file for one year.



## 2.0 Clean Drinking Water

**Rationale** *Water is an essential nutrient. Even mild dehydration can have negative effects on brain function, alertness and energy levels. Eating Well with Canada's Food Guide encourages drinking water to quench thirst.*

**2.1** Adults and children have access to potable drinking water throughout the day, including when they are engaged in outdoor play and while on off-site outings.

## 3.0 Breastfeeding

**Rationale** *Nova Scotia along with the World Health Organization, Health Canada and the Canadian Pediatric Society promote breastfeeding as the best way to feed infants for optimal growth and development. It is recommended that infants be exclusively breastfed for the first six months of life, with the introduction of complementary foods at six months and continued breastfeeding up to two years and beyond.*

*Nova Scotia has a Provincial Breastfeeding Policy that promotes, protects and supports breastfeeding. Providing a supportive environment in regulated child care settings is essential to promote continued breastfeeding.*

**3.1** Regulated child care settings welcome mothers to breastfeed anywhere in the facility or home. A statement to support this is included in the Parent Handbook.

**3.2** When requested, regulated child care settings provide a comfortable space for breastfeeding mothers (e.g. a chair in a quiet space). A statement to support this is included in the Parent Handbook.

**3.3** Breast milk is stored in the refrigerator and labeled with the contents, date and the child's name.

**3.4** When requested, regulated child care settings work with families to develop an Infant Feeding Plan to address storage and feeding of breast milk. This may also include a plan to follow when the supply runs out and a 'transition' plan to other milks if/when necessary. The Infant Feeding Plan is available for review.

## 4.0 Adapting the Menu for Infants

**Rationale** *When babies are 6 months old they will begin to learn to swallow, chew and pick up solid food. This is a time for getting used to new tastes and textures of food. Infants will explore new foods and learn to enjoy healthy foods. It is important that infants receive nutrient dense, iron containing foods at 6 months of age. This may include foods from the meat and alternative group, including beef, fish, poultry, cooked egg yolks, tofu, and well-cooked legumes.*

*As infants grow and develop they adjust to the textures of new foods and fewer modifications are required. When infants reach 12 months of age they should be eating most of the same foods as older children. Ongoing communication between the parent/guardian and staff/care provider about the infant's nutritional needs is important during the transition to new foods.*

- 4.1 Upon enrolment, Infant Feeding Plans are created for children between the ages of birth to 17 months, at the request of the parents or when parents provide foods from home.
- 4.2 Infant Feeding Plans, when created, are used for ongoing communication between the infant's parent/guardian and the care provider or the staff, including the cook.
- 4.3 The Infant Feeding Plan is used to record and communicate the infant's progress during the transition to solid foods and indicates, when requested by the parent, how menu items are prepared to accommodate the infant's developmental stage.
- 4.4 Staff and care providers allow infants to explore their food, feed themselves and respond to hunger and fullness cues. A statement to support this is included in the Parent Handbook.
- 4.5 Unless otherwise identified on the Infant Feeding Plan, children who are six months of age or older receive daily meals and snacks that are based on the menu.  
(Parents may bring food from home during their child's transition to solid food; however, this is not required and must be identified on an Infant Feeding Plan.)
- 4.6 Iron containing foods as listed in the rationale are included on the menu.
- 4.7 Honey and products containing honey are not served to children who are less than 12 months of age.

## 5.0 Food Safety

**Rationale** *Children in group child care settings are at an increased risk for acquiring food borne illnesses. Some of the risk factors associated with food borne illness include poor temperature control, cross contamination and inadequate hygiene. It is essential that regulated child care settings implement sound practices for the prevention of food borne illness. Foods and beverages served in regulated child care settings must comply with applicable food safety regulations to ensure a consistent and safe food environment for children.*

**5.1.** Full day child care facilities require a Food Establishment Permit or must purchase food from an establishment that has a Food Establishment Permit.

**5.2** Regulated child care settings follow the *Guidelines for Communicable Disease Prevention and Control for Child Care Settings*

**5.3** When medical, religious, or cultural beliefs require a child to bring food from home, or when the child is in a school age program where lunch is not provided, foods must be labeled with the child's name and refrigerated if necessary.

**5.4** Child care facilities that hold a Food Establishment Permit can only purchase or receive donations of food or beverages in accordance with the Department of Agriculture Food Safety Regulations.

**5.5** Child care facilities that do not hold a Food Establishment Permit can only purchase or receive donations of food or beverages from an establishment permitted by the Department of Agriculture.

**5.6** Despite Sections 5.4 and 5.5, some foods may be donated to or purchased for regulated child care settings under the following circumstances:

- (i)** the food is considered to be a low risk food by the Department of Agriculture, including whole fruits and vegetables that have not been cut except for the purpose of harvesting and dry non-potentially hazardous baked goods (i.e. those that do not contain cream, custard, cream cheese, meat or any other potentially hazardous food as a filling or a topping; and
- (ii)** the food brought into the program is acceptable to the licensee.

**5.7** Foods that have been donated to or purchased for a facility must:

- (i) be labelled with the name of the source of the food;
- (ii) include a list of ingredients and any special preparation, storage or serving instructions; and
- (iii) be in accordance with Standard 6 (special dietary considerations).

**5.8** The Parent Handbook must include a statement on the requirements for foods that have been donated to or purchased for a facility.

## 6.0 Special Dietary Considerations

**Rationale** *All children need nourishment during the day and should participate in the routine meal and snack times in the child care setting. It is recognized that some children may not be able to eat all of the foods served and may be challenged in following the regular meal and snack routines.*

*There could be a variety of reasons for this, including life threatening food allergies and other medical conditions that require special dietary considerations to be implemented. It is important that staff and care providers demonstrate openness and a non-judgmental approach toward children's dietary requirements to ensure that all children receive the nourishment they need in a supportive environment.*

- 6.1 Special dietary considerations are identified during the enrollment process and documented on the child's file.
- 6.2 Food brought from home for a child with special dietary considerations must adhere to any policies and protocols related to special dietary considerations as per 6.3.
- 6.3 Special dietary considerations, including allergy and anaphylaxis information specific to an individual child is communicated to all staff, those who prepare and serve food, care providers, substitutes, volunteers and student interns. This information is posted in the food preparation area and any other places necessary to ensure that those people who need to know this information are able to view it.
- 6.4 Any other protocols, anaphylaxis policies and general information related to special dietary considerations are posted in a clearly visible location in the child care setting.

## 7.0 Meal and Snack Routines

**Rationale** *Healthy meal environments focus on positive meal and snack routines, rather than specific times to eat. While there is a need for routine in respecting children's appetite, it is important for staff and care providers to be flexible and recognize that children need to eat frequently. An understanding of children's food intake may be developed by observing and recognizing other factors that may influence their appetite and interest in food (e.g. illness, distractions, foods consumed before arriving at child care).*

*Maintaining an open line of communication with the child's parents is essential in understanding issues and challenges that may arise and in ensuring that children's nutritional needs are met.*

**7.1** Daily meal and snack schedules provide children, staff and care providers with enough time to prepare the eating area, serve the food, consume the food and clean-up.

**7.2** Staff and care providers are responsive to children's cues around hunger and provide snacks and meals outside of the regular schedule as required. A statement to support this is included in the Employee Handbook and the Parent Handbook.

## 8.0 Meal and Snack Time Environment

**Rationale** *Infants and children are born with the ability to regulate how much food and drink they require for healthy growth and development. Staff and care providers are responsible for what and when children eat, and children are responsible for how much or even if they want to eat. Respecting children's ability to determine when they are hungry, and when they are full, will promote healthy eating behaviours that will have lasting effects.*

*It is important that adults sit with the children as they are important role models during meal and snack times. When children are engaged with adults during snack and meal times, and watch adults eating various types of foods, they are more likely to eat the same foods. Over time, when children participate in meal service and serve themselves, they are also more likely to take only the food they require. Meal and snack times provide excellent opportunities to foster children's self-help and social skill development.*

- 8.1** Staff and care providers create a relaxing and enjoyable meal environment (e.g. plan for transitions in routine from play to meal/snack). A statement to support this is included in the Parent Handbook and the Employee Handbook.
- 8.2** For all snacks and meals, child care settings provide safe and sanitary seating and table arrangements with tables, chairs and table settings (e.g. plates, utensils, cups) that are appropriate for the children's ages and competencies.
- 8.3** Staff and care providers implement appropriate seating accommodations and provide specialized utensils, when needed, for children with special needs.
- 8.4** Children with diverse and special needs join their peers for meal and snack times.
- 8.5** Staff and care providers encourage children to respond to hunger and feelings of fullness and children are not forced to finish food that has been served. A statement to support this is included in the Employee or Care Provider Handbook and the Parent Handbook.

## **9.0 Modeling Positive Attitudes towards Food and Nutrition**

**Rationale** *The types of foods that children choose and the attitudes that they develop towards food and nutrition, are influenced by their peers and the adults in their lives. When adults consistently model healthy eating practices and positive attitudes towards food and nutrition, they directly influence and encourage children to develop positive ideas and attitudes about food and nutrition.*

*Staff and care providers are important role models in regulated child care settings and can influence children's attitudes toward food and nutrition through their own behaviours and actions with food.*

**9.1** When working directly with children, staff and care providers model healthy eating practices that are consistent with these standards. A statement to support this is included in the Employee Handbook and the Care Provider Handbook.



## **10.0 Fundraising with Food and Beverages**

**Rationale** *Regulated child care settings often fundraise to purchase materials and equipment that will enhance the programs they offer. Fundraising with healthy food and beverages, or non-food items, provides an opportunity for licensees, staff and care providers to promote positive nutrition messages that reflect these standards. This will help to ensure that the messages that children receive around health and nutrition in child care are consistent with the messages they hear at home and in the broader community.*

**10.1** When fundraising occurs in facilities during operating hours, the items are non-food items, or food and beverages that comply with the Food and Beverage Criteria.

## **11.0 Food is Not Used to Reinforce Desired Behaviors**

**Rationale** *Children are served best when they are supported to develop competence, self awareness, and a sense of self-worth in their child care setting. Ensuring that there are many opportunities for children to develop trusting and genuine relationships with the adults and peers in their child care setting will contribute to this. Children display positive behaviours and meaningful activities when the environment reflects their interests, is child-centered and play-based.*

*When children are respected for who they are and are supported by caring adults and peers to resolve difficult situations, external motivators, such as food, are not required. Using food as a motivator teaches children that food is associated with an action and not with hunger. It can teach children to prefer some foods over others and can alter children's natural ability to respond to internal cues that allow them to know when they are hungry and when they are full.*

**11.1** The licensee's Behaviour Guidance Policy states that:

- (i)** Staff, volunteers and care providers do not offer food to reinforce positive behaviors.
- (ii)** Staff, volunteers and care providers do not withhold food as a consequence for inappropriate behaviors.
- (iii)** Food is not used as a reward for completing a task or finishing a meal (e.g. dessert will not be withheld if the child does not finish the main meal).

**11.2** When a child's team (which may include staff, external professionals and the child's parents/guardians) has determined that food is the most appropriate and natural way to reinforce desired behaviours and support the child's development, then a routine-based plan (RBP) must be developed for the child. The RBP must include a plan for replacing and/or reducing the use of food as a motivator.

## 12.0 Special Functions

**Rationale** *Special occasions and celebrations create opportunities for children and adults in a child care setting to build relationships and get to know each other. Food is often a symbol of community and kinship during special occasions and celebrations.*

**12.1** Any policies and protocols related to special dietary considerations, in accordance with Section 6, are followed.

**12.2** Foods and beverages served at special functions during regular operating hours (e.g. Valentine's Day, Halloween, and birthday celebrations) are identified on the menu in advance of the celebration and comply with the Food and Beverage Criteria.

## **13.0 Promotion and Advertising**

**Rationale** *Marketing to children has a strong influence on the food that children choose. The Internet, television, games, toys, and character placement on food products, clothing, utensils and placemats make it easy for food companies to market their products to children. This allows companies to create brand loyalty that will last into adulthood. Food and beverages that are marketed to children are often of poor nutritional quality and negatively impact on children's food preferences.*

*Regulated child care settings have a responsibility to nurture healthy childhood growth and development, which includes creating an early learning environment that fosters healthy food preferences.*

**13.1** Promotional materials that are intended to advertise specific brands or characters are not used to serve meals and snacks.