

# Food and Nutrition in Early Learning and Child Care Programs



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### **Food and Nutrition in Early Learning and Child Care Programs**

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Please note that all attempts have been made to identify and acknowledge information from external sources. In the event that a source was overlooked, please contact [education.permissions@novascotia.ca](mailto:education.permissions@novascotia.ca).

# Acknowledgement

This manual uses *Canada's Food Guide* as it is the most widely used and understood method or resource available at this time. However, *Canada's Food Guide* is not the only healthy practice. Dietary guidance and associated food and nutrition policies in Canada typically reflect Eurocentric research and perspectives of health, food, and eating. It is important to recognize that food holds significance beyond its nutrient value and represents people's diverse beliefs, traditions, relationships, and connections with their history, their traditional lands, and each other. This means healthy and culturally appropriate foods will look different for each family or community.

In addition to differences in the types of foods offered, there may also be culturally specific ways in which food is harvested, prepared, shared, eaten, and celebrated. Mi'kmaq and other Indigenous groups have the tradition, ability, and right to respond to their own needs and make decisions for safe, healthy, culturally relevant food. We recognize the harms that malnutrition and nutrition experiments on Indigenous people have caused and the legacy they have left, including at the residential school in Shubenacadie, Nova Scotia.

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## Resources

*Journal of Agriculture, Food Systems, and Community Development*: [Pathways to the Revitalization of Indigenous Food Systems: Decolonizing Diets through Indigenous-Focused Food Guides](#)  
*The Conversation*: [Nutrition researchers saw malnourished children at Indian Residential Schools as perfect test subjects](#)

## Thank You

We wish to thank the members of the FNSLCC Advisory Group, the working group, the CELEBRATE Feeding team from Mount Saint Vincent University and the University of Prince Edward Island, the PTGN, the early learning sector, and all those whose work has influenced the development of these standards and the information included in this manual.

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# Introduction

We are pleased to provide this manual to assist in implementing the *Standards for Food and Nutrition in Early Learning and Child Care Programs*. The Standards were developed by the Food and Nutrition Support for Licensed Child Care Centres (FNSLCC) Advisory Group and are effective on September 1, 2025. Early learning environments have an important role to play in nourishing young children and modelling an overall pattern of healthy eating that will contribute to optimal growth and development.

In 2021, in a policy review completed by Nova Scotia Health (NSH), Public Health (PH) assessed the *Manual for Food and Nutrition in Regulated Child Care Settings* relative to current evidence and practice for healthy food environments in early childhood programs. The former edition of the manual came into effect July 1, 2011. Since the manual's release and implementation, there have been changes to dietary guidance for Canadians with the release of the 2019 *Canada's Food Guide* by Health Canada. This policy review was completed with a view to these contextual factors, highlighting key findings with respect to policy content and implementation based on the experience of PH nutritionists. This review was also informed by preliminary consultations with members of the Provincial Territorial Group on Nutrition (PTGN) in April 2021.

The Nova Scotia *Standards for Food and Nutrition in Early Learning and Child Care Programs* identifies the expectations for the provision of food and nutrition in early learning and child care programs. It guides menu development in compliance with each of the standards that is required for all early learning and child care programs as per regulations 25 and 27 under the *Early Learning and Child Care Act*. The food and beverage criteria follow *Canada's Food Guide*, which was developed through a systematic review of current and credible science on the links between food, nutrition, and health.

As of September 1, 2025, it will be the responsibility of operators and care providers to ensure that early learning and child care environments follow the food and nutrition standards and develop menus that meet the food and beverage criteria. The information in this manual will assist in making informed decisions for creating positive eating environments and the foods served to children.

# Overview

## Definitions

**care provider:** A care provider is a person approved by an agency to provide a family home child-care program in their home.

**coercion:** Coercion occurs when children eat, or stop eating, to avoid negative consequences.

**culturally responsive practice:** This is a process reflecting and celebrating our diverse society and allowing children to develop and learn while experiencing a sense of belonging and respect.

**dairy-free:** A dairy-free diet excludes all or most dairy products. This includes milk and any foods made with milk.

**early learning and child care program:** This is a complex and intentionally planned indoor or outdoor space, such as a home, playground, child care centre, community centre, public place, or natural setting that focuses on nurturing healthy relationships between children, families, and educators through the provision of diverse opportunities for learning and development, and is supported by consistent and responsive schedules, routines, materials, and other resources.

**eating pattern:** An eating pattern is what you eat and drink on a regular basis. Rather than individual foods or drinks, it is eating patterns that impact overall health.

**facility director:** This is the person who provides daily onsite supervision of a facility.

**family home child care program:** This is a child care program provided by a care provider in the care provider's home.

**food allergy:** A food allergy is 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 per cent of young children and 3 per cent to 4 per cent of adults.

**food and beverage criteria:** This refers to the *Food and Beverage Criteria for Early Learning and Child Care Programs in Nova Scotia*, which are based upon *Canada's Food Guide* (Health Canada, 2019). These criteria provide specific information for choosing food and beverages, based on sodium, sugar, fibre, and fat content.

**food intolerance:** This is 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:** This is an adverse reaction to a food that other people can safely eat, and includes food allergies, food intolerances, and chemical sensitivities.

**full-day program:** This is a child care program that is not a family home child care program and that

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

**gluten-free:** Gluten-free foods do not contain gluten, a protein found in some grains including wheat, barley, and rye.

**highly processed foods:** These are processed or prepared foods and drinks that add excess sodium, sugars, or saturated fat to the diet.

**infant:** An infant is a child who is younger than 18 months old.

**infant feeding plan:** This is a written document for parents/guardians and staff/care providers to use 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. It will have a space for parents/guardians to provide comments and observations. The infant feeding plan is a key communication tool for parents/guardians and staff/care providers.

**natural health products:** Natural health products include vitamins, minerals, herbal remedies, homeopathic medicines, and traditional medicines.

**noon meal:** This is the occasion near the middle of the day for sitting down to eat a plate filled half with fruits and vegetables, one-quarter with whole grain foods, and one-quarter with protein foods.

**operator:** The operator is the person in whose name a license for a regulated child care facility has been issued under the act, known in the regulations as a licensee. In this document, operator also applies to a family home provider, or the entity/entities responsible for the implementation of pre-primary programs.

**open snack or rolling snack:** These involve the children choosing when, during a set period, they have a snack, rather than all being seated at the same time.

**part-day program:** This is a child care program that is not a family home child care program and that

- provides care for children who are older than 30 months and are not attending school, and
- is operated for fewer than four consecutive hours per day or fewer than 30 hours per week.

**plant-based proteins:** These are proteins found only in plants, not from fish or animals. Examples include beans, lentils, nuts, peas, seeds, and tofu and other soy-based products.

**high-risk or potentially hazardous foods:** These foods have the potential to support the growth of pathogenic micro-organisms or the production of toxins.

**pressure:** In the context of food, pressure is anything that prompts a child to eat more or less than they want to eat.

**refined grains:** These have some parts of the grain removed during processing and have less fibre and nutrients than whole grains.

**regulated child care programs or licensed child care facilities:** These are facilities or homes in which full-day, part-day, school-age, and family home child care programs are offered.

**responsive feeding:** In a responsive feeding environment, children follow their hunger and fullness cues to decide what and how much to eat from the foods offered.

**saturated fat:** This is a type of fat mainly found in or made from animal-based foods and is typically solid at room temperature. This type of fat should be limited as part of a healthy eating pattern.

**snacks:** Snacks are foods and beverages provided between meals as a way to balance nutrient intake throughout the day.

**special dietary considerations:** These are 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.

**standards for food and nutrition:** These are requirements that must be met in order to comply with Section 25(1) of the *Early Learning and Child Care Act*.

**staff:** Staff are paid employees of an operator and does not include care providers.

**sugar substitutes:** These are food additives regulated by Health Canada that are sometimes referred to as "sweeteners." Examples include aspartame, erythritol, isomalt, lactitol, maltitol and maltitol syrup, mannitol, saccharin, sorbitol and sorbitol syrup, stevia extract and steviol glycosides, and xylitol.

**unsaturated fat:** This is a type of fat mainly found in or made from plant-based foods and is typically liquid at room temperature.

**vegetarian:** Vegetarian diets are those that exclude some or all animal products and focus on plant-based foods. These include fruits, vegetables, dried beans and peas, grains, seeds and nuts. These diets may include dairy products and/or eggs.

**vegan:** A vegan diet excludes all meat and animal products.

**whole grain foods:** These foods include all parts of the grain and have more fibre and nutrients than refined grains.

# Objectives

These standards will accomplish the following:

- ✓ enable operators to comply with regulations 25 and 27 in the *Early Learning and Child Care Act*
- ✓ support operators, staff, and care providers to develop menus for snacks and meals that will meet the nutritional needs of all children
- ✓ support operators, staff, and care providers to develop menus and make menu substitutions that reflect the healthy foods enjoyed by all children and staff in the early learning environment, as well as the kinds of foods that are easily accessible in the community, such as locally grown and produced products
- ✓ support operators, staff, and care providers in creating an environment that supports all children in developing healthy eating patterns and behaviours
- ✓ support operators, staff, and care providers in creating an environment that is inclusive and supportive of children with special dietary considerations
- ✓ support operators, staff, educators, 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 Early Learning and Child Care Programs in all program areas
- ✓ provide a framework for Public Health nutritionists, early childhood development consultants, pre-primary consultants, licensing officers, operators, care providers, educators, and staff to build capacity and understanding of healthy eating and healthy child development within regulated child care programs
- ✓ provide parents/guardians, families, food service providers, and the child care sector with a shared understanding of expectations for food and nutrition practices in regulated child care programs

## Scope

These standards apply to all early learning and child care programs including licensed child care centres that are regulated under the *Early Learning and Child Care Act and Regulations*, and family home child care providers that are approved by a licensed family home child care agency.

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

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

Standards must be followed in each of the following areas:

- ✓ food and beverages offered and served
- ✓ clean drinking water
- ✓ baby-friendly practices
- ✓ adapting the menu for infants
- ✓ food safety
- ✓ special dietary considerations
- ✓ responsive feeding (including feeding environment, creating opportunities for children to learn about food, feeding routines, modelling positive attitudes toward food and eating, food is not used in relation to behaviours)
- ✓ fundraising with food and beverages
- ✓ special functions
- ✓ food marketing and advertising
- ✓ inclusive food environments

## Accountability and Monitoring of the Food and Nutrition Standards for Regulated Child Care Programs

- ✓ The departments of Education and Early Childhood Development (EECD), Health and Wellness (DHW), and Nova Scotia Public Health (PH) will review these standards, tools, and resources on an as-needed basis.
- ✓ EECD, DHW, and PH will work with Public Health nutritionists and partners in the nutrition and early childhood sectors to seek opportunities to enhance pre-service and in-service training opportunities related to food and nutrition in early childhood and the requirements under these standards.
- ✓ Operators will ensure that parents/guardians, staff, children (as appropriate), food service providers, and community partners are informed of the standards and able to access them.
- ✓ The EECD Child Care Licensing team will monitor compliance with the *Standards for Food and Nutrition in Regulated Child Care Programs* through the licensing inspection process.

### Evaluation

EECD, DHW, and PH will work with operators to evaluate and improve upon the effectiveness of the standards.



# Section A

*Standards for Food and  
Nutrition in Regulated  
Child Care Programs*

# Standards for Food and Nutrition in Regulated Child Care Programs

## 1.0 Food and Beverages Offered and Served

### Rationale

*The selection of food and beverages served in regulated child care programs complies with the Food and Beverage Criteria for Early Learning and Child Care Programs.*

*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 a wide variety of healthy foods by the time they are two years old. The distribution of foods and beverages throughout the day supports nutrition for young children with smaller appetites and promotes self-regulation of intake.*

### Standards

- 1.1 Foods and beverages served are consistent with the Food and Beverage Criteria for Early Learning and Child Care Programs. 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 Menus are developed at least one week in advance of when they will be posted.
- 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 an area visible to parents/guardians/families and identify substitutions that are made. In addition, menus may be shared electronically.
- 1.5 All menus and any substitutions made must be kept on file for at least one year.

## Indicators for Licensing

- Menus are posted and signed by the operators or designate to confirm that the *Food and Beverage Criteria for Early Learning and Child Care Programs* have been followed in the menu development process.
- All menus and substitutions are kept on file for one year for review by the licensing officer.
- All substitutions are recorded with a date and kept on file for at least one year.

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### Resources

[Government of Canada: Health Canada: Nutrition Labelling: Overview](#)

## 2.0 Clean Drinking Water

### Rationale

*Drinking water is important for children's health, including brain function, alertness, and energy levels.*

### Standards

- 2.1 There must always be a safe drinking water supply available through municipal water supply or tested well water as per the [Guidelines for Communicable Disease Prevention and Control and Public Drinking Water Supplies Regulations](#).
- 2.2 Adults and children have access to safe drinking water throughout the day, including during meals and snacks, when engaged in outdoor play, and while on off-site outings.
- 2.3 Staff and care providers offer and encourage water consumption, including during meals and snacks.

### Tips to promote and encourage water as the drink of choice

- Avoid bottled water when a safe source of drinking water is readily available. Consider a refillable water station instead.
- Keep the refrigerator stocked with pitchers of water.
- Avoid adding ice to water as it may be a choking hazard for young children.
- Safely store, clean, and transport water bottles. See the reference [How to Clean Water Bottles](#).

### Indicators for Licensing

- A positive health inspection report is required.
- Water is available and accessible throughout the day, including during meals, snacks, outdoor play, and on outings.

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### Resources

Government of Canada: [Health Canada: Canada's food guide: Make water your drink of choice](#)

Nova Scotia Department of Agriculture: [Regional Services \(for water testing\)](#)

Nova Scotia: [Guidelines for Communicable Disease Prevention and Control for Child Care Settings](#)

Nova Scotia: [Water and Wastewater Facilities and Public Drinking Water Supplies Regulations – sections 31–35](#)

# 3.0

## Baby-Friendly Practices

### Rationale

*Health Canada recommends 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. For babies that are not breastfed, or are partially breastfed, commercial infant formulas are an alternative to breast milk.*

### Standards

- 3.1 The Baby-Friendly Initiative was launched by the World Health Organization and UNICEF in 1991 to protect, promote, and support breastfeeding. A baby-friendly culture is welcoming and inclusive of diverse cultures and perspectives and supports all families in their infant feeding journey. Providing a baby-friendly environment in child care programs is essential to support breastfeeding and help all families reach their infant feeding goals regardless of how they choose to feed. Responsive feeding starts with breast and/or bottle feeding, not just with solid foods. See Section 7 for information on responsive feeding. Early learning environments welcome parents/guardians to breastfeed anywhere and anytime in the facility or home.
- 3.2 Early learning environments welcome mothers/parents/guardians to bottle feed anywhere and anytime in the facility or home and provide appropriate supports for formula use including storage and labelling.
- 3.3 When requested, regulated child care programs provide a comfortable and private space for breastfeeding mothers/parents/guardians (e.g., a chair in a quiet space) to breastfeed or express breastmilk.
- 3.4 Staff, educators, and care providers are attentive to responsive feeding for bottle-fed infants, paying attention to hunger and satiety cues and providing a comfortable feeding environment.
- 3.5 Early learning and child care programs work with families to develop an infant feeding plan to address supply, storage, and feeding of breast milk or formula.
- 3.6 Expressed breast milk is stored in the refrigerator and labelled with the contents, the date it was expressed, the date it should be used by, and the child's name. See the [Guidelines for Communicable Disease Prevention and Control for Child Care Settings - Section 10.2.3 Preparing and Storing Breast Milk and Substitutes \(Infant Formula\)](#).

## Indicators for Licensing

- Signage is posted to communicate that breastfeeding is welcome anywhere at any time in the child care program.
- A private space for breastfeeding/expressing breast milk is available if requested.
- Family handbook (previously the “parent handbook”) includes statements on breastfeeding within the child care program as per standards 3.1 and 3.2.
- Bottles are labelled and refrigerated as per requirements in standard 3.6.
- When applicable, infant feeding plans are created, available for review, and revised regularly as needed.

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### Resources

[\*Appendix H: Infant Feeding Plan\*](#)

[\*Government of Canada: Health Canada: Nutrition for Healthy Term Infants: Recommendations from Six to 24 Months\*](#)

[\*MAMA Lab Learning Hub: Responsive feeding\*](#)

[\*Nova Scotia Health: Breastfeeding Basics\*](#)

[\*Nova Scotia: Guidelines for Communicable Disease Prevention and Control for Child Care Settings\*](#)

[\*The Breastfeeding Committee of Canada: Baby-Friendly Initiative\*](#)

[\*UnlockFood.ca: Raising our healthy kids\*](#)

## 4.0 Adapting the Menu for Infants

### Rationale

*When infants are six months old, they will typically 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 two or more times a day between six and 12 months of age while avoiding choking hazards.*

*Until about 12 months, infants will get most of their nourishment from breastmilk or substitutes (formula). 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 nutritional needs, food textures, and self-feeding ability appropriate to the infant's developmental stage are important during the transition to solid foods. It is important to pay attention to hunger and fullness cues. See Section 7 for information on responsive feeding.*

### Standards

- 4.1 Upon enrolment, infant feeding plans are created for children between the ages of birth to 17 months.
- 4.2 Infant feeding plans 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.

#### Examples of iron-rich foods

- protein foods, including beef, fish, poultry, cooked eggs, tofu, and well-cooked legumes
- whole grain foods such as iron-fortified cereals or breads

#### Hunger and fullness cues for infants

##### Cues that infant is hungry...

- turns toward food
- opens their mouth when they see the food
- gets excited when they see the food

##### Cues that infant has had enough to eat...

- turns their head away
- doesn't open their mouth
- pushes the food away

- 4.4 Staff and care providers allow infants to explore their food, feed themselves (as able based on developmental stage) and respond to hunger and fullness cues.
- 4.5 Unless otherwise identified on the infant feeding plan, infants who are six months of age or older receive daily meals and snacks that are based on the menu. (Parents/guardians may bring food from home during an infant's transition to solid food; however, this is not required and must be identified on an infant feeding plan.)
- 4.6 Iron-rich foods listed above must be included on the menu twice daily when infants six-to-12 months of age are in attendance.
- 4.7 Honey and products containing honey must not be served to infants who are less than 12 months of age due to the risk of infant botulism from unpasteurized honey.

## Indicators for Licensing

- Infant feeding plans are created for each infant, available for review, and revised regularly as needed.
- Bottles and foods brought from home for infants are properly stored and labelled with the infant's name, the date it was received, the date expressed, or prepared, and the date it should be used by.
- The family handbook includes a statement on standards 4.3 and 4.4 with respect to self-feeding and following hunger and fullness cues.
- When children six months of age or older are in attendance, mealtime observation indicates they are served meals and snacks based on the menu (unless otherwise indicated in the infant feeding plan).
- When infants between six and 12 months are in attendance, menus indicate that iron-rich foods are available at meals and snacks at a minimum of twice daily.
- When infants up to 12 months of age are in attendance, products containing honey are not served.

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## Resources

[\*Appendix H: Infant Feeding Plan\*](#)

[\*Food and Beverage Criteria for Early Learning and Child Care Programs\*](#)

[\*Government of Canada: Health Canada: Nutrition for Healthy Term Infants: Recommendations from 6 to 24 Months \(2023\)\*](#)

[\*Nova Scotia Health: Infant Formula: What You Need to Know\*](#)

[\*Nova Scotia Health: Loving Care: 1 to 3 Years \(Food Section\)\*](#)

[\*Nova Scotia Health: Loving Care: 6 to 12 Months \(Food Section\)\*](#)

# 5.0

## Food Safety

### Rationale

*Children in early learning environments 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 early learning environments implement sound practices for the prevention of food-borne illness. Foods and beverages served in early learning environments must comply with applicable food safety regulations to ensure a consistent and safe food environment for children.*

### Standards

- 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 and meets Nova Scotia's food protection requirements.
- 5.2 Early learning environments follow the Guidelines for Communicable Disease Prevention and Control for Child Care Settings – Section 10.0 Food Safety Practices, including the following:
- personal hygiene
  - safely thawing and preparing food
  - preparing and storing breastmilk and substitutes
  - preparing for picnics and outings
  - serving catered foods
  - safe practices for food from home
  - safe food storage
  - cleaning and sanitizing

### Be especially conscious of food safety for...

- raw and cooked meat, poultry, and fish products
- raw and cooked eggs
- milk and milk products (unless in baking)
- baked goods that contain cream, custard, or meat as a filling or topping
- canned or bottled homemade food such as salsas, jams, sauces, relishes, or vegetables
- fresh or cooked vegetables and fruit that have been cut for purposes other than harvesting, such as fruit and vegetables trays

These foods cannot be donated to child care programs and should be stored, prepared, and served using additional care in accordance with food safety regulations.

**NOTE:** Do not serve honey and foods containing honey to children under one year of age.

- 5.3 Early learning environments that hold a food establishment permit can only purchase or receive donations of food or beverages in accordance with the [Nova Scotia Food Safety Regulations](#).
- 5.4 Early learning environments that do not hold a food establishment permit can only purchase or receive donations of food or beverages from provincially or federally permitted establishments.
- 5.5 Despite sections 5.3 and 5.4, some foods may be donated to or purchased for early learning environments when the food is considered to be low risk under the [Nova Scotia Food Safety Regulations](#). Examples include:
- whole fruits and vegetables that have not been cut except for the purpose of harvesting. This prevents the possibility of cross-contamination.
  - 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).
- 5.6 Foods that have been donated to or purchased for a facility must follow these guidelines:
- be labelled with the name of the source of the food.
  - include a list of ingredients and any special preparation, storage, or serving instructions.
  - align with food and beverage criteria (Section C).
  - align with any policies related to children's special dietary considerations.
- 5.7 Family handbook includes statements on standards 5.6 and 5.7 with respect to food purchased for or donated to a facility.

## Indicators for Licensing

- Foods from home are labelled with the child's name and date, and are stored properly (including refrigerated as necessary).
- All food safety practices from Section 10 of Guidelines for Communicable Disease Prevention and Control for Child Care Settings are observed.
- Family handbook includes statements on standards 5.6 and 5.7 with respect to food purchased for or donated to the facility.

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## Resources

Government of Canada: [Health Canada: Interactive tool on food safety](#)

Nova Scotia Health Protection Act: [Nova Scotia Food Safety Regulations](#)

Nova Scotia: [Guidelines for Communicable Disease Prevention and Control for Child Care Settings, Section 10](#)

## 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 early learning environments. It is recognized that some children may not be able to eat all 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-judgemental approach toward children's dietary requirements to ensure that all children receive the nourishment they need in a supportive environment.*

*Diverse feeding plans that ensure all children are included in the inclusive feeding environment will have as a primary goal meeting children's need for nourishment while making sure that, wherever possible, children who have individualized plans are included in as many elements of the shared food environment as possible.*

*Whenever possible, early learning and child care programs should make every reasonable effort to accommodate the needs, including allergies, medical needs, and religious or cultural beliefs or creeds, of all children.*

### Standards

- 6.1 Special dietary considerations are identified during the enrolment process and documented on the child's file.
- 6.2 Early learning environments may put into place specific policies and protocols related to special dietary considerations of the children in attendance (e.g., peanut sensitive policy). Any food brought from home for a child with special dietary considerations must adhere to these policies and protocols, including appropriate labelling (see standard 5.6).

### Tips for minimizing cross-contamination of food allergens

- Children wash their hands before and after eating.
- Foods that contain a child's allergen are kept away (including during storage, preparation, and serving) from foods that do not contain the allergen.
- Staff/care providers purchasing food triple-check food labels for allergens at the store, when storing food in the child care program, and when it is served.
- Children are encouraged to follow "no food sharing" practices.

- 6.3 Special dietary considerations, including allergy and anaphylaxis information specific to an individual child, is communicated to all staff, including those who prepare and serve food, educators, substitute staff, child care administration, volunteers, and practicum students. 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 can view it.
- 6.4 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 the noon meal is not provided, foods must be labelled with the child's name, date, and refrigerated or kept cold with a freezer pack. Foods must be heated to the appropriate temperature if both necessary and possible.
- 6.5 Any other protocols, anaphylaxis policies, and general information related to special dietary considerations are posted in a clearly visible location in the early learning environment.

## Indicators for Licensing

- If applicable, child's enrolment information includes information on special dietary considerations and has a parent/guardian's signature.
- Foods and beverages to be provided by parents/guardians are identified on the child's enrolment information.
- Menu substitutions provided for children with special dietary considerations are documented and kept on file for at least four months.
- Information regarding a child's special dietary considerations is visibly posted in the appropriate locations.

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### Resources

[\*Food Allergy Canada: Childcare\*](#)

# 7.0

## Responsive Feeding

### Rationale

*Children are born with the ability to recognize hunger and fullness and the capacity to self-regulate their food intake.*

### What Is Responsive Feeding?

*In a responsive feeding environment, children follow their hunger and fullness cues to decide what and how much to eat from the foods offered. This can include providing repeated opportunities to explore new foods and textures. Responsive feeding is important from birth throughout life to support a positive relationship with food and eating.*

*Responsive feeding builds on the Satter Feeding Dynamics Model which encourages caregivers to provide leadership on “what, when, and where” and let children guide “how much, what, and whether” to eat. This includes ensuring that there is sufficient time both for meals and for children to prepare to eat, which can include time for children to wash or sanitize their hands*

*Responsive feeding approaches help children to*

- *explore new foods and textures,*
- *learn to enjoy a variety of foods,*
- *develop their own food preferences,*
- *celebrate all foods,*
- *develop positive relationships with food.*

*Responsive feeding also includes supportive mealtime environments and routines, positive role modelling, avoidance of food as a reward or punishment by caregivers, and play and learning related to food, cooking, and mealtimes. Sections below describe specific practices that support these approaches.*

### Language and Responsive Feeding

*While eating, the focus of conversations should be social and not focused on encouraging eating. Evidence shows that use of even mild encouragement can be perceived as pressure and undermine a child’s ability to self-regulate intake of food and/or accept varied foods and beverages. The following are ways to support a responsive feeding environment in your communications:*

### Division of responsibility

Caregivers decide

- what foods to offer,
- where to offer meals/snacks,
- when to offer meals/snacks.

Children decide

- how much to eat,
- what to eat from foods offered,
- whether to eat at all.

- *Support positive conversations at mealtime that are not about food.*
- *Have patience, be present, and praise positive mealtime behaviours. There should not be verbal or physical praise, pressure, or coercion related to eating.*
- *Talk about food using neutral language.*

# 7.1

## Feeding Environment

### Rationale

*The mealtime environment can have a large impact on the willingness of children to enjoy their meal and snacks and to develop healthy eating behaviours. Eating together has many benefits including creating opportunities for children and caregivers to connect, sharing food traditions across generations and cultures, and encouraging children to explore new foods.*

### Standards

7.1.1 Educators and care providers create an enjoyable and supportive feeding environment using the following strategies and approaches:

- Be guided by hunger and fullness cues of children.
- Ensure children are not pressured to eat or eat certain foods first.
- Plan and communicate transitions from play to meal/snack.
- Create a comfortable and safe eating environment with minimal stressors or distractions during mealtimes.
- Respect diverse eating practices. Recognize that children come from many cultures with distinct eating practices; respect and celebrate differences such as using clean hands to eat rather than utensils.
- Use patience when encountering cautious eating, and ensure that children who exhibit cautious eating have the time and space to take the lead on what they will eat, and in what quantities. Children may need to be exposed to new foods multiple times, in multiple formats, and in a supportive environment before they are ready to accept new foods.

#### Benefits of self-serving and eating together at meal and snack time

- Children can respond to their hunger and fullness cues by selecting what and how much they want.
- Children's feelings of involvement in mealtime increase, which may encourage them to try new foods.

7.1.2 Educators and care providers support children to serve and feed themselves, with help when needed, and eat together as a group, as often as possible.

- 7.1.3 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.
- 7.1.4 Educators and care providers provide an inclusive feeding environment for all children. See Section 14 Inclusive Food Environments for more information.

### **Indicators for Licensing**

- Employee or care provider handbook and family handbook include statements aligned with standard 7.1.1 and these practices are observed/communicated during meals and snacks.
- Dining practices that encourage children to feed themselves and eat together as a group are implemented as often as possible.
- The mealtime environment is inclusive of children with diverse abilities as per standard 7.1.4.

### **Ideas for play and activities related to food:**

- reading books with neutral food language
- providing play kitchens
- facilitating arts or crafts about food
- preparing food with children
- planting an outdoor garden or using containers to garden indoors
- composting
- visiting local farms or farmers markets in your community
- learning about food preparation and growing food
- introducing the children to the cook, or creating other connections with how food is made

## 7.2

# Creating Opportunities for Children to Learn About Food

### Rationale

*Children learn about food through natural play experiences, daily routines, and observations at mealtimes. Staff and care providers can build upon children's knowledge of and interest in food by providing opportunities for food-based play and activities. These experiences allow children to explore and investigate their ideas about food and eating, including the wide variety of foods that may be found locally and around the world.*

### Standards

- 7.2.1 Where possible, staff and care providers create opportunities for children to learn about food through play.
- 7.2.2 Staff and care providers build upon and expand children's natural interest in food beyond feeding times by engaging children in learning activities involving food.
- 7.2.3 Children learn about breastfeeding as a healthy way to feed an infant.
- 7.2.4 Staff and care providers create an environment that encourages learning, understanding, and respecting diversity. Children have opportunities to learn about food and eating practices in many cultures.
- 7.2.5 Staff and care providers model and promote respectful practices toward food to ensure minimal food waste. Values of avoiding food waste, of being culturally responsive, and being aware of issues around food insecurity are promoted.
- 7.2.6 In general, only non-food items are used for art activities, sensory play, and games. However, in cases where there are opportunities to include food, without food waste, food may be used for learning purposes. Examples include:
  - looking at seeds, and also eating the food the seeds come from.
  - incorporating food scraps or food waste into exploration of textures or exposure to different kinds of food.

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## Resources

[CELEBRATE Feeding: Resources: What is Responsive Feeding?](#)

[Government of Canada: Health Canada: Canada's food guide: Healthy eating for parents and children](#)

[Government of Canada: Health Canada: Canada's food guide: Be mindful of your eating habits](#)

[Government of Canada: Health Canada: Canada's food guide: Eat meals with others](#)

[Government of Canada: Health Canada: Canada's food guide: Hunger cues](#)

[National Library of Medicine: Child care provider training and a supportive feeding environment in child care settings in 4 states, 2003](#)

[National Library of Medicine: Eating competence: definition and evidence for the Satter Eating Competence model](#)

[Nebraska Extension: Enhancing Mealtimes for Children with Autism: Feeding Challenges and Strategies](#)

[Nourish Nova Scotia: Food Literacy Resources](#)

[Nourish Nova Scotia: Grow Eat Learn](#)

[Nourishing Beginnings](#)

[Nova Scotia: Agriculture in the Classroom – Pre-primary resources](#)

[Nova Scotia: School Garden Resource Guide](#)

[ScienceDirect: Responsive Feeding Is Embedded in a Theoretical Framework of Responsive Parenting](#)

[The Ellyn Satter Institute: The Satter Feeding Dynamics Model](#)

[Zero to Three: Research-Based Mealtime Hacks for "Picky" Eaters](#)

# 8.0

## Feeding Routines

### Rationale

*Supportive food environments include consistent and structured meal and snack routines. While it is important to offer meals and snacks (either structured or open) at predictable times to help children establish routines, staff and care providers should also be flexible, recognizing that children need to eat frequently. It is important to incorporate culturally responsive practice into the food environment. See Section 14, Inclusive Food Environments, for more information. Children's appetites will vary from meal to meal and day to day; therefore, allowing sufficient time to eat is important for children to be able to recognize their hunger and fullness cues. Routines are an important part of a responsive feeding environment, which includes making sure that there is an established plan and that it is communicated to children when food will be offered.*

### Standards

- 8.1 Daily meal and snack routines provide children, staff, and care providers with enough time to prepare the eating area, serve the food, consume the food, and clean up.
- 8.2 Posted daily meal and snack routines should include a morning snack, mid-day meal, and afternoon snack. Meals and snacks are offered two to three hours apart and allow at least 20 to 30 minutes to eat.
- 8.3 Staff and care providers are responsive to children's hunger cues and provide snacks and meals outside of the regular routine as appropriate. A statement to support this is included in the employee or care provider handbook and the family handbook.
- 8.4 Staff and care providers maintain communication with the child's parent(s)/guardian(s) to understand issues and challenges that may arise in ensuring the child's nutritional needs are met and factors influencing their appetite (e.g., illness, distractions, foods consumed before arriving at the early learning environment).

### Observing and communicating at meal and snack time

- Watch and listen carefully throughout the day, including at meal and snack times, to become familiar with children's hunger and fullness cues.
- Each child's appetite, eating habits, and cues may vary and observation over time can help providers understand and better respond to these cues.
- Communicate with children when food will be offered and when it will be available next.

## **Indicators for Licensing**

- Daily routine indicates children are offered morning snack, noon meal, and afternoon snack.
- Daily routine is posted and indicates that meals and snacks are offered two to three hours apart and allow at least 20 to 30 minutes to eat.
- Staff and care providers are made aware of and understand hunger and fullness cues and a statement to support this is included in the employee or care provider and/or family handbook(s).
- Staff and care providers maintain communication with the child's parent(s)/guardians(s) about children's food needs and document any changes from the general food environment as appropriate.

# 9.0

## Modelling Positive Attitudes Toward Food and Eating

### Rationale

*The types of foods that children choose, and the attitudes that they develop toward food and nutrition, are influenced by their peers and the adults in their lives. Staff and care providers are important role models in early learning environments and can influence children's attitudes toward food and nutrition through their own behaviours and actions with food.*

*When adults consistently model healthy eating practices and positive attitudes toward food and nutrition, they directly influence and encourage children to develop positive ideas and attitudes about food and nutrition. In addition, when children are engaged with adults during snack and mealtimes, and watch adults eating various types of foods, they are more likely to eat the same foods.*

### Standards

- 9.1 When working directly with children, staff and care providers model healthy eating practices that are consistent with these standards by sitting and eating with children at mealtimes, and eating the same food where possible.
- 9.2 Staff and care providers engage in positive conversations at mealtimes that focus on connections and fun. Conversations do not need to always be about food. When talking about food, call foods by their name (e.g., “cupcake” and not “treat”); discuss food in neutral, nonjudgemental terms (i.e., avoid labelling foods as good or bad, healthy or unhealthy); and focus on exploring the food (e.g., discuss colour, shape, texture, where it comes from, etc., instead of intake).

### Mealtime conversations

Talk about...

- where foods come from,
- the role of food in culture and food traditions,
- the sight, smell, and taste of food,
- non-food related conversations (e.g., weather, daily activities).

### Indicators for Licensing

- Employee handbook or care provider handbook includes a statement regarding the expectations for staff/care providers during meal and snack times as stated in standards 9.1 and 9.2.
- Staff and care providers sit with children and engage them in conversation at mealtimes.

### Resources

[Government of Canada: Health Canada: Canada's food guide: Healthy eating for parents and children](#)  
[Nova Scotia Health: Loving Care: Parents and Families \(section on Eating for Wellness\)](#)  
[Nova Scotia: Agriculture in the Classroom – Pre-primary resources](#)

# 10.0

## Food Is Not Used in Relation to Behaviours

### Rationale

*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. Food may be a part of specialty plans, which should be documented in the child's file and signed by parents.*

### Standards

- 10.1 The operator's behaviour guidance policy states that
- food is not offered to children as a reinforcement for positive behaviours. Food is not withheld from children as a consequence for undesired behaviours. 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).
- 10.2 When a child's team (which may include educators, 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, a routine-based plan (RBP) must be developed for the child, clearly indicating the use of food as a motivator. The RBP must include a plan for replacing and/or phasing out the use of food as a motivator.

### Indicators for Licensing

- Behaviour guidance policy includes the required statements from standard 10.1.
- RBPs include the above if appropriate.

# 11.0

## Fundraising with Food and Beverages

### Rationale

*Early learning and child care programs may 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 operators, staff, and care providers to promote positive food messages that reflect these standards. This will help to ensure the messages that children receive around health and food in early learning and child care programs are consistent with the messages they hear at home and in the broader community.*

### Standards

11.1 When fundraising occurs, the items are non-food items, or food and beverages that comply with the food and beverage criteria.

### Indicators for Licensing

- Fundraising complies with expectations set out in the food and beverage criteria.

### Non-food fundraising ideas

- book fairs
- theme days
- dance-a-thons
- cookbooks with recipes from families
- plant sales
- art shows

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### Resources

[\*Nova Scotia: A Guide for Nova Scotia Public Schools: Fundraising with Healthy Food and Beverages \(2007\)\*](#)

# 12.0

## Special Functions

### Rationale

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

*While food is an important part of celebrations, the focus of celebrations should remain on the celebration itself rather than the food. Staff and care providers are encouraged to incorporate non-food related activities into celebrations.*

### Standards

- 12.1 Any policies and protocols related to food safety and special dietary considerations, in accordance with standards 5.0 and 6.0, are followed during special functions.
- 12.2 Foods and beverages present at special functions during regular operating hours (e.g., Valentine's Day, Halloween, Mid-Autumn Festival, and birthday celebrations) are identified on the menu in advance of the celebration and comply with the food and beverage criteria.

### Indicators for Licensing

- Menus for special function days include foods that are in alignment with the food and beverage criteria. See Section 14, Inclusive Food Environments, for exceptions.
- Family handbook includes statement in alignment with standard 12.

### Quick tips for celebrations

- All foods can be celebrated when offered in special ways such as serving on pretty plates or cut in fun shapes.
- Serve foods that match the occasion, like orange foods (carrots or mango) on Halloween; red foods (strawberries or red peppers) on Valentine's Day; or noodles, dumplings with leafy greens and oranges for Lunar New Year.
- Emphasize other celebration activities rather than the food at celebrations (i.e., games, or books).

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### Resources

[\*Health Canada: Canada's food guide: Healthy eating for holidays and events\*](#)

# 13.0

## Food Marketing and Advertising

### Rationale

*Marketing to children has a strong influence on the food that they choose. Children are particularly susceptible to food marketing as they are more likely to make impulsive food decisions and less likely to notice when they are targeted by marketing.*

*Children are a highly targeted and easy-to-reach group through exposure to marketing in many digital and physical settings. Digital media, television, games, toys, and character placement on food products, clothing, utensils, play food, placemats, etc., make it easy for food companies to market their products to children. This allows companies to create brand recognition and loyalty that will last into adulthood. Food and beverages that are marketed to children are often highly processed, negatively impacting children's food preferences and health.*

*Early learning and child care programs have a responsibility to nurture healthy growth and development, which includes creating an early learning environment that fosters healthy food preferences and limits exposure to food marketing.*

### Standards

- 13.1 Promotional materials (such as utensils, plates, placements, cups, or water bottles, etc.) that are intended to advertise specific brands, logos, or characters are not used to serve meals and snacks.
- 13.2 Staff avoid exposing children to food and beverage marketing (e.g., avoid eating foods in packaging around children).
- 13.3 Early learning and child care programs will not provide materials or items for the early learning environment that include the marketing of foods and beverages that do not align with the Guidelines for Food and Nutrition in Regulated Child Care Programs.

### More on food preferences

- Our food and beverage preferences as adults are often formed when we are very young.
- Many companies use this knowledge to target children with attention-grabbing advertising in the hopes of creating lifelong customers, often for products high in sugars, salt, and saturated fat.

### Indicators for Licensing

- Promotional materials are not used to serve meals and snacks.
- Family and employee handbook includes a statement aligned with standard 10.2.

### Resources

[Health Canada: Canada's food guide: Limit kids' exposure to food marketing](#)  
[Stop Marketing to Kids Coalition: Food and Beverage Marketing to Kids](#)

# 14.0

## Inclusive Food Environments

### Rationale

*Early learning and child care programs have an opportunity to provide supportive and inclusive food environments for all children to share, learn, and celebrate diverse foods, practices, and traditions. Food environments are inclusive when the needs of all children are met, and mealtime environments promote the inclusion of a variety of ways of eating.*

### Accessibility

*One way for children to see themselves reflected in their early learning environment is for them to have access to foods that meet their unique needs and the unique needs of families and cultures. Mealtimes should be representative of everyone in the early learning community, and also a reminder that people eat in a variety of ways.*

### Cultural Food Practices

*Culturally responsive early learning and child care programs can enhance children's learning and sense of belonging. Food plays an important role in many cultures as a central part of celebrations and connecting us to others. Culturally responsive practice can include recognizing the important role of foraged, fished, or hunted foods for some cultural identities. Benefits for children of including foods from diverse cultures and traditions in menus, celebrations, and learning activities within early learning environments may include*

- *increased enjoyment of eating,*
- *increased social connection and sense of belonging,*
- *enhanced ability to enjoy a variety of foods,*
- *enhanced learning opportunities about peers' cultures.*

### Prioritizing Cultural Inclusion and Learning

*Cultural practices and the traditional foods of the populations served by an early learning and child care program should be prioritized within menu planning. Creating opportunities for sharing, celebrating, and transferring knowledge of cultural food practices and traditional food systems is encouraged to work toward fostering an inclusive, supportive food environment within the early learning environment. Sharing foods that have significance within the context of a culturally based learning experience should be welcomed and not measured against a strict application of the food and beverage criteria. Culturally responsive food routines may also be appropriate when they meet the needs of children.*

*Encouraging the introduction of traditional foods into early learning and child care programs is highly recommended. This initiative should be undertaken collaboratively with, and guided by, cultural groups within the local community, including consultation with local Indigenous leaders, Elders, families, and communities. The objective is to create an inclusive approach that honours the cultural identities of all children, families, and educators, values their experiences, and respects their world views.*

## Standards

- 14.1 Early learning environments will work with children, families, and educators to ensure that there is awareness of food allergies, restrictions, and health considerations. See Section 6.0, Special Dietary Considerations, for more information.
- 14.2 Early learning environments will ensure plans are in place for supporting children with food-related chronic diseases or conditions (e.g., diabetes, celiac disease). Where appropriate, a diverse feeding plan will be created and regularly updated.
- 14.3 As part of the intake process, families are asked about cultural/religious foods, eating practices, and routines.
- 14.4 Early learning environments will recognize and honour the religious, cultural, and spiritual beliefs, as well as vegan and vegetarian creeds, of children, families, and educators. This could mean offering alternative foods that support creeds and religious, cultural, and spiritual beliefs, or avoiding foods that come into conflict with those beliefs. Programs will make every effort to make sure these foods are available when possible, but families may also be asked to supply foods for their child. All menus and menu changes are recorded with a date and kept on file for at least one year.
- 14.5 Early learning environments will create opportunities for sharing and learning about cultural food practices and traditions to foster an inclusive, supportive, food environment. Traditional and culturally relevant foods, provided as part of occasional cultural sharing or an intentional learning activity, can include minor exceptions to the food and beverage criteria.

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## Resources

[\*Appendix E: Ways you can build or support a culturally responsive food environment\*](#)  
[\*Government of Canada: Health Canada: Canada's food guide: Cultures, food traditions and healthy eating\*](#)  
[\*Health and Social Care Northern Ireland: Guidance on foods for religious faiths\*](#)  
[\*U.S. Department of Agriculture: Food and Nutrition Service: Multicultural Child Care Recipes\*](#)



# Section B

## Guidelines for Food and Nutrition in Early Learning and Child Care Programs

Guidelines are based on evidence and best practices. Guidelines are not mandatory but provide suggestions for recommended courses of action in early learning and child care programs.

# 1.0

## Family Involvement and Communication

### Rationale

It is important for families and early learning and child care programs to work together to ensure that young children eat well and develop positive attitudes toward healthy foods and nutrition. For the *Standards for Food and Nutrition in Early Learning and Child Care Programs* to be successful, it is important that families, early learning administrators, and educators work together to understand and implement them.

### Guidelines

- 1.1 Early learning and child care programs welcome families to participate in snacks and meals when possible.
- 1.2 Early learning and child care programs provide families with recipes when requested.
- 1.3 Early learning and child care programs invite families to participate in educational opportunities to learn about the *Standards for Food and Nutrition in Early Learning and Child Care Programs* and the importance of positive messages around food in early childhood (e.g., parent-teacher nights).
- 1.4 Educators create opportunities for families to share ideas and information on inclusive healthy food and nutrition practices, religious practices, and cultural beliefs. See Section 14.0 Inclusive Food Environments for more information.
- 1.5 Early learning and child care programs recognize the strengths and resources that families can offer in enabling the program to comply with Section C, Food and Beverage Criteria in *Early Learning and Child Care Programs*.

## 2.0 Nova Scotia Produce and Products

### Rationale

*Nova Scotia produces an abundance of produce and food products. Buying food that is grown and produced within the province supports Nova Scotia agriculture and business and means that more money remains in our communities. Early learning and child care programs should only purchase low-risk foods such as whole vegetables and fruits, and dry, non-potentially hazardous baked goods from farmers markets. See standard 5.0 Food Safety.*

### Guidelines

- 2.1 When possible, early learning and child care programs aim to serve local, seasonal foods that are harvested, produced, or manufactured in Nova Scotia and Atlantic Canada.

### Tips for accessing local foods

- Ask food distributors about local options and alternatives.
- Connect with local community supported agriculture programs.
- Shop in-season vegetables and fruits at farmers markets.
- When possible, consider learning activities related to growing food.

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### Resources

[Cape Breton Food Hub](#)

[Farmers' Markets of Nova Scotia](#)

[Farmers' Markets of Nova Scotia: What's in Season](#)

[Feed Nova Scotia: What to Expect](#)

[Horticulture Nova Scotia: Produce Availability](#)

[Nova Scotia Department of Agriculture: Regional Services Offices \(for local agriculture representatives on local food and farming connections\)](#)

[Nova Scotia: Buy Local NS](#)

## 3.0 Food Packaging and Environmental Consciousness

### Rationale

*Early learning and child care programs, where children spend a great deal of their time, provide an optimal opportunity to model and teach children about food sustainability and minimizing food waste. As future leaders and stewards of the earth, it is important for young children to learn about environmentally friendly practices, including how food choices and food packaging can impact the environment. The impact foods have on the environment is influenced by the type of food, where the food comes from, and how it is produced, packaged, processed, and transported. Many farms identify and assess environmental factors as part of their good business practices. In general, plant-based foods take fewer resources, such as land and water, to produce.*

### Guidelines

- 3.1 Operators encourage educators to find ways to reduce consumer and food waste.
- 3.2 Operators strive to minimize food waste in early learning and child care programs through appropriate menu planning and food preparation.
- 3.3 Operators encourage and support educators to use energy-saving practices (e.g., energy-saving equipment such as fridges and stoves that meet the Energy Star® standard).
- 3.4 When possible, operators ensure that educators use food-safe bulk containers rather than individual containers (e.g., pitchers/cartons of milk will be used rather than individual containers).
- 3.5 When possible, operators ensure that educators use reusable dishes and cutlery. When this is not possible, early learning and child care programs ensure that dishes can be recycled or composted.
- 3.6 Where possible and culturally appropriate, operators consider offering a menu with more plant-based foods and fewer animal-based foods to reduce impact on the environment.

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### Resources

[\*Divert NS: Your resource hub for environmental education\*](#)

[\*Government of Canada: Health Canada: Canada's food guide: Healthy eating and the environment Loop\*](#)

[\*Nova Scotia Environmental Farm Plan: Helping farmers identify and assess environmental risks\*](#)



# Section C

## Food and Beverage Criteria in Early Learning and Child Care Programs

*In accordance with Section A standard 1.1, the Food and Beverage Criteria in Early Learning and Child Care Programs must be followed when creating a menu. These criteria will guide menu development that meets requirements set out in both the Early Learning and Child Care Act and Regulations, as well as the standards.*

# 1.0

## Background

SNACKS	NOON MEAL
<p>At each snack time, offer one of the following food combinations:</p> <ul style="list-style-type: none"> <li>• vegetable(s) and/or fruit(s) and grain</li> <li>• vegetable(s) and/or fruit(s) and protein</li> </ul> <p>Offer the following beverages:</p> <ul style="list-style-type: none"> <li>• water (required)</li> <li>• milk and/or fortified milk alternative (such as soy beverage) (optional)</li> </ul>	<p>At lunch offer one of the following food combinations:</p> <ul style="list-style-type: none"> <li>• vegetable + fruit + grain + protein, or</li> <li>• 2 vegetables + grain + protein</li> </ul> <p>Offer both of the following beverages:</p> <ul style="list-style-type: none"> <li>• water</li> <li>• milk and/or fortified milk alternative (such as soy beverage)</li> </ul>

It is important to recognize that healthy eating is more than the foods offered and includes other components of the food and mealtime environment that are essential to encourage children to develop healthy relationships with food. These practices are described in further detail in Section A (standard 7.0). Variety and flexibility are essential to promote food choices to suit different needs such as dietary preferences and cultural food traditions. Variety and flexibility should also be considered based on cost, but not at the expense of nutritional value. Changes to planned menus can be made as long as the substitution is of comparable nutritional value and meets children's dietary needs, including allergies, religious and cultural restrictions, etc. Examples of this could include substitution of a different cut of meat, or substituting a fruit or vegetable that is in season that is comparable in terms of nutrition. Changes should be posted at least one day in advance.



**Figure 1: Canada's Food Guide Plate**

**Highly processed foods** often contribute excess sodium, sugars, or saturated fat to eating patterns and should not be consumed regularly. These foods can also take the place of healthier foods and, as a result, may not give young children the nourishment they need to grow and develop. Research has also shown that when children are exposed to and consume highly processed foods, they may prefer them over healthier foods. For these reasons, menus in early learning and child care programs should offer foods that are in alignment with *Canada's Food Guide* plate food groupings (described in further detail below). Percentage daily value (% DV) is also presented as a tool to help with selecting packaged foods that minimize sodium, sugars, and saturated fat (see % Daily Value below).

In addition to the criteria presented in this section, consult the following appendices for further details and context on specific topics:

- **Foods Not To Offer** – provides detailed lists of foods that should not be offered in Early Learning and child care programs, including choking hazards and those that pose food safety risks.
- **Menu Checklist** – a supportive tool to assist with applying the criteria to menu planning.
- **Food Preparation Tips** – provides suggestions for food preparation that minimize sodium, sugar, and saturated fat.
- **Sample Menu** – a supportive tool to provide examples of a menu based on the eating pattern in *Canada's Food Guide* plate and the food and beverage criteria.

## 2.0

### How To Use % Daily Value

If a food/beverage is not listed in the “to offer” and “cannot offer” lists, you must read the nutrition facts table on the product label to determine if the food or beverage meets the % daily value (% DV) criteria. The % DV is found on the right-hand side of the nutrition facts table (see figure 2 and 3).

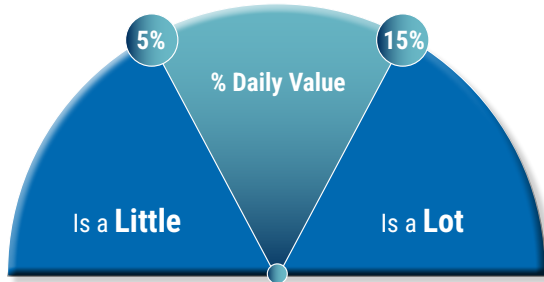


Figure 2: % Daily Value

In these standards, % DV is used to select products that are lower in

- saturated fat
- sodium
- sugars

For grain foods, % DV is also used to select products that are higher in

- fibre
- vitamin D
- calcium
- iron

<b>Nutrition Facts</b> <b>Valeur nutritive</b>	
Per 1 cup (250 mL) pour 1 tasse (250 mL)	
<b>Calories 110</b>	
<b>Fat/Lipides</b> 0 g	0%
Saturated/saturés 0 g	0%
+ Trans / trans 0 g	
<b>Carbohydrate/Glucides</b> 26 g	
Fibre/Fibres 0 g	0%
Sugars / Sucrés 22 g	22%
<b>Protein/Protéines</b> 2 g	
<b>Cholesterol/Cholestérol</b> 0 mg	
<b>Sodium</b> 0 mg	0%
Potassium 450 mg	10%
Calcium 30 mg	2%
Iron/Fer 0 mg	0%

A product needs to meet **all criteria** in the manual for it to be added to the menu and offered to children.

For more information on % DV, see [Nutrition Labelling](#) from the Health Canada website.

Figure 3: Example Nutrition Facts Table

#### Resources

[Health Canada: Nutrition Labelling: Nutrition facts table](#)

## 3.0

### Vegetables and Fruit

Vegetables and fruit are an important part of a healthy eating pattern. These foods have important nutrients for growing children, including fibre, vitamins, and minerals. *Canada's Food Guide* recommends offering vegetables or fruit at every meal and snack and incorporating a variety of vegetables and fruit with different textures, colours, and shapes.



**Figure 4: Canada's Food Guide Plate (Vegetables and Fruit)**

#### Step 1: Check the Food Lists

Vegetables and fruits to offer:

- canned fruit (packed in juice)
- canned vegetables
- dried fruit cut into small enough pieces not to present a choking hazard (100% fruit with no added sugar; to be served with meals only)
- fresh vegetables and fruits
- frozen vegetables and fruits
- fruit sauces (100% fruit with no added sugar, e.g., unsweetened apple sauce)

The following vegetables and fruits cannot be offered:

- battered and/or deep-fried vegetables
- canned fruit in syrup
- canned fruit packed in water with sugar substitutes
- chips (regular or baked), including potato chips, corn chips, tortilla chips, veggie chips
- dried vegetables or fruit with added sugar and/or sugar substitutes
- frozen fruit bars, fruit-based freezies that contain added sugar or are made from juice (rather than pureed whole fruit)
- fruit cups in gelatin/jelly
- par-fried french fries (non-par-fried, pre-cut potatoes may be offered)
- prepared pie filling
- processed fruit snacks (e.g., fruit leathers, fruit bars and gummies, including those made with 100% fruit juice)
- products that are deep-fried or contain sugar substitutes, caffeine, or natural health products

## Step 2: Look at the Nutrition Facts Table

For processed vegetables and fruits that are not listed above, look at the nutrition facts table on the product label and use the % DV criteria below (Figure 5) to determine if a food may be offered. If it meets all three criteria, then it may be offered. If it exceeds one or more criteria, it may not.

<b>Saturated and Trans Fat</b> Less than 15%	<b>Sugars</b> Less than 15%	<b>Sodium</b> Less than 15%
---	--------------------------------	--------------------------------

Figure 5: Nutrition Facts Table

## 4.0

### Whole Grain Foods

Whole grain foods are a key source of nutrients and energy. Whole grains are a healthier choice than refined grains because they contain all parts of the grain and have more fibre, vitamins, and minerals (see Figure 6 below). Including foods higher in fibre regularly as part of a healthy eating pattern can help to lower risk of chronic diseases later in life. While child care settings are encouraged to offer whole grain foods as much as possible, it is recognized that refined grains or flours (e.g. white rice, white flour) are important ingredients in some cultural dishes. The licensee or designate can incorporate these foods at their discretion to support inclusion and representation of culturally appropriate foods for children in the setting.



Figure 6: Canada's Food Guide Plate (Whole Grain Foods)

#### Step 1: Check the Food Lists

Whole grain foods to offer include the following:

- whole grains such as amaranth, barley (except pearly), buckwheat, bulgur, millet, quinoa, rye, whole oats or oatmeal (unsweetened)
- whole grain bread products such as bagels, bannock, bread, buns, flatbread, naan, pitas, pizza crust, tortilla wraps
- whole grain brown rice or wild rice, plain
- whole grain noodles/pasta, plain

Use ingredient lists to identify whole grain foods.

- Some foods may look like they are whole grain because of their colour or labelling (e.g., multigrain), but they may not be.
- Read the ingredient list and choose foods that have the words "whole grain" followed by the name of the grain as the first ingredient like "whole grain oats" and "whole grain wheat."
- When a whole grain option is unavailable, choose whole wheat foods over refined "white" grains when possible.

The following grain foods **cannot** be offered:

- **store-bought or made in-house from a mix:** cookies, bars (e.g., brownies), loaves (e.g., zucchini/banana bread), muffins, pancakes, waffles
- **made from scratch or pre-packaged:** cakes (including cupcakes and cake pops), croissants, donuts/sweet buns (e.g., cinnamon buns), graham crackers, pastries (including toaster pastries), pies/tarts, puffed rice cereal bars (See the Mixed Dishes section below.)

- **regular or baked:** cheesies, crisps, pretzels, puffs, straws, twists
- cereals (hot or cold) that are not whole grain
- cereals (hot or cold), even if whole grain, with candies, chocolate, or marshmallows
- energy bars, protein bars
- granola bars with chocolate chips or marshmallows, coated granola bars (e.g., covered in chocolate or “yogurt”)
- hard taco shells
- pasta/noodles or rice: pre-seasoned or canned
- products that are deep-fried or contain sugar substitutes, caffeine, or natural health products

## Step 2: Check the Nutrition Facts Table

For grain foods that are not listed above, look at the nutrition facts table on the product label and use the % DV criteria below to determine if a food may be offered. If it meets all four criteria, then it may be offered. If it does not meet one or more criteria, then it may not. (See Figure 7 below.)

<b>Saturated &amp; Trans Fat</b> Less than 15%	<b>Sugars</b> Less than 15%	<b>Sodium</b> Less than 15%	<b>Fibre</b> More than 5%
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Figure 7: Nutrition Facts Table

For example, the table below compares a brand of whole grain cracker, a whole grain cereal, and a whole wheat dinner roll with the % DV criteria listed above.

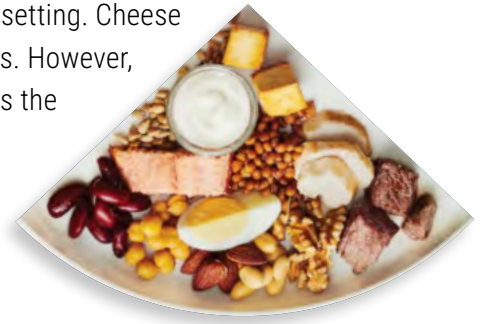
	<b>Saturated &amp; Trans Fat</b> Less than 15%	<b>Sugars</b> Less than 15%	<b>Sodium</b> Less than 15%	<b>Fibre</b> More than 5%
Whole grain cracker	6%	8%	9%	11%
Whole grain cereal	2%	16%	6%	11%
Whole wheat dinner roll (not whole grain)	3%	4%	13%	11%

The whole grain cracker and whole wheat dinner roll can be offered because these products meet all four criteria outlined above, but this brand of whole grain cereal cannot be offered because it does not meet the criteria for sugars.

## 5.0

### Protein Foods

Eating a variety of protein foods is an important part of a healthy eating pattern. Choosing plant-based protein foods more often is also important because they have more fibre and less saturated fat than other types of protein food. While early learning and child care programs are encouraged to offer lean meats as much as possible, it is recognized that other cuts of meat are important ingredients in some cultural dishes. The licensee or designate can incorporate these foods at their discretion to support inclusion and representation of culturally appropriate foods for children in the setting. Cheese and yogurt may be offered as a protein food at meals and snacks. However, as both cheese and yogurt are low in iron, they may be offered as the only protein food at a maximum of one meal per week; and each may be offered a maximum of once per day (including both meals and snacks).



**Figure 8: Canada's Food Guide Plate (Protein Foods)**

#### Step 1: Check the Food Lists

Protein foods to offer:

- canned fish
- chicken and turkey (fresh/frozen)
- cottage cheese
- eggs
- extra lean or lean ground meat
- fish and shellfish (fresh/frozen)
- fresh/canned/dried legumes (beans, peas, lentils)
- hard cheese
- hummus
- lean beef and pork (fresh/frozen)
- plain (unsweetened and unsalted) nuts, seeds, nut butters, and seed butters (dependent on food allergy policy). Nut or seed butters should be spread thinly and not served by the spoonful to reduce risk of choking.
- plain (unsweetened) fortified soy beverage
- plain (unsweetened) milk
- plain (unsweetened) yogurt. Operators may choose to serve sweetened yogurt with <15% Daily Value for sugar, however it is expected that operators will move towards offering plain (unsweetened yogurt) as quickly as possible.
- tofu, tempeh
- wild game that meets all food safety guidelines

The following protein foods **cannot** be offered:

- bacon and turkey bacon
- beef jerky, dried sausage, and pepperoni snacks
- canned meats
- commercially battered and/or breaded chicken, fish, turkey, or other meats (e.g., chicken nuggets/strips, fish sticks)
- corned beef
- deli meats (e.g., bologna, chicken, ham, pepperoni, roast beef, salami, turkey)
- foods/beverages made with protein powder
- hot dogs/wieners
- ice cream, sherbert, frozen yogurt, frozen desserts
- processed cheese (spread, slices, and sauce)
- protein bars
- protein shakes/milkshakes (homemade or pre-packaged)
- pudding
- sausages, sausage rounds, and pork breakfast links
- products that are deep-fried or contain sugar substitutes, caffeine, or natural health products

## Step 2: Check the Nutrition Facts Table

For protein foods that are not listed above, look at the nutrition facts table on the product label and use the % DV criteria below (Figure 9) to determine if a food may be offered. If it meets all three criteria, then it may be offered. If it exceeds one or more criteria, then it may not.

Saturated & Trans Fat	Sugars	Sodium
Less than 15%	Less than 15%	Less than 15%

Figure 9: Nutrition Facts Table

For example, the table below compares two brands of sweetened yogurt.

	Saturated & Trans Fat	Sugars	Sodium
	Less than 15%	Less than 15%	Less than 15%
Yogurt #1	0%	15%	2%
Yogurt #2	0%	12%	2%

Yogurt #2 can be offered because it meets all three % DV criteria outlined above, but yogurt #1 cannot because it does not meet the criteria for sugars.

## 6.0

### Beverages

Including healthy drink choices as part of the regular eating pattern is just as important as food choices. Some beverage choices have a lot of sodium, sugar, and saturated fat. For this reason, *Canada's Food Guide* recommends making water the drink of choice to promote hydration. Milk and/or fortified soy beverages are also healthy drink choices and are good sources of important nutrients for young children, specifically calcium and vitamin D. While milk and dairy products are no longer their own food group, they continue to be included in the food guide under protein goods and are a good source of calcium and vitamin D. Intake of calcium continues to be low in this age group. Given this, milk or fortified soy beverages continue to be important and readily available sources of these nutrients. Inclusion of fortified soy beverages is a good alternative for plant-based dietary patterns. Soy milk and other plant-based beverages should not be offered to children under two years of age. Pasteurized, full-fat goat's milk with added folic acid and Vitamin D may be offered as an alternative to whole cow's milk for children under two years. An alternative plain (original) plant-based beverage may be offered if it is fortified with calcium and vitamin D (at least 25% DV calcium and at least 10% DV vitamin D) and contains a minimum of 8 grams of protein per 250mL serving for children two years of age or older.

When menu planning, use the following guidelines to select beverages:

- Ensure children have easy access to safe, clean drinking water, at all times, including during meals and snacks.
- Offer plain milk or plain (unsweetened or original) fortified soy beverage as follows:
  - For children under two years of age, offer whole milk only (3.25% M.F.). Soy milk and other plant-based beverages should not be offered to children under two years of age. Pasteurized, full-fat goat's milk with added folic acid and vitamin D may be offered as an alternative to whole cow's milk for children under two years of age.
  - For children two years of age and older, offer lower fat milk (0–2% M.F.) or plain fortified soy beverage. An alternative plain (original) plant-based beverage may be offered if it is fortified with calcium and vitamin D (at least 25% DV calcium and at least 10% DV vitamin D) and contains a minimum of 8 grams of protein per 250mL serving for children two years of age or older.
- Other beverage options for children two years of age and older could include
  - plain (unsweetened) yogurt drinks
  - plain (unsweetened) kefir

#### Breastmilk

Some families may continue providing breastmilk up to two years and beyond.

Refer to the **Foods Not To Offer** for a list of beverages that should not be offered.

# 7.0

## Mixed Dishes

Mixed dishes (e.g., casseroles, stews, lasagna) have ingredients from more than one of the food groupings (vegetables and fruits, whole grain foods, and protein foods).

### Pre-Packaged Mixed Dishes

Pre-packaged mixed dishes include foods that are pre-packaged, prepared frozen, or made by a restaurant/caterer and include foods from more than one food grouping (vegetables and fruits, whole grain foods, and protein foods). While pre-packaged mixed foods are convenient, they are often highly processed and high in saturated fat, sodium, and/or sugar, or may contain sugar substitutes. It is preferable to make food from scratch, when possible.

Use the % DV to identify which pre-packaged mixed foods may be offered. If the pre-packaged mixed food does not fit the % DV criteria below (Figure 10), it should not be offered.

How Product is Offered	Saturated & Trans Fat	Sugars	Sodium
As an entrée/ main meal	Less than 30%	Less than 30%	Less than 30%
As a side dish or snack	Less than 15%	Less than 15%	Less than 15%

Figure 10: Nutrition Facts Table

### Cooking and Baking from Scratch

Cooking and baking from scratch is encouraged where feasible to support a healthy food environment. Cooking foods from scratch has several advantages, such as relying less on highly processed foods, controlling the amount of sauces and seasonings, reducing food costs, and incorporating healthy ingredients.

The following criteria outline the requirements for selecting recipes when cooking and baking from scratch:

- If a recipe is made with ingredients from the “to offer” list, it may be offered in early learning and child care programs.
- Ingredients listed as “cannot be offered” may NOT be used when cooking or baking.

### Other

- Sugar (including maple syrup) may be used in small amounts as an ingredient in recipes.
- **Flours, buttermilk, spices, leavening agents** (baking soda and baking powder) are not listed in the criteria because they are not typically consumed on their own, but they may be included as ingredients in recipes.
- Prepare muffins, loaves, pancakes, and waffles from scratch with **at least half whole grain or whole wheat flour**.

## 8.0

### Fats and Oils

Choosing food with healthy fat is another important consideration for healthy eating patterns. The type of fat eaten over time is more important than the total amount of fat consumed.

Young children should be offered foods with unsaturated fats at most meals and snacks to help them meet their needs for healthy growth and development.

Use the following unsaturated fats/oils in cooking and baking as much as possible:

- avocado
- canola
- flaxseed
- olive
- peanut
- sesame
- soft margarine
- sunflower

Where possible, **replace saturated fat** used in food preparation with unsaturated fats (see list above). Offer foods prepared with saturated fats infrequently and limit the amount used.

While early learning and child care programs are encouraged to offer unsaturated fats as much as possible, it is recognized that other fats are important ingredients in some cultural dishes.

Examples of saturated fats to limit include

- butter
- coconut oil

## 9.0

### Condiments

Condiments should be used in small amounts (approx. 1 tbsp) to accompany meals and snacks and enhance flavours. Honey, or foods made with honey, should not be offered to infants under 12 months due to the risk of infant botulism. Examples include

- blue cheese
- breadcrumbs
- brie
- chutney
- cream cheese
- croutons
- feta
- jam
- ketchup
- parmesan cheese
- pickles
- sour cream
- unsweetened cocoa powder

Where possible, offer **lower sodium** (e.g., soy sauce) and **lower saturated fat** (e.g., sour cream) varieties.

# 10.0

## Foods Not To Offer

The following is a list of foods organized by food grouping that should not be offered in regulated child care programs and early learning environments. Exceptions can be made in accordance with Section 14.0 Inclusive Food Environments and Section 6.0 Special Dietary Considerations. These lists include foods that should not be offered to young children for the following reasons:

- They are highly processed, high in sugar, sodium, and/or saturated fat, and/or not a significant source of other important nutrients. Exceptions may be made to support an inclusive food environment.
- They are potential choking hazards for young children under four years of age. These include foods marked with \*\*\* in the lists below which should be modified as per the suggestions below or not offered to this age group.
- They are considered high risk foods from a food safety perspective. These include foods marked with \*\* in the lists below.

## Vegetables and Fruit

### Vegetables and Fruit Foods Not To Offer

- whole grapes and raisins\*\*\*
- carrots cut into rounds\*\*\*
- sweetened gelatin/jellied desserts
- dried vegetables or fruit with added sugar and/or sugar substitutes
- canned fruit in syrup or with sugar substitutes
- battered and/or deep-fried vegetables (e.g., battered zucchini)
- par-fried french fries (non-par-fried, pre-cut potatoes may be offered)
- chips (regular, baked, or extruded), including potato chips, corn chips, tortilla chips, veggie chips
- fruit cups in gelatin/jelly
- prepared pie filling
- processed fruit snacks (e.g., fruit leathers, bars and gummies, including those made with 100% fruit juice)
- frozen fruit bars, Popsicles,<sup>®</sup> or fruit-based freezies (unless homemade)
- products that are deep-fried, contain sugar substitutes, caffeine, or natural health products

## Whole Grain Foods

### Whole Grain Foods Not To Offer

- hot or cold cereals that are **not whole grain**
- hot or cold cereal with chocolate, candies, or marshmallows (even if whole grain)
- cookies, wafers, bars (e.g., brownies), pastries, croissants, cakes (including cupcakes and cake pops), pies, tarts, donuts, or sweet buns (e.g., cinnamon buns)
- muffins that are store-bought or made in-house from a mix
- packaged/boxed pasta/noodles or rice that is pre-seasoned or includes a seasoning pouch
- canned rice or pasta
- baked goods and other grain foods with sugar substitutes
- cereal bars, granola bars with chocolate chips or marshmallows, coated granola bars (e.g., covered in chocolate or “yogurt”), energy bars, protein bars
- toaster pastries
- products that are deep-fried or contain sugar substitutes, caffeine, or natural health products
- hard taco shells
- popcorn\*\*\*

## Protein Foods

### Protein Foods Not To Offer

- hot dogs, wieners\*\*\*
- sausages, pork breakfast links\*\*\*
- bacon
- commercially battered and/or breaded meat, fish, chicken, turkey (e.g., chicken nuggets or chicken strips)
- deli meats (e.g., bologna, salami, pepperoni, ham, turkey, chicken, roast beef, corned beef)
- canned meats
- beef jerky
- processed cheese – spread, slices, or sauce
- ice cream, frozen yogurt, frozen desserts, sherbert
- protein bars
- puddings
- products that are deep-fried or contain sugar substitutes, caffeine, or natural health products
- yogurt containing sugar substitutes.
- nuts\*\*\*
- fish with bones\*\*\*

## Beverages

### Beverages Not To Offer

- sweetened milk
- sweetened yogurt drinks
- sweetened, flavoured plant-based beverages (“original” may be offered)
- plant-based beverages to children under the age of two. Soy milk and other plant-based beverages should not be offered to children under two years of age. Pasteurized, full-fat goat’s milk with added folic acid and vitamin D may be offered as an alternative to whole cow’s milk for children under two years of age.
- soft drinks
- fruit-flavoured drinks (e.g., lemonade)
- 100% fruit juice, fruit-flavoured drinks, cocktails, punch
- flavoured waters with added sugars
- sport/electrolyte replacement drinks
- energy drinks
- coffee, black tea (including iced tea, cold coffee beverages)
- hot chocolate
- milkshakes
- slushy drinks
- vitamin/mineral beverages
- beverages containing sugar substitutes, added caffeine, or natural health products

## Mixed Dishes

### Mixed Dish Foods Not To Offer

- prepackaged prepared frozen, canned, or made-fresh offsite mixed dishes with  $\geq$  30% DV for sodium, sugars, or saturated fat per serving
- products that are deep-fried or containing sugar substitutes, caffeine, or natural health products

## Other Foods

### Other Foods Not To Offer

- lard, shortening, and hard margarine
- chocolate (bars or candies), including chocolate spread
- fudge
- sweetened gelatin/jellied desserts
- whipped cream or whipped dessert topping
- popsicles®, freezies
- candy
- gum
- marshmallows\*\*\*
- snack foods (e.g., potato chips, tortilla chips, cheese puffs, pretzels)
- foods or beverages containing sugar substitutes (e.g. yogurt, baked goods)
- foods served with toothpicks or skewers\*\*\*
- homemade canned goods\*\*
- unpasteurized food and beverages\*\*
- honey, or foods made with honey, for infants under 12 months due to risk of infant botulism\*\*.



# Section D

Appendices

# List of Appendices

Appendix A: How To Determine if a Food or Beverage May Be Offered

Appendix B: Modifying Foods To Reduce Choking Risk

Appendix C: Menu Checklist

Appendix D: Food Preparation Tips

Appendix E: Ways You Can Build or Support a Culturally Responsive Food Environment

Appendix F: Vegan, Vegetarian, and Dairy-free Alternatives

Appendix G: Sample Menu

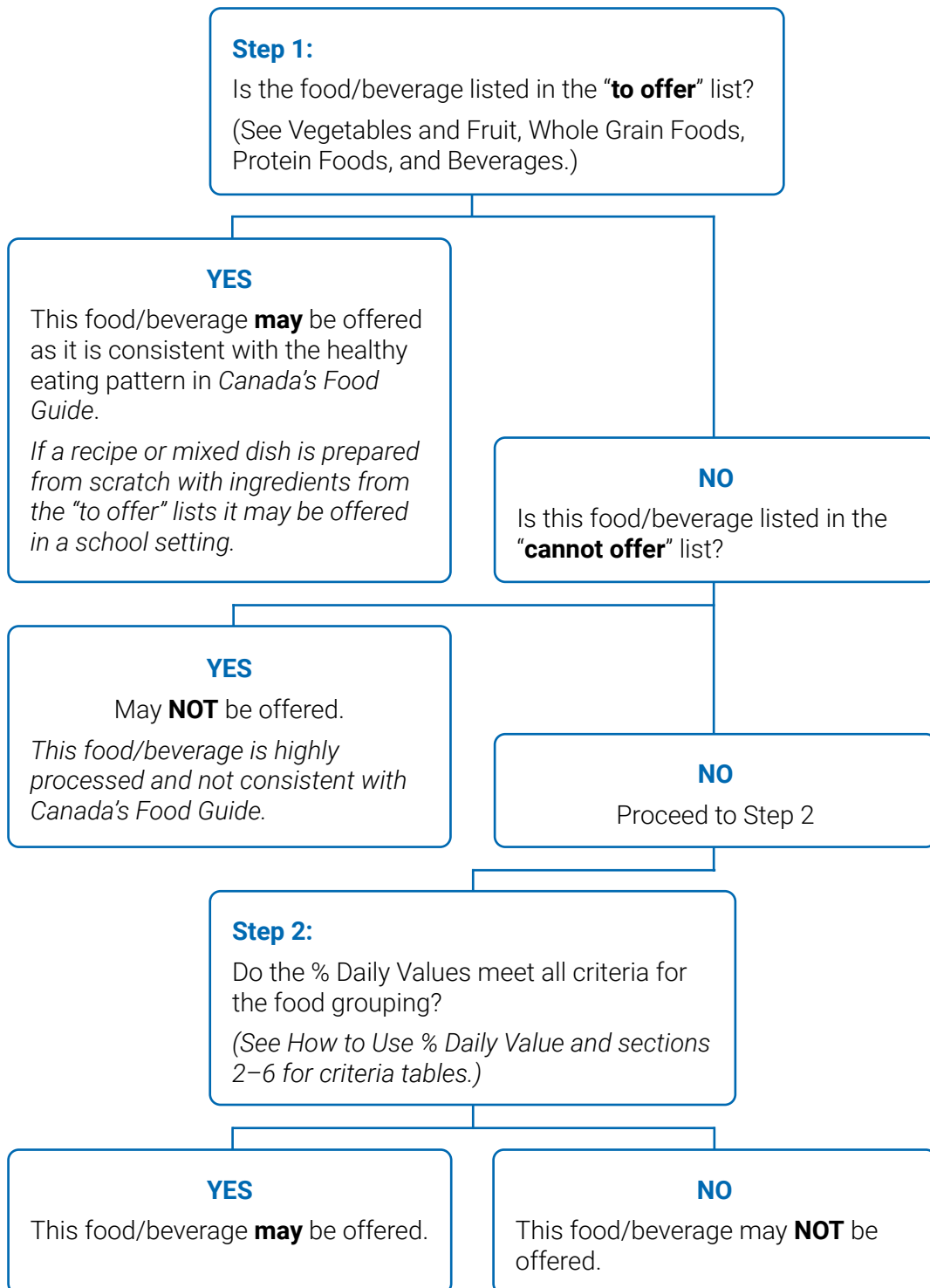
Appendix H: Infant Feeding Plan and Template

Appendix I: Diverse Feeding Plan and Template

Appendix J: Child Care Food List

# Appendix A: How To Determine if a Food or Beverage May Be Offered

The following decision tree provides an overview of the steps to determine if a food and/or beverage may be offered.



## Appendix B: Modifying Foods To Reduce Choking Risk

Children younger than four years of age are most at risk of choking on food because they are still learning to chew and swallow properly. Certain foods are more of a risk for choking than others.

These include

- hard foods
- foods that are hard to chew
- foods that have a shape and size that can block the airway of a young child
- foods that are both smooth and sticky

Always have children and infants sit up while eating and drinking to reduce the risk of choking. See Section 4.0 Adapting the Menu for Infants for more information on developmental stages and feeding.

This table demonstrates how some foods can be served in a way that makes them safer for young children to eat.

Foods that Can Cause Choking	Suggestions To Make these Foods
Sticky spreads like peanut butter, tahini, and almond butter	<ul style="list-style-type: none"> <li>- Spread them thinly on bread or crackers</li> <li>- Do not give spoonfuls of these foods</li> </ul>
Hard foods like some raw vegetables and fruit	<ul style="list-style-type: none"> <li>- Cook hard foods to soften them</li> <li>- Grate them into small pieces</li> </ul>
Round, smooth foods like grapes and cherries	<ul style="list-style-type: none"> <li>- Cut each one into four small sections</li> <li>- Remove seeds or pits</li> </ul>
Tube-shaped foods like cooked baby carrots	<ul style="list-style-type: none"> <li>- Cut them lengthwise into strips</li> <li>- Cut the strips into small pieces</li> </ul>
Stringy or chewy foods like meat, long thin pasta, and melted cheese	<ul style="list-style-type: none"> <li>- Cut these foods into small pieces</li> </ul>
Dried fruit	<ul style="list-style-type: none"> <li>- Chop or dice into small pieces</li> <li>- Offer only in a mixed dish or homemade baked good</li> </ul>

### Resources

British Columbia HealthLinkBC. 2024. "Prevent choking in babies and young children: For child care providers." <https://www.healthlinkbc.ca/healthlinkbc-files/prevent-choking-babies-and-young-children-child-care-providers>

## Appendix C: Menu Checklist

The menu checklist can be used for the following purposes:

- to assist with menu planning
- to review menus to ensure all the criteria have been met

### At Mealtime Offer the Following:

- at least half of what you serve is vegetables and fruit OR a selection of vegetables (see Section C: Vegetables and Fruit)
- one quarter of what you serve is whole grains (see Section C: Whole Grain Foods)
- one quarter of what you serve is a protein food option (see Section C: Protein Foods; does not include milk)
- water
- milk or fortified soy beverage (see Section C: Beverages)

**Note:** Section C: Mixed Dishes provides guidance on how to apply these proportions.

### At Snack Time offer the Following:

- at least one kind of vegetable or fruit (see Section C: Vegetables and Fruits)
- at least one grain option (see Section C: Whole Grain Foods) AND/OR one protein food option (see Section C: Protein Foods; does not include milk)
- water
- optional: Milk or fortified soy beverage (see Section C: Beverages)

### Vegetables and Fruit

- A variety of vegetables and fruit are offered each day.
- Offer a dark green vegetable daily.
- Offer an orange vegetable at least two times per week.
- Dried fruit are only offered in combination with other foods or in homemade baked goods.

**Whole Grain Foods**

- A variety of whole grain foods are offered.
- Whole wheat foods are offered when whole grain is not available.
- Refined grains are only offered occasionally.
- Homemade baked goods are prepared with at least half whole grain or whole wheat flour.

**Protein Foods**

- A variety of protein foods are offered.
- Offer plant-based protein foods (e.g., beans, lentils, tofu) at least two to three times per week. This can include adding a plant-based protein food to a meal or snack that contains animal-based protein AND/OR offering a plant-based protein food instead of animal-based protein food at a meal or snack.
- Cheese and yogurt are offered as the only protein food at a meal a maximum of once per week.
- Cheese and yogurt may each be offered a maximum of once per day (including both meals and snacks).
- Lean meats are offered as much as possible, instead of options higher in saturated fat.

**Beverages**

- Children under two years of age are offered only whole/homogenized (3.25%) cow's milk. Soy milk and other plant-based beverages should not be offered to children under two years of age. Pasteurized, full-fat goat's milk with added folic acid and vitamin D may be offered as an alternative to whole cow's milk for children under two years of age.
- Children over two years of age are offered milk (0 to 2%) cow's milk or a plain fortified soy beverage. An alternative plain (original) plant-based beverage may be offered if it is fortified with calcium and vitamin D (at least 25% DV calcium and at least 10% DV vitamin D) and contains a minimum of 8 grams of protein per 250mL serving for children two years of age or older.
- Plain water is available throughout the day as well as during snacks and noon meal.

**Recipes**

- Choose recipes made from minimally processed foods. Half of the meal should be fruits or vegetables, a 1/4 of the meal should be a protein and healthy fat source, and a 1/4 of the meal should be whole grains.
- Choose recipes prepared with healthy, unsaturated fats often.
- Choose recipes with little to no added sodium, sugar or saturated fat.
- Items on the Foods Not To Offer lists are not included in recipes.

**Variety**

Meal and snack items within the same day and from day to day include variety in terms of

- colour (e.g., neutrals, oranges, greens, reds),
- flavour (e.g., strong or mild; sweet or sour),
- texture (e.g., crisp or soft),
- shape (e.g., natural, round, cubes, sticks), and
- temperature (e.g., cold or hot).

**Other**

- Foods from the Foods Not To Offer lists are not included on the menu.
- Condiments (e.g., salsa, cream cheese, parmesan cheese, sour cream, jam, ketchup, chutney, croutons, unsweetened cocoa powder, feta, brie, and blue cheese) are used in small amounts to accompany meals and snacks.

## Appendix D: Food Preparation Tips

This appendix provides suggestions for food preparation that minimize sodium, sugar, and saturated fat and are aligned with a healthy eating pattern.

### General Tips for Preparing Foods with Little to No Added Sodium, Sugar, or Saturated Fat

- Where possible, select lower sodium varieties of products (e.g., canned tomato sauce/paste, soup, stock, broth, soy sauce, salt-free spices, and seasonings) and use lower sodium recipes.
- Use recipes with reduced amounts of sugars (e.g., sugars, honey, syrups, molasses).
- Do not use sugary drinks, including 100% fruit juice in recipes. Use whole or cut vegetables and fruits instead of juice.
- Use recipes with only small amounts of products high in saturated fat (e.g., cream, butter, cheese, fatty meats, lard, ghee, coconut oil, palm kernel oil, and coconut milk).
- Choose recipes that use unsaturated fat (e.g., vegetable oils) instead of saturated fat where possible.
- Add fibre to recipes by adding vegetables and/or legumes to savoury dishes, such as pasta sauces, stews, and casseroles.
- Choose spices, herbs, and reduced sodium broth instead of regular broth and salt when making soups.

### Vegetables and Fruits

- Enjoy vegetables steamed, roasted, or stir-fried.
- Leave the skin on new carrots and potatoes to keep the fibre.
- Add vegetables like cucumber, peppers, mushrooms, and celery to sandwich fillings.
- Use orange vegetables such as carrots, squash, or sweet potatoes to make soup.
- Add vegetables or fruit to your pizza, like peppers, mushrooms, pineapple, onions, broccoli, and tomatoes.
- Use spices and herbs to season vegetables instead of fat or salt.

### Whole Grain Foods

- Prepare grains with little or no added sugar and salt.
- Add brown or wild rice, barley, bulgur, and quinoa to soups, salads, and casseroles.
- Prepare baked goods with whole grain flour when available. If not available, whole wheat flour is recommended. Enriched white flour may also be used when needed, shifting toward using whole grain or whole wheat flour more often.

- When baking, use vegetable oils with healthy, unsaturated fats such as canola, olive, and soybean.
- Prepare muffins with bran and berries or other chopped fruit.
- Use whole wheat pasta in macaroni and cheese and other casseroles.
- Use whole wheat pizza crusts and tortilla wraps.
- Use whole wheat breadcrumbs or crushed whole grain cereal when making homemade breading coatings.

### **Protein Foods**

- Bake, broil, boil, poach, or roast meat, poultry, and fish.
- Drain excess fat from cooked meat or poultry.
- Prepare lean meat with little or no added salt and small amounts of oils with healthy fats such as olive and canola.
- Enhance flavour by using herbs, lemon, or salsa. Limit the amount of butter, sauces, and gravy.
- When buying whole chicken or chicken pieces, remove the skin before cooking.
- Offer hummus and pita wedges as a snack.
- Offer hard-boiled eggs or egg salad as a snack.
- Include tofu and/or legumes (e.g., chick peas) in stir fries.
- Offer lentil or split pea soups.
- Add dried beans and peas to soups, stews, salads, and chili.
- Add milk and/or yogurt to smoothies.
- Use yogurt as a base when making dips.
- Use milk or yogurt in baked goods.
- Serve milk-based soups and chowders.
- Shred cheese, such as mozzarella, and include in sandwiches, salads and wraps, and on baked potatoes.
- Freeze yogurt smoothies for a cool snack.

## Appendix E: Ways You Can Build or Support a Culturally Responsive Food Environment

### Engage with Children, Families, and Communities

- Understand the cultural and religious faith groups represented in the community, as well as the diversity of their dietary customs. This may include foods to avoid as well as differences in dietary patterns, such as fasting for religious reasons.
- Consider ways to gather information from families on dietary requirements and food needs as part of enrolment processes.
- Consult with children and families to identify foods of cultural significance they would like to see offered and represented.

### Build Understanding and Acceptance of the Importance of Culturally Significant Foods for Children's Cultural Identity and their Inclusion within the Early Learning Community

- Raise awareness of the importance of representation of culturally significant foods in the early learning environment.
- Reflect on personal values and biases around food and how they may influence assumptions around healthy eating and impact interactions with children regarding their own food choices.
- Avoid assumptions around children's cultural foods and dietary preferences being less nutritious or healthy.
- Create a supportive and neutral eating environment where the expectation is that children and care providers do not comment negatively on how different foods look and smell or on personal eating practices (e.g., such as using clean hands to eat instead of utensils).

### Ensure Menus and Celebrations that Include Food Represent the Diversity of the Community

- Identify opportunities to accommodate dietary requirements of children in existing menus (e.g., offering plant-based versions of main dishes by substituting meat with tofu, beans, or lentils or cow's milk with a plant-based beverage).
- Consider ways to balance nutrition and inclusion in menu planning, recognizing that healthy eating patterns should include a variety of whole, fresh, and culturally appropriate foods.
- Create opportunities for children to share and celebrate foods from their culture.

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#### Resources

Government of Nova Scotia. 2024. ["School Food and Nutrition Policy."](#)

## Appendix F: Vegan, Vegetarian, and Dairy-Free Alternatives

<b>Animal Product</b>	<b>Vegetarian Substitution</b>	<b>Vegan Substitution</b>	<b>Dairy-Free Substitution</b>
Egg	Flaxseed meal Aquafaba Banana Applesauce Chia seed gel Tofu Yogurt	Flaxseed meal Aquafaba Banana Applesauce Chia seed gel Tofu	
Milk	Plant-based beverage fortified		
Meat (to create plant-based dish)	Tofu Tempeh Jackfruit Lentils Beans Chickpeas		
Yogurt	N/A	Coconut “yogurt” alternative Silken tofu Applesauce	
Cheese/cream cheese	N/A	There are plenty of vegan “cheese” options now available on the market (at grocery stores)	There are plenty of dairy-free “cheese” options now available on the market (at grocery stores)

## Appendix G: Sample Menu

Below is a sample menu that aligns with Section C: Food and Beverage Criteria in Early Learning and Child Care Programs and provides recipes from *Canada's Food Guide*. Water is assumed to accompany all meals and snacks as the drink of choice during the day.

<b>WEEK 1</b> Date:	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Morning snack</b> (At least one kind of vegetable or fruit; At least one grain and/or protein food)	<u>Pancakes</u> with sliced banana or other fruit and nut butter	<u>Yogurt parfait with mixed berries</u>	Fruit smoothie Whole grain toast	<u>Muffin-tin frittatas with chopped spinach or broccoli</u> , cut into small pieces, with apple slices	Whole grain cereal, yogurt, and orange slices
<b>Vegetables and Fruit</b>	Banana	Mixed berries	Fresh or frozen fruit	Chopped spinach, broccoli, apple slices	Orange slices
<b>Whole Grain</b>	Whole wheat pancakes	Oats, wheat germ	Whole grain bread		Cereal
<b>Protein</b>	Nut butter	Yogurt	Yogurt	Eggs	Yogurt
<b>Noon meal (At least one kind of vegetable and one kind of fruit or two kinds of vegetables; At least one grain option; At least one protein food; Milk or fortified soy beverage)</b>	White fish with whole grain roll and a side of veggies (such as green peas and corn)  Milk and/or fortified soy beverage	<u>Chicken or beef fajitas</u> with side of green beans or salad  Milk and/or fortified soy beverage	<u>Homemade beef and black bean burger</u> with lettuce and tomato topping, and baked sweet potato wedges  Milk and/or fortified soy beverage	<u>Tofu stir-fry</u> with brown rice  Milk and/or fortified soy beverage	<u>Macaroni and cheese</u> with mixed veggies and a side of broccoli  Milk and/or fortified soy beverage
<b>Vegetables and Fruit</b>	Green peas, corn	Green beans, or leafy green for salad	Lettuce, tomato, sweet potato	Mixed fresh or frozen vegetables (e.g., bell peppers, bok choy, broccoli, snow peas)	Frozen mixed veggies, broccoli
<b>Whole Grain</b>	Potato	Whole grain tortillas	Whole grain bun	Brown rice	Whole grain pasta
<b>Protein</b>	White fish	Chicken or beef	Beef, black beans	Tofu	Cheese, milk
<b>Afternoon snack</b> (At least one kind of vegetable or fruit; At least one grain and/or protein food)	<u>Hummus</u> and mixed cut veggies (e.g., cucumber, carrot sticks)	Cheese, whole grain crackers, and snap peas	<u>Homemade scones</u> , mixed fruit cup (in juice)	<u>Energy bites</u> and unsweetened apple sauce	Nut butter (or nut-free soy butter) thinly spread on apple slices
<b>Vegetables and Fruit</b>	Cucumber, carrots	Snap peas	Fruit cup	Unsweetened applesauce	Apple slices
<b>Whole Grain</b>		Whole grain crackers	Scones (made with whole wheat flour)	Oats	
<b>Protein</b>	Hummus	Cheese		Nut butter (or nut-free soy butter)	Nut butter (or nut-free soy butter)

## Appendix H: Infant Feeding Plan

Infant feeding plans are developed at the request of parents or when foods from home are provided for children. The following is a list of questions that may be used when developing an infant feeding plan:

- What types of food does the child currently consume?
- How have solid foods been introduced to the child?
- What textures have been successfully introduced?
- What are the child's food preferences?
- What are the child's self-feeding abilities?
- What is mealtime like in the home?
- Does the child gag or vomit during mealtime? If so, how frequently and what are the circumstances?
- Are there any dietary considerations or special requests?
- Does the child have any identified allergies, food intolerances, or any suspected concerns?
- Which foods at higher risk for allergic reactions have been introduced at home? When was each one introduced?
- What are the child's feeding times/routines?
- Are there any foods that the parents wish to wait to introduce?
- What is the plan for updating and making changes to a feeding plan?
- To what extent will the child care program be involved in introducing new solids/textures?
- If the child consumes formula, what is the plan for formula supply?
- What is the plan for breast milk supply (e.g., liquid or frozen)?
- How should the child care program respond in the event that breast milk is unavailable (i.e., runs out)?
- May the child eat modified items from menu?
- Are there any food requests based on medical issues?
- Will the child consume food from home as well as from the centre? If so, how should the child care program respond in the event that foods and beverages brought from home are unavailable (i.e., run out)?

These questions may be helpful when developing an infant feeding plan. Infant feeding plans are especially beneficial to ensure there is ongoing communication between the child care program and the family.

Feeding plans may be created for infants upon enrolment in a regulated child care program at the request of parents or when the parent requests that foods be supplied from home.

This will enable ongoing communication between the infant’s parent/guardian and the care provider or the child care staff, including the cook, and can be used in conjunction with the infant daily record. For other instances when deviating from the standard menu and practice will benefit a child, see the diverse feeding plan (below).

## Infant Feeding Plan Template

<p><b>Name of child:</b> _____</p> <p><b>Date of birth:</b> _____ <b>Age at time of enrolment:</b> _____</p>		
<p><b>Schedule for review of the diverse feeding plan :</b></p> <p><i>Note: There should be regular review of this plan. If there is a developmental service plan, a routine-based plan, or behavioural support plan in place, conduct the reviews for both/all plans at the same time.</i></p>		
<p>Does your child currently consume</p> <p>breastmilk*</p> <p>formula</p> <p>solid foods**</p> <p>Solid foods that have been introduced:</p>	<p>Feeding method:</p> <p>breastfed</p> <p>bottle</p> <p>spoon</p> <p>cup</p> <p>Feeding abilities: (e.g., fed by caregiver, self-feed with fingers, spoon and/or fork)</p> <p>Textures: (e.g., pureed, minced, diced)</p>	<p><b>Special instructions</b></p> <p>These can include breastmilk or formula storage and supply, food allergies, religious/cultural food requests, food requests related to medical conditions etc.</p> <p>These can also include if the infant will consume food from home at the parents’/guardians’ request, or consume the foods served in the centre.</p>

\* Regulated child care programs welcome parents to breastfeed anywhere in the facility or home. Ongoing communication between centre staff and the parent/guardian will occur to make sure there is an adequate supply of your breastmilk or formula for your child at the centre. No other form of nutrition will be provided unless instructed by the parent/guardian.

\*\* It is important that infants receive nutrient-dense, iron-containing foods at six months of age. These may include foods from the meat and alternative group, including meats, fish, poultry, cooked egg yolks, tofu, and well-cooked legumes.

## Appendix I: Diverse Feeding Plan

Diverse feeding plans are developed any time a child's needs mean deviating from the menu and the standard practice of the early learning environment. Not all children will require a diverse feeding plan. This tool does not require the child to have documented medical needs. Some examples of where a feeding plan could be useful are for a child with allergies, a four-year-old who is only eating pureed foods, or a child who uses a feeding tube.

The following is a list of questions that may be used when developing a diverse feeding plan:

- What types of food does the child currently consume?
- How have solid foods been introduced to the child?
- What textures have been successfully introduced?
- What are the child's food preferences?
- What are the child's self-feeding abilities?
- What is mealtime like in the home?
- What kinds of utensils does the child currently use?
- Where does the child eat meals at home?
- Are there any cultural or spiritual food-based routines or needs we should be aware of?
- Does the child gag or vomit during mealtime? If so, how frequently and what are the circumstances?
- Are there any dietary considerations or special requests?
- Does the child have any identified allergies, food intolerances, or any suspected concerns?
- Which foods at higher risk for allergic reactions have been introduced at home?
- When was each one introduced? (Option to use Child Care Food List)
- What are the child's feeding times/routines?
- Are there any foods that the parents wish to wait to introduce?
- What is the plan for updating and making changes to the feeding plan?
- To what extent will the early learning environment be involved in introducing new solids/textures?
- If the child consumes formula, what is the plan for formula supply?
- If relevant, what is the plan for breast milk supply (e.g., liquid or frozen)?
- How should the early learning environment respond in the event that breast milk is unavailable (i.e., runs out)?
- May the child eat modified items from menu?
- Are there any food requests based on medical issues?

- Will the child consume food from home as well as from the centre? If so, when should food from home be offered? How should the early learning environment respond in the event that foods and beverages brought from home are unavailable (i.e., run out)?
- Is the child fed by tube? If yes, what are the child's feeding times/routines? Can they have any food or drink orally? What is the plan for including them in the mealtime routine?
- What is the schedule for regularly reviewing and updating this plan?

These questions may be helpful when developing a diverse feeding plan. Diverse feeding plans are especially beneficial to ensure there is ongoing communication between the early learning environment and the family, and are designed to make sure that all children have their needs met and are part of the inclusive food environment. This plan will enable ongoing communication between the child's parent/guardian and the care provider or the early learning staff, including the cook. Please note that in some cases where food is required that is not part of the usual menu, the early learning environment will provide the foods, and in others, parents will ask, or be asked, to bring the food in.

When there is a behavioural plan in place, refer to the behavioural plan for guidance on implementation and treat the behavioural plan as the primary document, with this feeding plan as a supporting resource.

## Diverse Feeding Plan Template

<p><b>Name of child:</b> _____</p> <p><b>Date of birth:</b> _____ <b>Age at time of enrolment:</b> _____</p>		
<p><b>Schedule for review of the diverse feeding plan :</b></p> <p><i>Note: There should be regular review of this plan. If there is a developmental service plan, a routine-based plan, or behavioural support plan in place, conduct the reviews for both/all plans at the same time.</i></p>		
<p><b>What is the plan to include the child in the inclusive food environment/mealtime routine?</b></p>		
<p>Does your child currently consume</p> <p>breastmilk*</p> <p>formula</p> <p>solid foods**</p> <p>Solid foods that have been introduced:</p>	<p>Feeding method:</p> <p>breastfed</p> <p>bottle</p> <p>spoon</p> <p>cup</p> <p>Feeding abilities: (e.g., fed by caregiver, self-feed with fingers, spoon and/or fork)</p> <p>Textures: (e.g., pureed, minced, diced)</p>	<p><b>Special instructions</b></p> <p>These can include breastmilk or formula storage and supply, food allergies, religious/cultural food requests, food requests related to medical conditions etc. These can also include if the child will consume food from home at the parents'/guardians' request, or consume the foods served in the early learning environment.</p>

\* Regulated child care programs welcome parents to breastfeed anywhere in the facility or home. Ongoing communication between centre staff and the parent/guardian will occur to make sure there is an adequate supply of your breastmilk or formula for your child at the centre. No other form of nutrition will be provided unless instructed by the parent/guardian.

\*\* It is important that infants receive nutrient-dense, iron-containing foods at six months of age. These may include foods from the meat and alternative group, including meats, fish, poultry, cooked egg yolks, tofu, and well-cooked legumes.

# Appendix J: Child Care Food List

*NOTE: Child care providers should list all foods included in their menus in the checklist.*

Which foods have been introduced at home?

When was each one introduced?

### Drinks

- Dairy milk                      Date \_\_\_\_\_
- Soymilk                              Date \_\_\_\_\_
- Other \_\_\_\_\_                      Date \_\_\_\_\_

### Vegetables

- |   |   |
|---|---|
| <input type="checkbox"/> _____ Date _____ | <input type="checkbox"/> _____ Date _____ |
| <input type="checkbox"/> _____ Date _____ | <input type="checkbox"/> _____ Date _____ |
| <input type="checkbox"/> _____ Date _____ | <input type="checkbox"/> _____ Date _____ |
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| <input type="checkbox"/> _____ Date _____ | <input type="checkbox"/> _____ Date _____ |
| <input type="checkbox"/> _____ Date _____ | <input type="checkbox"/> _____ Date _____ |

### Fruit

- |   |   |
|---|---|
| <input type="checkbox"/> _____ Date _____ | <input type="checkbox"/> _____ Date _____ |
| <input type="checkbox"/> _____ Date _____ | <input type="checkbox"/> _____ Date _____ |
| <input type="checkbox"/> _____ Date _____ | <input type="checkbox"/> _____ Date _____ |
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| <input type="checkbox"/> _____ Date _____ | <input type="checkbox"/> _____ Date _____ |
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**Whole Wheat Grains and Cereals**

<input type="checkbox"/>	_____	Date _____
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<input type="checkbox"/>	_____	Date _____
<input type="checkbox"/>	_____	Date _____
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<input type="checkbox"/>	_____	Date _____
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<input type="checkbox"/>	_____	Date _____
<input type="checkbox"/>	_____	Date _____

**Protein Foods**

<input type="checkbox"/>	_____	Date _____
<input type="checkbox"/>	_____	Date _____
<input type="checkbox"/>	_____	Date _____
<input type="checkbox"/>	_____	Date _____
<input type="checkbox"/>	_____	Date _____
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<input type="checkbox"/>	_____	Date _____
<input type="checkbox"/>	_____	Date _____
<input type="checkbox"/>	_____	Date _____

**Seasonings and Sauces**

<input type="checkbox"/>	_____	Date _____
<input type="checkbox"/>	_____	Date _____
<input type="checkbox"/>	_____	Date _____
<input type="checkbox"/>	_____	Date _____
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<input type="checkbox"/>	_____	Date _____
<input type="checkbox"/>	_____	Date _____
<input type="checkbox"/>	_____	Date _____

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