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ECE Credential

Level 1

Module 2b: Nutrition Issues for Group Care

Participant Manual

Training brought to you by: GATEWAYS TO OPPORTUNITY® Illinois Professional Development System

ECE Credential Level 1 Training

Module 2b: *Nutrition Issues for Group Care*

Participant Manual · Standardized Version

This training is Registry-approved and counts towards DCFS licensed program training hours.

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Acknowledgments

Thank you to all current and former contributors to this training. The ECE Credential Level 1 was created in 2006 to assist Early Care and Education Professionals in demonstrating a statewide commitment to quality care. The invaluable contributions in the creation and updates to this credential training have enabled the ECE Credential Level 1 to remain an integral piece in the Gateways to Opportunity Professional Development System.

ECE Credential Level 1 Training *Module 2b:* *Nutrition Issues for Group Care*

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Learning Objectives

Following this training, participants will be able to:

- Describe the role of nutrition in child growth and development
- Identify the proper procedures and licensing standards for safe food handling, storage, and service
- Discuss how nutrition and food culture are an integral part of the early childhood curriculum

Self-Reflection

Name or topic of your last module: ____

Reflect upon the last module you attended and answer the following. If this is your first module, you are not required to complete this section.

What new skills have you started practicing or what changes have you made as a result of the training?

____

____

____

What has worked? What hasn't?

____

____

____

What resources did you use from the training?

____

____

____

What other knowledge did you gain as a result of the training?

____

____

____

Part 1: Early Childhood Nutrition

Early Childhood Nutrition

Early experiences with food and nutritional education impact a child's current and future health and eating habits. Eating is not just about providing necessary energy for daily activities, but is a social activity and socializing process. Along with nutritional and language opportunities, children practice social and other skills, develop table manners, attitudes towards food (for example, all vegetables are nasty), self-esteem, independence, and may learn cultural norms.

Whether or not children are well-nourished during their first years of life can have a profound effect on their health status, as well as their ability to learn, communicate, think analytically, socialize effectively, and adapt to new environments and people. Good nutrition is the first line of defense against numerous childhood diseases, which can leave a mark on a child for life.

In the area of cognitive development, when there isn't enough food the body has to make a decision about how to invest the limited foodstuffs available. Survival comes first. Growth comes second. The body seems obliged to rank learning last.

Cultural Practices Surrounding Nutrition

The role of food and nutrition on one's life is personal and a reflection of one's culture and values. Developing a nutrition plan that includes the culture of the families served will help lay the foundation of healthy eating habits.

- Food choices reflect _________________, social, and _________________ background
- In group care, plan _________________ and _________________ that represent the culture of the children in the program
- Ask families to share traditional _________________ or cultural dietary needs
- Include ethnic food models in _________________ play area

All cultures use food during celebrations. Different groups may have strong preferences or aversions to particular foods based on history, religious beliefs, or traditions. Many groups use food as medicine or to promote health. It is important as a child care provider to talk to the families you work with about their cultural preferences regarding food. To remain inclusive, ask children and their families to share their favorite traditional recipes, the foods they eat at home, and the ingredients.

Cultural challenges in the care setting in regards to teaching healthy eating habits:

____

____

____

The Role of Good Nutrition

- Begins before _________________
- Lowers risk for _________________ diseases
- Impacts overall _________________
- Essential for _________________ growth

Good nutrition starts before birth. In group care settings, providers are responsible for 1/4 to 2/3 of a child's overall nutrition. The foundation laid for healthy eating habits occurs during infancy and toddlerhood.

Nutrition plays a key role in a child's overall behavior as well as in reducing chronic diseases (and later school performance). During the infant and toddlers years, brain growth and development is dependent on the nutrients a child receives.

Nutrients

- There are _________________ main classes of nutrients needed in the daily diet
- Each nutrient has a specific ___________________ /____________ in the human body
- The need for various nutrients is dependent on where one is in the _________________ cycle
- Amount is important. Too much or too _________________ can cause _________________ problems.

Most food sources do contain water, however, water and milk are the best sources for children. Juices, sodas, or drinks like Gatorade and Kool-aid have added sugars that are not necessary and fill children up with empty calories. With active children, especially on hot days, encourage them to drink at least 4 ounces of water every 15-20 minutes (tip: one ounce is equal to about one "gulp").

Nutrient	Function/Role	Food Sources
Fats		
Carbohydrates Sugars Starches		
Protein Complete Incomplete		

Vitamin Fat Soluble (A, D, E, K) Water Soluble (B, C)		
Minerals Calcium Iron		
Water		

Promoting Healthy Eating Habits

- Never ____________ a child to eat.
- Remember that a child needs to be introduced to new foods ____________ times before readily accepting it in their diet.
- Children need ________________ and ____________________.
- Plan a ______________________ between play and mealtime.
- Do not use food as a ________________ or ______________________ measure.

Portion Size

Food portion sizes are two to five times bigger than they were thirty years ago. Beverage portions have grown as well. In the mid-1970s, the average sugar-sweetened beverage was 13.6 ounces compared to today's 16.2 ounce drink. In 1955, a child's drink at McDonalds was 7 ounces, today a child's drink at McDonalds is 12 ounces.

In total, we are now eating 31 percent more calories than we were forty years ago–including 56 percent more fats and oils and 14 percent more sugars and sweeteners. The average American now eats 130 pounds of sugar a year.

Portion size and serving size are two different things. Products packaged as single serving are misleading as they may contain enough for 2-3 servings for the food (soda, chips, cookies, etc.).

Food Allergies

Common food allergies include:

______________________________ ______________________________

______________________________ ______________________________

______________________________ ______________________________

______________________________ ______________________________

______________________________ ______________________________

The American Academy of Pediatrics has reversed its 2000 decision to avoid foods that are at a high risk for food allergies until the age of 3. Today's recommendation includes introducing the foods to the diet sooner, so the child develops a resistance to the allergen. Studies also have concluded that breastfeeding the first year drastically reduces ones chance of becoming allergic to foods.

Introducing one new food at a time over a period of 5-7 days to infants is one way to determine if a child is allergic to it.

Food allergies and food intolerance are two different things. A food allergy is an immune response that occurs in the body. An allergy can be dangerous and even fatal. A food intolerance occurs when a food is unable to be digested and is typically not life threatening. Once a food allergy has been diagnosed and confirmed by a doctor, providers need to include this information in the child's file and work with the parents in developing a food plan that will not be harmful to the child.

Healthy Snacks

- Good nutrition is important during snack time as well as meals.
- Easy ________________________ and easy _______________ often lead us to rely on prepackaged snacks which can be high in sugar, salt, fat, and empty ____________________.
- Snack time can be a time to promote ____________________ skills such as pouring a drink or cereal, cleaning up after oneself, or _________________ skills such as sharing.

Depending on the facility, snack time can be a source of a great deal of wait time for children. Waiting in line to wash hands, to be served, etc.

Children also may not be hungry at the same time. As a result, having a "Snack Center" stocked with healthy snacks and child friendly utensils is a suitable alternative. Even toddlers can "serve" themselves and others at snack time, provided the environment is set up to encourage self help and clear and consistent expectations are followed.

Video—Infant Nutrition and Feeding in a Care Setting

Notes:

____

____

____

____

____

- Infants should have an individualized nutrition plan (________________________)
- Communication with parents is ___________________
- Caregivers need to keep _________________ of foods consumed

Communication with parents is key when feeding infants. Parents are the expert on their child. The provider should follow the parent's lead on the introduction of solid foods.

Policies on who provides infant food vary. Those who have parents provide infant food, should communicate that foods with added sugars will not be served.

Tips for Feeding Babies in Your Care

When you feed a baby in your care, it should be a special time for you and them. It can be a chance for you and the baby to connect and have special one on one time.

Holding while feeding

You should always hold a baby when you are bottle feeding him/her. Never give him his bottle when he is lying down in his crib. You should never prop his bottle with a pillow or other object. This can cause an ear infection. Ear infections are among the most common diagnosed childhood diseases. By holding the baby in a semiupright position, you can help reduce the incidence of ear infections.

A child who falls asleep with his bottle has a higher incidence of bottle-mouth, or tooth decay. Proper positioning will allow for better digestion and less air intake, as well as make the time special for you and the baby. It is important for the baby to be held by the same consistent care provider that he/she can grow to trust.

Breastfeeding

Breastfeeding is one of the best weapons against increased infection in care settings. According to the American Academy of Pediatrics, breastfeeding provides advantages for general health, growth, and development while significantly decreasing the risk for a large number of acute and chronic diseases. It has been found to be healthier for the mother also. If a mother of a baby in your care is breastfeeding, you can support her by:

- Storing frozen breast milk in your freezer.
- Encouraging her to come and feed the baby during the day if at all possible.
- Communicating during the day with her by sharing the approximate wake times of the baby and when you anticipate the next feeding. Each breastfed baby sets his/her own feeding schedule and this will fluctuate throughout the early months of his life.
- Making sure all bags of breast milk are labeled with the date expressed and the baby's name. The milk can be stored in the refrigerator for 24 hours, or in the freezer for up to two weeks.

Formula feeding

If the parents/guardians are using formula to feed their baby, support them by recording the number of ounces their baby takes at each feeding.

The amount of formula that's right for each baby varies. An approximate guideline for the daily amount of formula a baby might drink in a 24 hour period is:

0-1 month: 14-28 ounces

1-2 months: 23-34 ounces

2-3 months: 25-40 ounces

3-4 months: 27-39 ounces

6 months: 30-32 ounces

7 months: 28-32 ounces

8-10 months: 26-28 ounces

10-12 months: 20-24 ounces

Some days, a baby may eat more than the highest amount in the chart. Others days he/she may eat less. As long as he/she is growing, this is normal.

Keep in mind

- Wash your hands before preparing bottles and before feeding the babies in your care.
- All bottles need to be labeled with the children's names.
- Care needs to be taken in thawing and warming breast milk and formula. Never use a microwave. A microwave tends to heat unevenly and babies can be burned. Thaw the bag of milk or warm the formula in the bottle gently, in order not to break up the

fat molecules. The breast milk should be thawed in the refrigerator ideally, or under warm, not hot, water. Young infants should drink breast milk or formula warmed to body temperature, 98 °F (not warmer).

- Babies take in air when they drink from bottles. Remember to frequently burp them.
- Once a drink has been taken from a bottle, the bacteria from saliva mix with the milk. Don't refrigerate the bottle if it is not finished. This bottle is contaminated and the milk or formula may spoil from the bacteria. After 60 minutes, it is best to destroy the remaining milk or formula. Breast milk can never be refrozen.

Premature infants

If you have a baby in your care that was born prematurely, here are some considerations to be aware of:

- Premature babies may take longer to feed, eat less at a feeding, and need feedings more often.
- Premature babies may need a smaller, narrower nipple on the bottle.
- There need to be few, if any, distractions when feeding a premature baby. You may need to feed the baby in a darkened, quiet room.

Used with permission from Parents as Teachers National Center, Inc.

Breastfeeding

- The American Academy of Pediatrics recommends babies be breastfed exclusively for the first _____ months.
- Breast milk protects infants against multiple health problems.
- The care setting should support the needs of nursing mothers:
  - Designate a ____________________ space for nursing mothers and a ____________________ location for breast milk.
  - Create and share a breastfeeding ________________.
  - Include breastfeeding in your infant __________________ plan.

The American Academy of Pediatrics recommends that babies be breastfed exclusively for the first six months of life, introduced to complementary foods around 6 months of age, and continue breastfeeding until at least 12 months of age.

Breastfeeding can provide multiple health benefits for both infants and mothers. Infants who are breast fed are protected against various diseases and conditions, including: bacteremia, diarrhea, respiratory tract infection, eye infection, urinary tract infection, diabetes, lymphoma, leukemia, and obesity, among many others. There is also evidence to suggest that mothers who breastfeed have a decreased risk of breast and ovarian cancers as well as a decreased risk for postpartum depression (AAP, 2018).

The care setting should always support the needs of nursing mothers. There are many ways to be supportive in your child care setting:

- Have a designated breastfeeding station that includes a comfortable chair, small table, and electric outlet. Mothers should also have access to a sink, refrigerator space, and a waste basket.
- Mothers may not be aware of breastfeeding support you offer. A breastfeeding policy should address how breast milk is stored, the resources and support you offer, and encouragement for breastfeeding mothers.

Breastfeeding Policy

A breastfeeding policy is an important resource for child care providers. It assists providers in supporting breastfeeding mothers and helps protect the health of infants in their care.

A breastfeeding friendly child care policy will address a certain standard of care:

- Mothers will be welcome to breastfeed on-site;
- Families will receive accurate information about breastfeeding, and;
- Child care providers are trained to provide breastfeeding information and support to help mothers continue to breastfeed when they return to work or school.

Sample Child Care Center Breastfeeding Policy

The ABC Child Care Center is committed to providing ongoing support to breastfeeding mothers. Well-defined research has documented a multitude of health benefits to both the mother and infant. The ABC Child Care Center subscribes to the following policy:

Breastfeeding mothers shall be provided a place to breastfeed or express their milk.

Breastfeeding mothers, including employees, shall be provided a private and sanitary place to breastfeed their babies or express milk. This area has an electric outlet, comfortable chair, and nearby access to running water. Mothers are also welcome to breastfeed in front of others if they wish.

A refrigerator will be made available for storage of expressed breast milk.

Breastfeeding mothers and employees may store their expressed breast milk in the center refrigerator. Mothers should provide their own containers, clearly labeled with name and date.

Sensitivity will be shown to breastfeeding mothers and their babies.

The center is committed to providing ongoing support to breastfeeding mothers, including providing an opportunity to breastfeed their baby in the morning and evening, and holding off giving a bottle, if possible, when mom is due to arrive. Infant formula and solid foods will not be provided unless requested by the mother. Babies will be held closely when feeding.

Staff shall be trained in handling breast milk.

All center staff will be trained in the proper storage and handling of breast milk, as well as ways to support breastfeeding mothers. The center will follow human milk storage guidelines from the American Academy of Pediatrics and Centers for Disease Control and Prevention to avoid waste and prevent food borne illness. Special precautions are not required in handling breast milk.

Breastfeeding employees shall be provided flexible breaks to accommodate breastfeeding or milk expression.

Breastfeeding employees shall be provided a flexible schedule for breastfeeding or pumping to provide breast milk for their children. The time allowed would not exceed the normal time allowed to other employees for lunch and breaks. For time above and beyond normal lunch and breaks, sick/annual leave may be used, or the employee can come in earlier or leave later to make up the time.

Breastfeeding promotion information will be displayed

The center will provide information on breastfeeding, including the names of area resources should questions or problems arise. In addition, positive promotion of breastfeeding will be on display at the center.

Promoting breastfeeding in the care setting:

- Providers demonstrate safe _____________________ and ____________________ of breastmilk, e.g. use of proper labels.
- Infant _____________________ plans are designed to avoid large feedings before mother's scheduled arrival.

Bottle-feeding a breastfed baby:

- Breast fed babies eat more frequently than _____________________ fed babies.
- Feed the baby in a way that _____________________ breastfeeding.
- Feed _____________________ and stop when the baby is ready.

All providers, assistants, and staff should be oriented to the breastfeeding policy, including the ability to promote healthy and safe breastfeeding in the care setting:

- Employees must be able to locate and promote the use of a private space for nursing mothers.
- Providers and staff should also properly handle, store, and label breastmilk. Gloves are not required for handling breastmilk.
- Infant care plans should be developed with family members to design babies' individual breastfeeding support schedule, noting to avoid large feedings right before mother's arrival.

There are also many things to keep in mind when bottle-feeding a breastfed baby, including:

- Breast milk is digested quickly and easily so breastfed babies typically eat less in one sitting and eat more frequently than formula fed babies. Feeding times may range between 1.5 to 3 hours.
- Babies should be fed in a way that mimics breastfeeding. For example, hold the baby in an upright position and be sure to change his or her position from the right to left arm midway through feeding.
- The baby should have some control during the start of the feeding and you should never force the bottle nipple in the baby's mouth. Also, babies should be fed slowly. Take time to burp the baby, switch sides, and talk to the baby while they are feeding to avoid overfeeding.
- Always stop feeding when the baby is ready and never force a baby to finish the last of a bottle.

Toddler Nutrition

Providing toddlers with a choice of healthy foods will encourage decision making, but also ensure the food the toddler actually does consume provides the nutrients needed for brain growth and the child's overall development.

Parents and providers lay the foundation for healthy eating. As with all areas of toddler development, independence and autonomy are needed. Toddlers desire to be independent and mealtime is no exception! When planning meals, choose foods that are "user friendly" and promote self-help skills.

To ease the power struggles:

- Follow a ___________________
- _______________________ the foods being offered
- Role model
- Allow a _______________; for instance, "Would you like peas or carrots?" (Not: "Do you want vegetables?")
- Let the child decide ____________ ____________ to eat
- Serve a variety of healthy foods

Feeding Toddlers

Toddlers may not be hungry or not want to eat during meal times. To help the transition to meal/snack time:

- Announce the _________________ of a meal or snack
- Encourage children to use their ________________ to ___________________ the food
- Allow toddlers to _______________________ to enhance learning

Infancy is a time of tremendous growth. At no other time does one typically triple their weight. As that growing pattern slows down near the end of the first year, communicate with parents the child's need for less food and a change in eating patterns. To meet the needs of toddlers, look at the entire week of menus. Ensure there is a variety of foods offered. Finally, avoid giving in and preparing a substitute meal if a child refuses to eat what is served. Remember, a child may need to be presented a food several times before it is readily accepted.

Menu Planning

Nutrition is one part of meal planning. Remember, infants and toddlers are learning about their world through their senses. How can your menu options be a time for a child to learn?

- Aim to plan for the entire ______________; not daily
- Look for _______________ throughout the week
- Including a variety of _________________, temperature, shape, and ______________ will typically include all nutrients needed

Weekly Meal Plan Activity

Breakfast	AM Snack	Lunch	PM Snack

Weekly Meal Plan Activity

List 3 things children are learning through the menu developed:

1. ____
2. ____
3. ____

Part 2: Food Safety and Policy

Choking

Meals pose a risk of choking for young children. Be careful about the kinds of foods you serve and be aware of where children are eating. Toddlers have biting teeth but do not have grinding teeth. They can bite off more than their teeth are able to grind. Pre- kindergarten children may have some teeth missing because they are beginning to lose their baby teeth. This causes them to have difficulty breaking up bites of food.

Food Preparation

Caregivers need to be cautious in the foods served, but also the manner in which they are served. For example, cooked carrots do not pose the same risk as raw carrots. Be selective with the types of food offered to children. Prepare food carefully before serving it to young children. Remove the peel from apples, spread peanut butter thinly, cut hot dogs lengthwise and remove the skins if too fibrous.

What foods should be avoided?

Safety Precautions

How meals are served and overall supervision are also factors in reducing choking in the care setting. Infants and toddlers are practicing new motor skills (chewing) and like all new skills do not know the capabilities of their body. Chewing too fast, swallowing too soon, laughing, not having teeth, etc. can cause choking. Family style meals not only promote healthy eating habits, but also allow for providers to sit with the children, which increases supervision and allows the provider to focus on the task at hand (eating).

What practices should be in place to reduce the risk of choking?

If a child is showing signs of choking and can cough hard, let him/her try to cough up the piece of food. If you can see the food in the child's mouth, take it out with your fingers.

Do not put your finger in the child's mouth when you can't see the food. The food could get lodged more deeply. Call 911 and follow their directions.

Every licensed child care provider must take a certified course in first aid and CPR to learn how to handle choking and to do the rescue breathing procedure. Take this course; it could save a life!

CHOKING/CPR

LEARN AND PRACTICE CPR

IF ALONE WITH A CHILD WHO IS CHOKING…

1. SHOUT FOR HELP. 2. START RESCUE EFFORTS FOR 1 MINUTE. 3. CALL 911 OR AN EMERGENCY NUMBER.

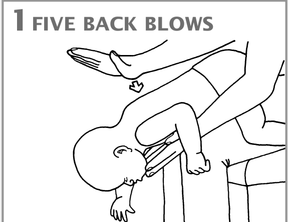
YOU SHOULD START FIRST AID FOR CHOKING IF…	DO NOT START FIRST AID FOR CHOKING IF…
• The child cannot breathe at all (the chest is not moving up and down). • The child cannot cough, talk, or make a normal voice sound. • The child is found unconscious. (Go to CPR.)	• The child can breathe, cry, talk, or make a normal voice sound. • The child can cough, sputter, or move air at all. The child's normal reflexes are working to clear the airway.

FOR INFANTS LESS THAN 1 YEAR OF AGE

INFANT CHOKING

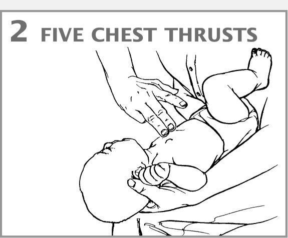
Begin the following if the infant is choking and is unable to breathe. However, if the infant is coughing, crying, speaking, or able to breathe at all, DO NOT do any of the following. Depending on the infant's condition, call 911 or the pediatrician for further advice.

1 FIVE BACK BLOWS



ALTERNATING

2 FIVE CHEST THRUSTS



Alternate back blows and chest thrusts until the object is dislodged or the infant becomes unconscious. If the infant becomes unconscious, begin CPR.

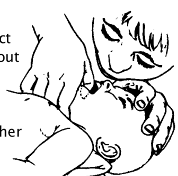
(Health care professionals only: ***assess pulse before starting CPR.)***

INFANT CPR (Cardiopulmonary Resuscitation)

To be used when the infant is unconscious or when breathing stops.

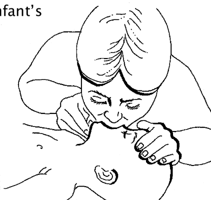
1 OPEN AIRWAY

- **Look** for movement of the chest and abdomen.
- **Listen** for sounds of breathing.
- **Feel** for breath on your cheek.
- **Open** airway as shown.
- **Look** for a foreign object in the mouth. **If you can see** an object in the infant's mouth, sweep it out carefully with your finger. **Do not** try a finger sweep if the object is in the infant's throat, because it could be pushed further into the throat.



2 RESCUE BREATHING

- **Position** head and chin with both hands as shown — head gently tilted back, chin lifted.
- **Seal** your mouth over the infant's mouth and nose.
- **Blow gently,** enough air to make chest rise and fall 2 times.



If no rise or fall, repeat 1 & 2. If no response, treat for blocked airway. (See "INFANT CHOKING" steps 1 & 2 at left.)

3 ASSESS RESPONSE

- Place your ear next to the infant's mouth and look, listen, and feel for **normal breathing** or **coughing**.
- Look for **body movement.**

If you cannot see, hear, or feel signs of normal breathing, coughing, or movement, start chest compressions.

4 CHEST COMPRESSIONS

- **Place** 2 fingers of one hand over the lower half of the chest. Avoid the bottom tip of the breastbone.
- **Compress** chest $^{1}/_{2}$" to 1" deep.
- **Alternate** 5 compressions with 1 breath.
- **Compress** chest 100 times per minute.

Check for signs of normal breathing, coughing, or movement every minute.

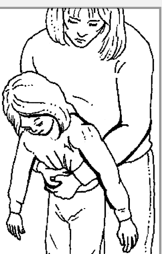
FOR CHILDREN 1 TO 8 YEARS OF AGE*

CHILD CHOKING

Begin the following if the child is choking and is unable to breathe. However, if the child is coughing, crying, speaking, or able to breathe at all, DO NOT do any of the following, but call the pediatrician for further advice.

CONSCIOUS

FIVE QUICK INWARD AND UPWARD THRUSTS just above the navel and well below the bottom tip of the breastbone and rib cage (modified Heimlich maneuver).



If the child becomes unconscious, begin CPR.

CHILD CPR (Cardiopulmonary Resuscitation)

To be used when the child is **UNCONSCIOUS** or when breathing stops.

1 OPEN AIRWAY

- **Look** for movement of the chest and abdomen.
- **Listen** for sounds of breathing.
- **Feel** for breath on your cheek.
- **Open** airway as shown.
- **Look** for a foreign object in the mouth. **If you can see** an object in the child's mouth, sweep it out carefully with finger. **Do not** try a finger sweep if the object is in the child's throat because it could be pushed further into the throat.

2 RESCUE BREATHING

- **Position** head and chin with both hands as shown.
- **Seal** your mouth over child's mouth.
- **Pinch** child's nose.
- **Blow** enough air to make child's chest rise and fall 2 times.

If no rise or fall, repeat 1 & 2. If still no rise or fall, continue with step 3 (below).

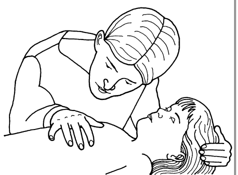
2A HEALTH CARE PROFESSIONALS ONLY:

- ***Use abdominal thrusts to try to remove an airway obstruction.***
- ***Continue steps 1, 2, and 2A until the object is retrieved or rescue breaths are effective.***
- ***Assess pulse before starting CPR.***

3 ASSESS RESPONSE

- Place your ear next to the child's mouth and look, listen, and feel for **normal breathing** or **coughing.**
- Look for **body movement.**

If you cannot see, hear, or feel signs of normal breathing, coughing, or movement, start chest compressions.



4 CHEST COMPRESSIONS

- **Compress** chest 1" to 1½".
- **Alternate** 5 compressions with 1 breath.
- **Compress** chest 100 times per minute.

Press with the heel of 1 hand on the lower half of the chest. Lift fingers to avoid ribs. Do not press near the bottom tip of the breastbone.

Be sure someone calls 911 as soon as possible, and by 1 minute after starting rescue efforts.

The information contained in this publication should not be used as a substitute for the medical advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on the individual facts and circumstances.

***For children 8 and older, adult recommendations for choking/CPR apply.**

If at any time an object is coughed up or the infant/child starts to breathe, call 911 or the pediatrician for further advice.

Ask the pediatrician for information on Choking/CPR instructions for children older than 8 years of age and on an approved first aid course or CPR course in your community.

Turn Over for First Aid Instructions

HE0008 (Rev 3/04)
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Choking Lotto

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Safe Food Handling

Young children are more susceptible to food borne illness due to their developing immune systems. Just as in reducing the risk of communicable diseases, following policies and procedures for safe food handling will reduce the risk of a child contracting a food borne illness.

As of July 1, 2016, all employees who handle food in the child care setting must have completed a Safe Food Handling training. This change comes from the Illinois Department of Public Health and includes any staff member that handles food, infant feedings, etc.

Seven Highly Effective Habits for Food Safety

1. Don't be a dope, wash with soap.

   ____

2. Make it a law, use the fridge to thaw.

   ____

3. Watch that plate, don't cross-contaminate.

   ____

4. Cook it right before you take a bite.

   ____

5. Hot or cold is how to hold.

   ____

6. More than two is bad for you.

   ____

7. Don't get sick, cool it quick.

   ____

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In addition, the following food handing tips will promote safe and healthy food habits in the care setting.

- Follow the rule "____________ _______ ; ____________ _________." Check expiration dates on packages and rotate food so the "oldest" food is used first.
- Once opened, store foods in a _______________ _______________________ in order to maintain freshness and reduce pests. Canned foods should never be stored in the refrigerator in the opened can. Once opened, the acids in the food will react with the metals in the can and cause an unpleasant taste as well as nausea, vomiting, and diarrhea.
- All produce should be _______________ and, if possible, scrubbed under running ______________. Even prepackaged salad mixes, carrots, or fruits should be rinsed. Large fruits, such as melons, should be washed prior to cutting. This will reduce the spread of e coli or salmonella, which can be found on the rind of the fruit.
- To reduce pests, remove trash ___________. If possible, compost produce waste and recycle glass, plastics, and paper.

Summary of DCFS Regulations Regarding Meals

- Menus must be posted.
- Meals and snacks must meet nutritional guidelines.
- Children in care two to five hours must be served a snack.
- Children in care five to 10 hours must be served a meal and two snacks or two meals and one snack.
- Children in care more than 10 hours must be served two meals and two snacks or one meal and three snacks.

Specific program requirements may vary. For instance, some programs include breakfast and lunch regardless of the amount of time the child is in the care setting.

Children are Sweet Enough

Current DCFS regulations do not allow for desserts to be served as part of the meal. Puddings and ice cream can be served occasionally.

- When menu planning, avoid food and drinks with _______________ sugars (read the label).
- Toddlers should have less than _________ teaspoons of sugar daily; however, the average toddler consumes close to ______________ teaspoons daily!
- Added sugars/sweeteners prevent ____________ /___________________ from maturing.
- Children who are encouraged to drink _______________ from an early age are more likely to choose water over ______________ drinks.

Providers also need to be aware of how sugar may be listed on the food label. Look for words like syrup, molasses, fructose, cane juice, etc. and try to minimize serving foods with added sugar to children.

Added calories from sugary drinks (up to 224 grams daily), are often overlooked when planning meals. Choosing drinks such as milk and 100% fruit juice will provide vitamins and minerals needed in the diet. What are the effects of excess sugar in a child's diet?

____

____

____

Childhood Obesity

Over the past thirty years, childhood obesity rates in America have tripled, and today, nearly one in three children (ages 2-19) in America are overweight or obese. The numbers are even higher in African American and Hispanic communities, where nearly 40% of the children are overweight or obese. If this problem is not addressed, one third of all children born in 2000 or later will suffer from diabetes at some point in their lives. Many others will face chronic obesity-related health problems like heart disease, high blood pressure, cancer, and asthma.

Lifestyle changes over the past thirty years have led to this increase:

- More families rely on eating out or prepackaged meals from the grocery store.
- Children consume more snacks and high calorie drinks than the previous generation.
- Children are less active with more access to "screens," and there has been a reduction in outdoor play in many programs and schools.

The result of the rise in childhood obesity is stricter policies for licensed care and for those involved in the Child and Adult Care Food Program.

Childhood Obesity Prevention

DCFS Licensing Regulations to Combat Obesity:

- No ________________ time for children under two
- Unless napping, children in licensed care cannot _______ passively for more than _______ minutes
- Imposing or withholding physical/active play shall not be used as a form of discipline
- Beverages with added ______________________ shall not be provided
- Cake, pastries, cookies, and other high sugar/high fat foods will not be served
- Consider food alternatives to _________________ ______________________ treats

Child and Adult Care Food Program

New guidelines go into effect October 1, 2017. The Child and Adult Care Food Program (CACFP) guidelines have been updated to align with the Dietary Guidelines for Americans as required by the Healthy, Hunger-Free Kids Act of 2010. This is the first major change in the program requirements since 1968. These changes promote health and wellness in child care settings by providing guidance on nutrition, physical activity, and limiting electronic media use; as well as supporting breastfeeding.

Changes include:

- Promoting health and wellness in child care settings by providing guidance on nutrition, physical activity, and limiting electronic media use
- Support for breastfeeding , increasing the availability of fruits and vegetables, offering more whole grains, and limits on added sugars and fats
- Addressing the need to reduce the amount of added sugars in the diet

  Limit the following items:

  - ____
  - ____
  - ____
  - ____
- Recommendation to limit processed meats (hotdogs, lunchmeat) and breaded/pre-fried foods.

Visit www.healthymeals.org for numerous resources to support these changes including parent fact sheets, activities for children, recipes, and sample menus.

Program Philosophies and Policies

While the overall goal of meals/snacks is to provide nutritious options to children and lay the foundation for lifelong healthy eating habits, best practices regarding meals and snacks are often rooted in one's own culture. Providing safe, healthy options to children can be challenging, but not impossible.

Answer the following based on the current policies in your care setting:

1. Can parents send in snacks to share?

2. Do parents provide their own food for infants/toddlers?

3. How are menus shared with parents?

4. Do parents /children have any input on menu options?

5. What information is required from parents should a child have a food allergy?

6. How are meals/snacks served?

Based on your answers above, what improvements can be made to current philosophies and policies regarding nutrition and meals within your care setting?

Part 3: Nutrition and Curriculum

Developmentally Appropriate Practice Regarding Meals and Snacks

The goal of mealtime is not just to feed children, but to:

- Meet their ___________________________ needs
- Create __________________ eating habits
- Teach/reinforce ____________________ skills

Meals/snacks should be considered part of the curriculum; not a break in the curriculum. Policies, practices, and philosophies regarding meals and snacks vary significantly among providers. We all fall into meal/snack ruts. Talking to other providers can spark change/creativity in the foods that are served. Implementing "best practices" around meal and snack routines, will not only promote healthy eating habits, but will also provide a safe environment for the children.

What are some of your current practices?

____

____

____

Video—Family Style Meals in the Child Care Setting

Notes:

____

____

____

____

Family Style Meals

Research and best practices show that involving children in the planning and preparation of meals lays the foundation for lifelong healthy eating habits. Family style meals allow the caregiver to model healthy eating, demonstrate manners, and engage children in conversation. Family style meals do take more time. Children do eat slower – which is part of healthy eating.

What challenges do serving family style meals pose with children?

____

____

How can serving family style meals be an advantage?

____

____

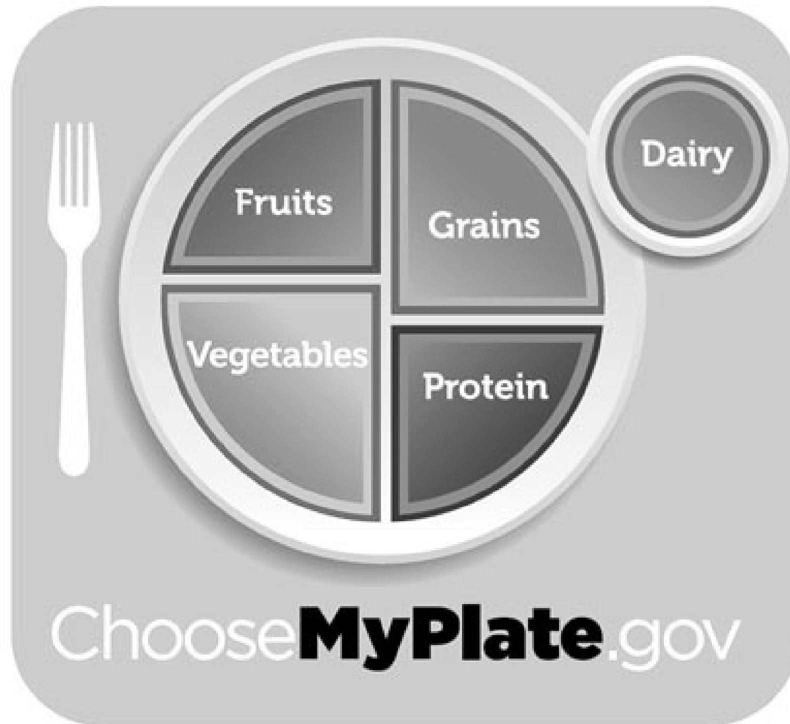
Whether you choose to use family style meal service or a blend of serving options, meal/snack time provides the opportunity for children to practice social skills, model behaviors to younger children, gain confidence, and practice making decisions.

Having meals and snacks as part of the curriculum involves the children in meal planning and preparation. The following tips are just a few to encourage you to rethink meal time:

- Have _______________, serving dishes, and __________________ supplies that are developmentally appropriate.
- Sit with the children. Do not use meal time to ______________________.
- Keep the _________________ simple and consistent.
- Include __________________ in preparing, setting up, or cleaning up where __________________.
- Be patient. Introducing a new routine takes time.

Making Nutrition and Meal Planning Part of the Curriculum

Directions:
Plan a meal for a group of toddlers or preschoolers. The meal can be breakfast, lunch, or dinner. List the food components in the appropriate place on the plate. Discuss how to encourage toddlers and preschoolers to help plan and prepare meals.



____

____

____

____

Knowledge to Practice

In the space below, list one concept or idea that was new to you.

Training Topic	What information was new to me?
Early Childhood Nutrition	
Food Safety and Policy	
Nutrition and Curriculum	

Competency Checklist

Reflect on your understanding of the following competencies:

- Identify types of foods that may pose special risks for young children.
- Identify food preparation steps that ensure food safety.
- Identify a cultural practice surrounding nutrition.
- Describe how good nutrition supports cognitive, social and emotional, motor and language development of children.
- Identify steps for teaching nutrition as a part of the ongoing curriculum.
- Select sample menus that demonstrate balanced nutrition for children of different ages and from different cultures.
- Recall state child care licensing standards that relate to nutrition.
- Describe how nutrition contributes to physical and emotional health and development.
- Identify procedures that reflect proper procedures for food storage and handling and for dish washing.
- Describe the importance of attending to the special nutritional needs of individual children.
- Describe why consultation with parents and health professionals is important in attending to the nutritional needs of individual children.
- Name appropriate activities for cooking with children.
- Name reasons why it is important to include foods from diverse cultures.
- Identify local resources that can be used to help teach young children about nutrition.

Reflection: Module 2b

My reflection on today's material:

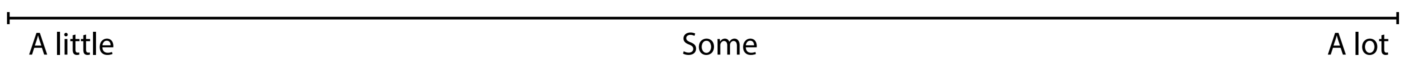
The most important thing I learned from this section is...

What I have learned or discovered connects to me personally because...

The things I now plan to do differently are...

The things I now plan to start doing are...

When I started today, I knew:



A little Some A lot

Now that we've covered it, I know:

A little Some A lot

Resources

Alternatives to Using Food as a Reward

One in five children is overweight or obese by age 6. The rates have doubled in children and tripled in adolescents in the last 20 years. An overweight 4-year-old is 20 percent more likely to become an obese adult; an overweight teen, 80 percent.

While there are many reasons for this increased obesity rate, one that providers can control is using food to reward, comfort or punish the children in their care. The following statements are common examples of these negative methods:

- *"If you pick up the toys, I will give you each a cookie."* (reward)
- *"I know you got hurt when you fell down, here is a piece of candy."* (comfort)
- *"Eat all of your peas or we will not go to the playground."* (punishment)

Non-Food Alternatives

Avoid these kinds of statements and instead consider non-food alternatives as rewards. Some rewards that work well with young children individually or as a group:

- Sit by friends
- Teach the class
- Have extra art time
- Enjoy class outdoors
- Have an extra recess
- Play a favorite game or puzzle
- Walk with a favorite provider during a transition
- Eat lunch outdoors/ have a picnic
- Eat lunch with a teacher or the director
- Be a helper in another class
- Dance to favorite music in the classroom
- Provider can perform special skills (i.e. sing)
- Field trips
- Provider can read a book of that child's choosing

Normal Consequences

Even more effective than rewards is the delivering of consequences when a child behaves in a way other than the expectation that had been clearly explained. Look for opportunities to provide "normal consequences" whenever possible. "Normal consequences" usually refers to temporary limitations a provider sets that connect with the problem behavior that just occurred. Examples include:

- *"You threw that block so you may no longer play in the block area today."*
- *"You two were fighting over that toy so neither of you may play with it today."*
- *"All of the caps were left off of the markers in our Art Area this morning so they have all dried out. We will not have markers to use for a while."*

National Association of Child Care Resource & Referral Agencies | 1515 N. Courthourse Road, 11th Floor, Arlington VA 22201
phone 703-341-4100 fax 703-341-4101 www.naccrra.org #1188-0617

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FARE

Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

PLACE PICTURE HERE

Name: ______________________ D.O.B.: __________

Allergy to: ______________________

Weight: __________ lbs. Asthma: [ ] **Yes (higher risk for a severe reaction)** [ ] **No**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following foods: ______________________

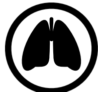
THEREFORE:

[ ] If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.

[ ] If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.

FOR **ANY** OF THE FOLLOWING:

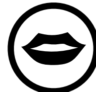
SEVERE SYMPTOMS



LUNG
Short of breath, wheezing, repetitive cough

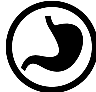
HEART
Pale, blue, faint, weak pulse, dizzy

THROAT
Tight, hoarse, trouble breathing/ swallowing



MOUTH
Significant swelling of the tongue and/or lips

SKIN
Many hives over body, widespread redness



GUT
Repetitive vomiting, severe diarrhea

OTHER
Feeling something bad is about to happen, anxiety, confusion

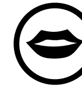
OR A COMBINATION of symptoms from different body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they arrive.

- Consider giving additional medications following epinephrine:
  - » Antihistamine
  - » Inhaler (bronchodilator) if wheezing
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

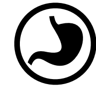
MILD SYMPTOMS

NOSE
Itchy/runny nose, sneezing



MOUTH
Itchy mouth

SKIN
A few hives, mild itch



GUT
Mild nausea/ discomfort

FOR **MILD SYMPTOMS** FROM **MORE THAN ONE** SYSTEM AREA, GIVE EPINEPHRINE.

FOR **MILD SYMPTOMS** FROM **A SINGLE SYSTEM** AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand: ______________________

Epinephrine Dose: [ ] 0.15 mg IM [ ] 0.3 mg IM

Antihistamine Brand or Generic: ______________________

Antihistamine Dose: ______________________

Other (e.g., inhaler-bronchodilator if wheezing): ______________________

____

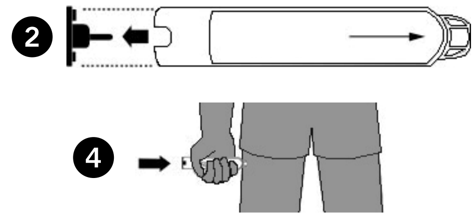
PARENT/GUARDIAN AUTHORIZATION SIGNATURE DATE PHYSICIAN/HCP AUTHORIZATION SIGNATURE DATE

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (WWW.FOODALLERGY.ORG) 5/2014

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

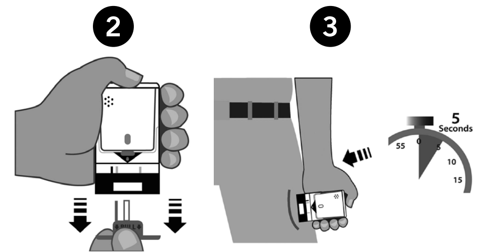
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



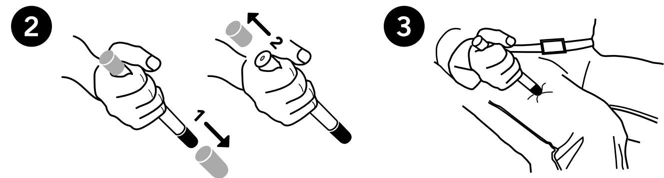
AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled “1” and “2”.
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.



OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.)**:**

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: ____________________

DOCTOR: ____________________ PHONE: ____________________

PARENT/GUARDIAN: ____________________ PHONE: ____________________

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: ____________________

PHONE: ____________________

NAME/RELATIONSHIP: ____________________

PHONE: ____________________

PARENT/GUARDIAN AUTHORIZATION SIGNATURE DATE

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (WWW.FOODALLERGY.ORG) 5/2014

Weekly Meal Plan

Breakfast					
AM Snack					
Lunch					
PM Snack					

CONSCIOUS CHOKING—CHILD

CANNOT COUGH, SPEAK OR BREATHE

TIP: *Stand or kneel behind the child, depending on his or her size.*

AFTER CHECKING THE SCENE AND THE INJURED OR ILL CHILD, HAVE SOMEONE CALL 9-1-1 AND GET CONSENT FROM THE PARENT OR GUARDIAN, IF PRESENT.

1 GIVE 5 BACK BLOWS

Bend the child forward at the waist and give **5** back blows between the shoulder blades with the heel of one hand.

2 GIVE 5 ABDOMINAL THRUSTS

- Place a fist with the thumb side against the middle of the child's abdomen, just above the navel.
- Cover your fist with your other hand.
- Give **5** quick, upward abdominal thrusts.

3 CONTINUE CARE

Continue sets of **5** back blows and **5** abdominal thrusts until the:

- Object is forced out.
- Child can cough forcefully or breathe.
- Child becomes unconscious.

WHAT TO DO NEXT

- IF CHILD BECOMES UNCONSCIOUS—**CALL** 9-1-1, if not already done. Carefully lower the child to the ground and give **CARE** for an unconscious choking child, beginning with looking for an object (PANEL 6, Step 3).

CONSCIOUS CHOKING–INFANT

CANNOT COUGH, CRY OR BREATHE

AFTER CHECKING THE SCENE AND THE INJURED OR ILL INFANT, HAVE SOMEONE CALL 9-1-1 AND GET CONSENT FROM THE PARENT OR GUARDIAN, IF PRESENT.

1 GIVE 5 BACK BLOWS

Give firm back blows with the heel of one hand between the infant's shoulder blades.

2 GIVE 5 CHEST THRUSTS

Place two or three fingers in the center of the infant's chest just below the nipple line and compress the breastbone about **1½** inches.

TIP: *Support the head and neck securely when giving back blows and chest thrusts. Keep the head lower than the chest.*

3 CONTINUE CARE

Continue sets of **5** back blows and **5** chest thrusts until the:

- Object is forced out.
- Infant can cough forcefully, cry or breathe.
- Infant becomes unconscious.

WHAT TO DO NEXT

- IF INFANT BECOMES UNCONSCIOUS—**CALL** 9-1-1, if not already done. Carefully lower the infant onto a firm, flat surface and give **CARE** for an unconscious choking infant, beginning with looking for an object (PANEL 6, Step 3).

UNCONSCIOUS CHOKING—CHILD AND INFANT

CHEST DOES NOT RISE WITH RESCUE BREATHS

AFTER CHECKING THE SCENE AND THE INJURED OR ILL CHILD OR INFANT:

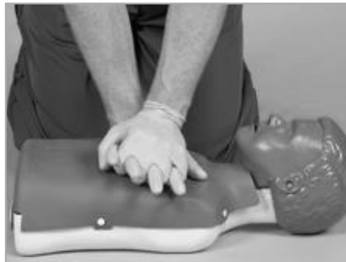
1 GIVE RESCUE BREATHS

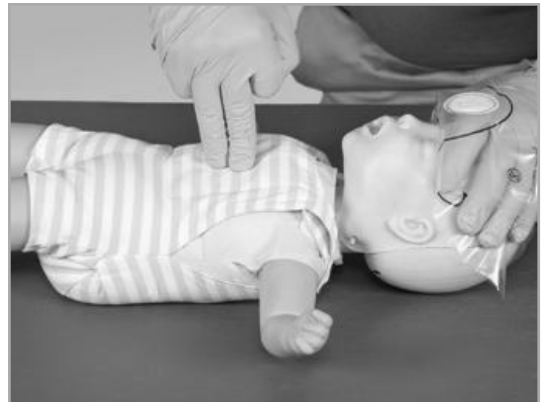
Retilt the head and give another rescue breath.

2 GIVE CHEST COMPRESSIONS

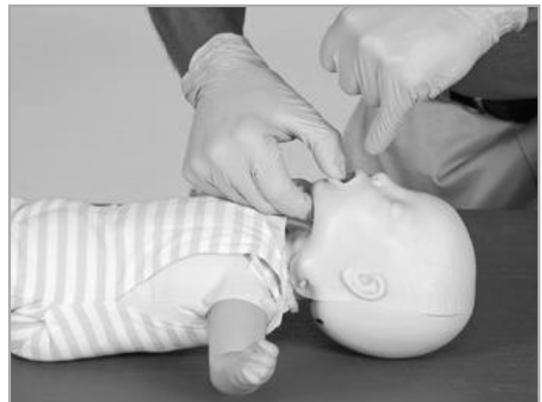
If the chest still does not rise, give **30** chest compressions.

TIP: *Child or infant must be on firm, flat surface. Remove CPR breathing barrier when giving chest compressions.*





3 LOOK FOR AND REMOVE OBJECT IF SEEN



4 GIVE 2 RESCUE BREATHS

WHAT TO DO NEXT

- IF BREATHS DO NOT MAKE THE CHEST RISE—Repeat steps 2 through 4.
- IF THE CHEST CLEARLY RISES—**CHECK** for breathing. Give **CARE** based on conditions found.

PUBLIC HEALTH (410 ILCS 625/)
Food Handling Regulation Enforcement Act.

(410 ILCS 625/0.01) (from Ch. 56 1/2, par. 330)
Sec. 0.01. Short title. This Act may be cited as the Food Handling Regulation Enforcement Act.
(Source: P.A. 86-1324.)

(410 ILCS 625/1) (from Ch. 56 1/2, par. 331)
Sec. 1. Any business establishment dealing in the sale of food items which does not comply with existing state laws relating to food handling or does not comply with the health and food handling regulations of any local governmental unit having jurisdiction of such establishment may be enjoined from doing business in the following manner: the Department of Public Health of the State of Illinois or local departments of health may seek an injunction in the circuit court for the county in which such establishment is located. Such injunction, if granted, shall prohibit such business establishment from selling food items until it complies with any applicable state laws or regulations of a local governmental agency. However, no injunction may be sought or granted before July 1, 1980, to enforce any rule or regulation requiring a food service establishment to have one or more persons who are certified in food service sanitation.

The local department of health shall file a written report with the Illinois Department of Public Health within 10 days after seeking an injunction against a business establishment dealing in the sale of food items.
(Source: P.A. 80-1295.)

(410 ILCS 625/2) (from Ch. 56 1/2, par. 332)
Sec. 2. Nothing in this Act shall be construed as limiting or changing any other penalties which any such business establishment may incur under any other law or local ordinance or resolution.
(Source: Laws 1963, p. 3471.)

(410 ILCS 625/3) (from Ch. 56 1/2, par. 333)
Sec. 3. Each food service establishment shall be under the operational supervision of a certified food service sanitation manager in accordance with rules promulgated under this Act.

By July 1, 1990, the Director of the Department of Public Health in accordance with this Act, shall promulgate rules for the education, examination, and certification of food service establishment managers and instructors of the food service sanitation manager certification education programs. Beginning July 1, 2014, any individual seeking a food service sanitation manager certificate or a food service sanitation manager instructor certificate must complete a minimum of 8 hours of Department-approved training, inclusive of the examination, and receive a passing score on the examination set by the certification exam provider accredited under standards developed and adopted by the Conference for Food Protection or its successor organization. A food service sanitation manager

certificate and a food service sanitation manager instructor certificate shall be valid for 5 years, unless revoked by the Department of Public Health, and shall not be transferable from the individual to whom it was issued. Beginning July 1, 2014, recertification for food service sanitation manager certification shall be accomplished by presenting evidence of completion of 8 hours of Department-approved training, inclusive of the examination, and having received a passing score on the examination set by the certification exam provider accredited under standards developed and adopted by the Conference for Food Protection or its successor organization.

For purposes of certification and recertification for food service sanitation manager certification, the Department shall accept only training approved by the Department and certification exams accredited under standards developed and adopted by the Conference for Food Protection or its successor. The Department shall charge a fee of $35 for each new and renewed food service sanitation manager certificate and $10 for each replacement certificate. All fees collected under this Section shall be deposited into the Food and Drug Safety Fund.

Any fee received by the Department under this Section that is submitted for the renewal of an expired food service sanitation manager certificate may be returned by the Director after recording the receipt of the fee and the reason for its return.

The Department shall award an Illinois certificate to anyone presenting a valid certificate issued by another state, so long as the holder of the certificate provides proof of having passed an examination accredited under standards developed and adopted by the Conference for Food Protection or its successor. The $35 issuance fee applies. The reciprocal Illinois certificate shall expire on the same date as the presented certificate. On or before the expiration date, the holder must have met the Illinois recertification requirements in order to be reissued an Illinois certificate. Reciprocity is only for individuals who have moved to or begun working in Illinois in the 6 months prior to applying for reciprocity. Any individual presenting an out-of-state certificate may do so only once.

(Source: P.A. 98-566, eff. 8-27-13; 99-62, eff. 7-16-15.)

(410 ILCS 625/3.05)

Sec. 3.05. Non-restaurant food handler training.

(a) All food handlers not employed by a restaurant as defined in Section 3.06 of this Act, other than someone holding a food service sanitation manager certificate, must receive or obtain training in basic safe food handling principles as outlined in subsection (b) of this Section within 30 days after employment. There is no limit to how many times an employee may take the training. Training is not transferable between individuals or employers. Proof that a food handler has been trained must be available upon reasonable request by a State or local health department

inspector and may be in an electronic format.

(b) Food handler training must cover and assess knowledge of the following topics:

(1) The relationship between time and temperature with respect to foodborne illness, including the relationship between time and temperature and micro-organisms during the various food handling preparation and serving states, and the type, calibration, and use of thermometers in monitoring food temperatures.

(2) The relationship between personal hygiene and food safety, including the association of hand contact, personal habits and behaviors, and the food handler's health to foodborne illness, and the recognition of how policies, procedures, and management contribute to improved food safety practices.

(3) Methods of preventing food contamination in all stages of food handling, including terms associated with contamination and potential hazards prior to, during, and after delivery.

(4) Procedures for cleaning and sanitizing equipment and utensils.

(5) Problems and potential solutions associated with temperature control, preventing cross-contamination, housekeeping, and maintenance.

(c) Training modules must be approved by the Department. Any and all documents, materials, or information related to a restaurant or business food handler training module submitted to the Department is confidential and shall not be open to public inspection or dissemination and is exempt from disclosure under Section 7 of the Freedom of Information Act. Any modules complying with subsection (b) of this Section and not approved within 180 days after the Department's receipt of the business application shall automatically be considered approved. If a training module has been approved in another state, then it shall automatically be considered approved in Illinois so long as the business provides proof that the training has been approved in another state. Training may be conducted by any means available, including, but not limited to, on-line, computer, classroom, live trainers, remote trainers, and certified food service sanitation managers. Nothing in this subsection (c) shall be construed to require a proctor. There must be at least one commercially available, approved food handler training module at a cost of no more than $15 per employee; if an approved food handler training module is not available at that cost, then the provisions of this Section 3.05 shall not apply.

(d) The regulation of food handler training is considered to be an exclusive function of the State, and local regulation is prohibited. This subsection (d) is a denial and limitation of home rule powers and functions under subsection (h) of Section 6 of Article VII of the Illinois Constitution.

(e) The provisions of this Section apply beginning July 1, 2016. From July 1, 2016 through December 31, 2016, enforcement of the provisions of this Section shall be limited to education and notification of requirements to encourage compliance.

(Source: P.A. 98-566, eff. 8-27-13.)

Frequently Asked Questions
Food Handler Training in Illinois

The following answers are based on Public Act 098-0566 and proposed rules that are in the review process. Answers are subject to change.

Who is considered a food handler?
"Food employee" or "food handler" means an individual working with unpackaged food, food equipment or utensils, or food-contact surfaces. "Food employee" or "food handler" does not include unpaid volunteers in a food establishment, whether permanent or temporary.

Who is required to have food handler training?
Any food handler working in Illinois, unless that person has a valid Illinois Food Service Sanitation Manager Certification (FSSMC) or unpaid volunteer. If someone working in a facility is not a food handler on a regular basis, but fills in as a food handler when needed, they must have food handler training.

Who is NOT required to have food handler training?
Anyone working in a facility who is not a food handler by definition, unpaid volunteers or any food handler who has a valid Illinois Food Service Sanitation Manager Certification (FSSMC). Also, in the proposed rules, temporary food establishments also will be exempt from the food handler training requirement.

What type of training is required and by what date?
The first thing is to determine the category of the facility you work at, which is either a restaurant or non-restaurant.

Food Handlers Working in a Restaurant

What is a restaurant?
"Restaurant" means any business that is primarily engaged in the sale of ready-to-eat food for immediate consumption. Where "primarily engaged" means having sales of ready-to-eat food for immediate consumption comprising of at least 51% of the total sales, excluding the sale of liquor, as defined in Section 3 of the Food Handling Regulation Enforcement Act. For the purposes of this definition, restaurants would include concessions and other food service establishments where food is intended for immediate or on-site consumption.

What is the timeline for implementation?
All food handlers working in restaurants shall have training completed by December 31, 2014. Enforcement will be limited to notification and education from July 1-December 31, 2014.

What type of training is offered for restaurants?
Food handler courses with American National Standards Institute (ANSI) approval can be found on the ANSI website at: https://www.ansica.org/wwwversion2/outside/ALLdirectoryListing.asp?menuID=212&prgID=237&prgID1=238&status=4
The course and assessment can be completed online, 24 hours/day and does not need to be monitored by an instructor. Upon passing the assessment, the certificate is immediately available to print. A local health department that has a Department approved training program may provide training for restaurants. For a list of local health departments go to: http://www.idph.state.il.us/local/alpha.htm. In addition, any business with a training program approved in another state prior to August 27, 2013, may provide training if registered with the Department.

How is the training administered?
Training can be online, computer, classroom, live trainers, remote trainers and by certified food service sanitation managers. For those food handlers working in restaurants, the training must be ANSI approved, unless their local health department has been approved by the Department to provide food handler training to restaurants or they work for a business with a Department approved internal training program.

Will everyone receiving food handler training receive a certificate?
Not every food handler training course will issue a certificate, but proof of training must be available in the facility upon inspector request. ANSI approved food handler training courses will issue a certificate upon passing the assessment. The Department will provide a sample certificate upon approval that may be used by those with approved training programs.

How long is the certificate valid?
The ANSI food handler training certificates are good for three years and those taking other types of trainings that work in restaurants and other non-restaurant facilities, such as nursing homes, licensed day care homes and facilities, hospitals, schools and long-term care facilities, are good for three years.

Those working in non-restaurants, other than those listed above, are not required to take another food handler training unless they go to work for another employer. Food handler training for those working in non-restaurants is not transferable between employers.

Will my food handler certificate be valid throughout Illinois?
Restaurant food handler training certificates are valid throughout the state, unless the training was obtained at a business through a Department approved internal training program.

Who can teach food handler courses?
Anyone can teach food handler training courses. It is important to remember, it is not who is teaching the training, but that you receive the appropriate training based on whether you work in a restaurant or non-restaurant.
Food handlers in restaurants can take the following trainings:

- Food handler courses with ANSI approval can be found on the ANSI website at: https://www.ansica.org/wwwversion2/outside/ALLdirectoryListing.asp?menuID=212&prgID=237&prgID1=238&status=4 The course and assessment can be completed online, 24 hours/day and do not need to be monitored by an instructor. Upon passing the assessment, the certificate is immediately available to print.
- A local health department that has a Department approved training program may provide training for restaurants. For a list of all local health departments go to: http://www.idph.state.il.us/local/alpha.htm
- Any business with a training program approved in another state prior to August 27, 2013.

Can a "train the trainer" approach be used, where one person attends a training and they go back and teach others within their facility?
No, this would not be acceptable for food handlers working in restaurants, because the food handler needs to receive the training themselves and be assessed by the approved training program provider.

Is there a set fee for the course?
No, the act states there has to be at least one food handler training option available for $15.00 or less and there are multiple ANSI approved programs available online at that price.

Food Handlers Working in a Non-restaurant

What is a non-restaurant?

Non-restaurants are facilities, such as nursing homes, licensed day care homes and facilities, hospitals, schools, long-term care facilities and retail food stores.

What is the timeline for implementation?

All food handlers working in non-restaurants shall have training completed by July 1, 2016. Enforcement will be limited to notification and education from July 1-December 31, 2016.

What type of training is offered for non-restaurants?

Any food handler training course that has been registered and approved by the Department is acceptable for food handlers in non-restaurants.

How is the training administered?

Training can be on-line, computer, classroom, live trainers, remote trainers and by certified food service sanitation managers. For those food handlers working in restaurants, the training must be ANSI approved, unless their local health department has been approved by the Department to provide food handler training to restaurants or they work for a business with a Department approved internal training program.

Will everyone receiving food handler training receive a certificate?

Not every food handler training course will issue a certificate, but proof of training must be available in the facility upon inspector request.

How long is the certificate valid?

Those working in non-restaurants are not required to take another food handler training, unless they go to work for another employer or if they work in nursing homes, licensed day care homes and facilities, hospitals, schools or long-term care facilities. Food handlers working in those facilities must receive training every three years. Food handler training for those working in non-restaurants is not transferable between employers.

Will the state issue food handler certifications?

No, the state will not issue food handler certifications. The state will continue to issue the Food Service Sanitation Manager Certification (FSSMC).

Will my food handler certificate be valid throughout Illinois?

No, non-restaurant training is not transferable between employers.

Is the employer responsible for paying for food handler training?

No, an employer is not responsible for paying for food handler training, since it is the property of the certificate holder.

Who can teach food handler courses?

Anyone can teach food handler training courses. It is important to remember it is not who is teaching the training, but that you receive the appropriate training based on whether you work in a restaurant or non-restaurant.
Food handlers working in non-restaurants can take any food handler training course registered and approved by the Department.

Can a "train the trainer" approach be used, where one person attends a training and then they are able to teach others within their facility?

Yes, the train the trainer approach could be used for those food handlers working in non-restaurants, but the training course being used must be approved by the Department and food handlers must take an assessment.

Common Questions Regarding Food Handler Training

Is there a set fee for the course?
No, the act states there has to be at least one food handler training option available for $15.00 or less and there are multiple ANSI approved programs available online at that price.

Will volunteers be required to have food handler training?
No, only paid food employees will need to have food handler training.

If retail food establishments also have a deli or produce (cutting fruits and vegetables for trays/fruit salads) section, do the deli and produce employees, but not stockers/cashiers, need their food handler training by July 1, 2014?
Retail stores with delis would be considered non-restaurant and everyone meeting the definition of a food handler would need training. Non-restaurant food handlers need to have training by July 1, 2016.

If a grocery store has a bakery, deli, salad bar and coffee shop inside, is the grocery store considered a non-restaurant and the deli, bakery, considered restaurants?
A grocery store is a retail food store, along with other retail stores that sell clothing and housewares and are considered a non-restaurant even though they have multiple food operations under that same roof. If the retail store is the owner/operator of the food operations, then it is considered a non-restaurant as a whole. If the retail store has a food operation in it that is run by a third party, then that specific food operation would be considered a restaurant and the retail store would be considered a non-restaurant (only if it had other food handlers in that facility).

The act states that restaurants have to begin receiving handler certification after July 1, 2014, yet reading the FAQ sheet that was sent out it indicates restaurants shall have the training completed by July 1, 2014. We expect some of our places to read this and interpret it as they will not begin to require their employees to receive training until July 1, 2014. Which time is correct-training must be done after July 1 or have training completed by July 1?
Since the rules will not be approved by July 1, 2014, restaurants need to have food handler training completed by December 31, 2014. Enforcement is limited to education and notification July 1-December 31, 2014.

Are convenience stores that may only have hot dogs on a rotating grill as a food item classified as a restaurant or non-restaurant?
Convenience stores with gas stations would be considered non-restaurant. Those convenience stores that do not sell gas, only food items and have roller grills with food handling taking place could be considered a restaurant, but the local health department needs to decide this based on other items, such as lottery and cigarettes, that the facility might also sell along with ready to eat foods.

Do temporary or mobile food stands (cotton candy/corn dogs/shake-ups) require food handling certificates?
Mobile food-yes. Food handlers would need training.
Temporary food-no. Proposed rules will exempt temporaries.

If a "non-restaurant" food worker takes the same ANSI certified training as a "restaurant" food worker, does the "non-restaurant" food worker have to take the training again (even if still within the three-year valid time) if they go to work for a "restaurant"?
The food handler would not need to take the training again as long as the individual has their own ANSI certificate that they can use to work in a restaurant and the facility the individual is going to does not have an internal training program.

Will local health departments receive a list of food companies that have approved in-house training?

Once the Department approves a food handler training program, it will be listed on the Web portal for local health departments to access, under Retail Food/IDPH Approved Food Handler Training Programs.

Will places not permitted by local health departments, such as churches and clubs (Lions, Elks, Masonic lodges), require food handler training?

Yes, they would require food handler training for their employees. Most clubs should already be permitted by local health departments, since they have kitchens and serve the public. Volunteers are exempt from the training requirement.

If a church is just doing temporary events, they would not need food handler training, as temporaries are exempt from having food handler training in the proposed rules.

If a food service establishment is not inspected by the local health department, do they still need food handler training?

Yes, if the establishment falls under the Illinois Food Code and meets the definition of a restaurant or non-restaurant, any employee meeting the definition of a food handler would need food handler training.

Any ideas on how to verify the hundreds and hundreds of food handlers? I am assuming that will be the local health department's responsibility.

The Department will be addressing enforcement in the Illinois Food Code update and in its work groups. Enforcement is limited to education and notification until January 1, 2015 for restaurants and January 1, 2017 for non-restaurants. It will be up to the inspectors to verify food handler training, as they do now with FSSMC verification. Guidance will be coming from the Department on how to verify food handler training.

Do the mentally disabled working in a facility, restaurant or non-restaurant need to have food handler training?

Any food handler employed by a in a restaurant or non-restaurant must have training. There are several options for training (classroom, hands-on, DVDs, online) that can be used and the assessment can be taken multiple times, in most cases. We are proposing that, assessments can also be in the form of demonstration of knowledge, for those that are unable to take a written exam. Food handlers that are not paid employees would be considered volunteers and do not need training.

I am a food handler instructor with a program that was approved in Kane County. Can I use this program to teach anyone working in the state?

Beginning July 1, 2014, all food handler programs will have to be approved by the Department and Kane County will no longer have its own food handler training requirements. If you are an independent instructor and will be teaching for restaurants, you must use an ANSI accredited program and ANSI assessment. If you will be teaching for non-restaurants, then you can submit your training program with an application to the Department for approval.

For non-restaurants that can use a "train the trainer" approach to food handler training, how does that work?

The "trainer" would attend an approved food handler training and would then return to their facility and train the staff using that same approved training program and assessment.

Can an instructor teach a FSSMC course and a food handler training at the same time?

No, food handler training and FSSMC courses should be held separately since the training requirements are different for each type of course.

How do I submit a training program to the Department for approval?

An application with completion instructions is available on the Department's website under "Food Handler Training." Refer back to the sections in this document that list course options in "Who can teach food handler courses".

Can someone with food handler training take the place of a FSSMC when there is a gap in coverage throughout the day?

No, a food handler cannot take the place of a FSSMC. The Illinois Food Code still requires the FSSMC certification based on your facility's risk type.

Do delivery driver's need food handling training?

If the delivery driver does not have any food handling interaction (e.g., cutting the pizza before boxing) and only serves as a delivery driver (taking the box from A to B), then the driver would not need food handling training. If any type of delivery driver (e.g., pizza, school lunch, caterer) conducts any type of food handling (e.g., cutting, packaging) or is responsible for temperature control and cross-contamination, the driver would need to complete the food handling training.

Does a restaurant, by definition, selling less than 51% in total sales of ready to eat (RTE) food, excluding liquor, need to have food handler training? Or if they sell less than that 51% are they not required to have the training?

That definition of restaurant or non-restaurant is to determine implementation date and type of training needed. No food handler in Illinois is exempt from training unless they have a valid IL FSSMC or they are a volunteer or temporary employee. Food handlers in restaurants AND non-restaurants need training.

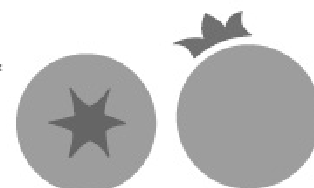
Are there training requirements set by my local county health department, beyond the state's requirements?

No, the regulation of food handler training is considered to be an exclusive function of the state and local regulation is prohibited.

NEW Child and Adult Care Food Program Meal Patterns

Infant Meals

USDA recently revised the CACFP meal patterns to ensure children and adults have access to healthy, balanced meals throughout the day. The changes to the infant meal pattern support breastfeeding and the consumption of vegetables and fruit without added sugars. These changes are based on the scientific recommendations from the National Academy of Medicine, the American Academy of Pediatrics and stakeholder input. CACFP centers and day care homes must comply with the new meal patterns by October 1, 2017.



New Infant Meal Pattern

Encourage and support breastfeeding:

* Providers may receive reimbursement for meals when a breastfeeding mother comes to the day care center or home and directly breastfeeds her infant; and
* Only breastmilk and infant formula are served to infants 0 through 5 month olds.

Developmentally appropriate meals:

* Two age groups, instead of three: 0 through 5 month olds and 6 through 11 month olds; and
* Solid foods are gradually introduced around 6 months of age, as developmentally appropriate.

More nutritious meals:

* Requires a vegetable or fruit, or both, to be served at snack for infants 6 through 11 months old;
* No longer allows juice or cheese food or cheese spread to be served; and
* Allows ready-to-eat cereals.

See a side-by-side comparison of the old and new infant meal patterns on the other side. For more information on the new CACFP meal patterns visit: http://www.fns.usda.gov/cacfp/meals-and-snacks.

For more information on infant development and nutrition, check out Team Nutrition's Feeding Infants Guide: http://www.fns.usda.gov/tn/feeding-infants-guide-use-child-nutrition-programs

United States Department of Agriculture

Old and New Infant Meal Patterns: Let's Compare

	Old			New	
	0-3 months	**4-7 months**	**8-11 months**	**0-5 months**	**6-11 months**
Breakfast	4-6 fl oz breastmilk or formula	4-8 fl oz breastmilk or formula 0-3 tbsp infant cereal	6-8 fl oz breastmilk or formula 2-4 tbsp infant cereal 1-4 tbsp vegetable, fruit or both	4-6 fl oz breastmilk or formula	6-8 fl oz breastmilk or formula 0-4 tbsp infant cereal, meat, fish, poultry, whole eggs, cooked dry beans or peas; or 0-2 oz cheese; or 0-4 oz (volume) cottage cheese; or 0-8 oz yogurt; or a combination* 0-2 tbsp vegetable, fruit or both*
Lunch or Supper	4-6 fl oz breastmilk or formula	4-8 fl oz breastmilk or formula 0-3 tbsp infant cereal 0-3 tbsp vegetable, fruit or both	6-8 fl oz breastmilk or formula 2-4 tbsp infant cereal 1-4 tbsp meat, fish, poultry, egg yolk, cooked dry beans or peas; or ½-2 oz cheese; or 1-4 oz (volume) cottage cheese; or 1-4 oz (weight) cheese food or cheese spread; or a combination 1-4 tbsp vegetable, fruit or both	4-6 fl oz breastmilk or formula	6-8 fl oz breastmilk or formula 0-4 tbsp infant cereal, meat, fish, poultry, whole egg, cooked dry beans or peas; or 0-2 oz cheese; or 0-4 oz (volume) cottage cheese; or 0-8 oz yogurt; or a combination* 0-2 tbsp vegetable, fruit or both*
Snack	4-6 fl oz breastmilk or formula	4-6 fl oz breastmilk or formula	2-4 fl oz breastmilk or formula 0-½ bread slice or 0-2 crackers	4-6 fl oz breastmilk or formula	2-4 fl oz breastmilk or formula 0-½ bread slice; or 0-2 crackers; or 0-4 tbsp infant cereal or ready-to-eat cereal* 0-2 tbsp vegetable, fruit or both*

All serving sizes are minimum quantities of the food components that are required to be served. Centers and day care homes may choose to serve a larger quantity if nutritionally appropriate.

*Required when infant is developmentally ready.

United States Department of Agriculture

United States Department of Agriculture

CHILD MEAL PATTERN

Food Components and Food Items[1]	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18[2] (at-risk afterschool programs and emergency shelters)
Fluid Milk[3]	4 fluid ounces	6 fluid ounces	8 fluid ounces	8 fluid ounces
Vegetables, fruits, or portions of both[4]	¼ cup	½ cup	½ cup	½ cup
Grains (oz eq)[5,6,7]				
Whole grain-rich or enriched bread	½ slice	½ slice	1 slice	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	½ serving	½ serving	1 serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal[8], cereal grain, and/or pasta	¼ cup	¼ cup	½ cup	½ cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold)[8,9]				
Flakes or rounds	½ cup	½ cup	1 cup	1 cup
Puffed cereal	¾ cup	¾ cup	1 ¼ cup	1 ¼ cup
Granola	⅛ cup	⅛ cup	¼ cup	¼ cup

[1] Must serve all three components for a reimbursable meal. Offer versus serve is an option for only adult and at-risk afterschool participants.

[2] Larger portion sizes than specified may need to be served to children 13 through 18 year olds to meet their nutritional needs.

[3] Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six years old and older and adults.

[4] Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

[5] At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards meeting the grains requirement.

[6] Meat and meat alternates may be used to meet the entire grains requirement a maximum of three times a week. One ounce of meat and meat alternates is equal to one ounce equivalent of grains.

[7] Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.

[8] Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21 grams sucrose and other sugars per 100 grams of dry cereal).

[9] Beginning October 1, 2019, the minimum serving size specified in this section for ready-to-eat breakfast cereals must be served. Until October 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereals is ¼ cup for children ages 1-2; 1/3 cup for children ages 3-5; ¾ cup for children 6-12; and 1 ½ cups for adults.

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CHILD MEAL PATTERN

Lunch and Supper (Select all five components for a reimbursable meal)				
Food Components and Food Items[1]	**Ages 1-2**	**Ages 3-5**	**Ages 6-12**	**Ages 13-18**[2] (at-risk afterschool programs and emergency shelters)
Fluid Milk[3]	4 fluid ounces	6 fluid ounces	8 fluid ounces	8 fluid ounces
Meat/meat alternates				
Lean meat, poultry, or fish	1 ounce	1 ½ ounce	2 ounces	2 ounces
Tofu, soy product, or alternate protein products[4]	1 ounce	1 ½ ounce	2 ounces	2 ounces
Cheese	1 ounce	1 ½ ounce	2 ounces	2 ounces
Large egg	½	¾	1	1
Cooked dry beans or peas	¼ cup	⅜ cup	½ cup	½ cup
Peanut butter or soy nut butter or other nut or seed butters	2 tbsp	3 tbsp	4 tbsp	4 tbsp
Yogurt, plain or flavored unsweetened or sweetened[5]	4 ounces or ½ cup	6 ounces or ¾ cup	8 ounces or 1 cup	8 ounces or 1 cup
The following may be used to meet no more than 50% of the requirement: Peanuts, soy nuts, tree nuts, or seeds, as listed in program guidance, or an equivalent quantity of any combination of the above meat/meat alternates (1 ounces of nuts/seeds = 1 ounce of cooked lean meat, poultry, or fish)	½ ounce = 50%	¾ ounce = 50%	1 ounce = 50%	1 ounce = 50%
Vegetables[6]	⅛ cup	¼ cup	½ cup	½ cup
Fruits[6,7]	⅛ cup	¼ cup	¼ cup	¼ cup
Grains (oz eq)[8,9]				
Whole grain-rich or enriched bread	½ slice	½ slice	1 slice	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	½ serving	½ serving	1 serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal[10], cereal grain, and/or pasta	¼ cup	¼ cup	½ cup	½ cup

[1] Must serve all five components for a reimbursable meal. Offer versus serve is an option for only adult and at-risk afterschool participants.

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[2] Larger portion sizes than specified may need to be served to children 13 through 18 year olds to meet their nutritional needs.
[3] Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six years old and older and adults.
[4] Alternate protein products must meet the requirements in Appendix A to Part 226.
[5] Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
[6] Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.
[7] A vegetable may be used to meet the entire fruit requirement. When two vegetables are served at lunch or supper, two different kinds of vegetables must be served.
[8] At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards the grains requirement.
[9] Beginning October 1, 2019, ounce equivalents are used to determine the quantity of the creditable grain.
[10] Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21 grams sucrose and other sugars per 100 grams of dry cereal).

CHILD MEAL PATTERN

Snack (Select two of the five components for a reimbursable snack)				
Food Components and Food Items[1]	**Ages 1-2**	**Ages 3-5**	**Ages 6-12**	**Ages 13-18**[2] (at-risk afterschool programs and emergency shelters)
Fluid Milk[3]	4 fluid ounces	6 fluid ounces	8 fluid ounces	8 fluid ounces
Meat/meat alternates				
Lean meat, poultry, or fish	½ ounce	½ ounce	1 ounce	1 ounce
Tofu, soy product, or alternate protein products[4]	½ ounce	½ ounce	1 ounce	1 ounce
Cheese	½ ounce	½ ounce	1 ounce	1 ounce
Large egg	½	½	½	½
Cooked dry beans or peas	⅛ cup	⅛ cup	¼ cup	¼ cup
Peanut butter or soy nut butter or other nut or seed butters	1 tbsp	1 tbsp	2 tbsp	2 tbsp
Yogurt, plain or flavored unsweetened or sweetened[5]	2 ounces or ¼ cup	2 ounces or ¼ cup	4 ounces or ½ cup	4 ounces or ½ cup
Peanuts, soy nuts, tree nuts, or seeds	½ ounce	½ ounce	1 ounce	1 ounce
Vegetables[6]	½ cup	½ cup	¾ cup	¾ cup
Fruits[6]	½ cup	½ cup	¾ cup	¾ cup
Grains (oz eq)[7,8]				
Whole grain-rich or enriched bread	½ slice	½ slice	1 slice	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	½ serving	½ serving	1 serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal[9], cereal grain, and/or pasta	¼ cup	¼ cup	½ cup	½ cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold)[9,10]				
Flakes or rounds	½ cup	½ cup	1 cup	1 cup
Puffed cereal	¾ cup	¾ cup	1 ¼ cup	1 ¼ cup
Granola	⅛ cup	⅛ cup	¼ cup	¼ cup

[1] Select two of the five components for a reimbursable snack. Only one of the two components may be a beverage.

[2] Larger portion sizes than specified may need to be served to children 13 through 18 year olds to meet their nutritional needs.

[3] Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six years old and older and adults.

[4] Alternate protein products must meet the requirements in Appendix A to Part 226.

[5] Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

4/22/2016

[6] Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.
[7] At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards meeting the grains requirement.
[8] Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.
[9] Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21 grams sucrose and other sugars per 100 grams of dry cereal).
[10] Beginning October 1, 2019, the minimum serving sizes specified in this section for ready-to-eat breakfast cereals must be served. Until October 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereals is ¼ cup for children ages 1-2; 1/3 cup for children ages 3-5; ¾ cup for children 6-12; and 1 ½ cups for adults.

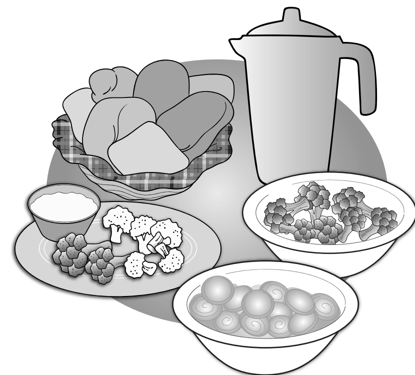
CARE Connection

Meal Patterns Grab and Go Lesson

How to Use Meal Patterns in Family Style Meal Service

Family Style Meal Service

Meals in the Child and Adult Care Food Program (CACFP) can be served family style. In family style meal service, children are encouraged to serve themselves or serve themselves with the assistance of an adult. All food for the meal is placed in serving bowls on the table. Milk, water, and juice are served in containers. Children are encouraged to try each food. They may take second helpings of foods; however, only one meal per child can be claimed for reimbursement. Some states have other health and sanitation laws for meals that are served family style, such as the type of container beverages may be served in. Check with your state agency or sponsor about specific guidelines for serving family style meals.



How do I serve family style and still meet the meal pattern requirements?

When choosing to use family style meal service, there are several ways to be sure that the meal pattern requirements are met. There are three different meal patterns: breakfast, snack, and lunch or supper. The meal patterns are based on four food components or groups of foods. The components and number of servings for each component vary according to the meal being served.

Follow These Simple Tips

- Prepare and place all the food on the table at the same time. All the components and servings required by the meal pattern for the meal being served must be placed on the table at the same time. Be sure to double check the meal pattern to make sure you have placed all the required food on the table.

Meal Patterns Grab and Go Lesson

How to Use Meal Patterns in Family Style Meal Service

- Have enough food on the table to provide the full required portions of all meal components for each child and for the caregiver. Some states' sanitation laws require that an adult sit with the children during family style meal service. Even if your state does not require it, you are encouraged to eat with the children because it is the best way to help them learn to try new foods, talk about foods, and practice good table manners.
- Offer each child each meal component. Do not force a child to eat a food not wanted or to eat more than wanted.
- When a child doesn't want a food at first, offer the food again later in the meal. If the child took only a very small portion at first, offer the food again later.
- Make mealtime a happy time with positive conversation and smiles.

Children have some responsibilities, too.

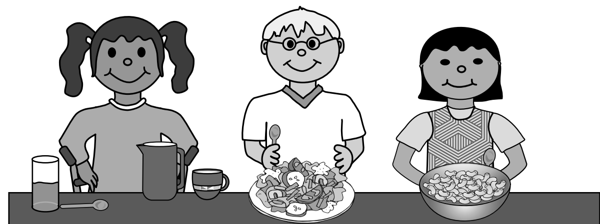
- A child can request a smaller portion of any food or decline any food.
- A child can decide later in the meal to try a food declined earlier.
- A child can request second helpings of any food that is available after all children have been offered the first serving.

Hints for Successful Family Style Service

Some children need more help than others. Seat these children near you at the table.

Use child-size tables and chairs to make it easier for the children to handle self-service and to develop skills. Remember that child-size plates and cups are easier for children to handle.

Use serving dishes and pitchers that are easy for children to handle. Lightweight plastic bowls and pitchers are helpful.



CARE Connection

Meal Patterns Grab and Go Lesson

How to Use Meal Patterns in Family Style Meal Service

Use serving tools, tongs, spoons, and scoops that help with serving the right portions of food and are easy for the children to handle.

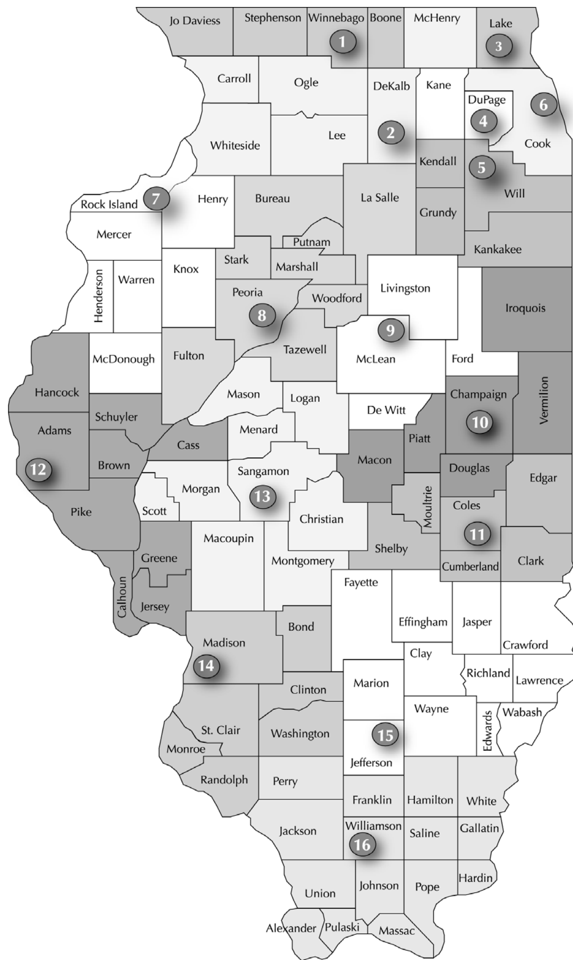
Think about children's abilities to serve themselves. Some children may be able to serve themselves many different foods. For others, you may need to start with only one or two foods as self-serve. Then you assist them with serving the other foods that are required in the meal pattern.

Follow food safety and sanitation practices closely to make sure that the food is handled right and is safe to eat.

Share these tips with the parents of the children in your care by sending home a letter or handout on family style meal service.

Illinois Child Care Resource and Referral (CCR&R) Agencies

Service Delivery Area (SDA)



SDA 1
YWCA
Child Care Solutions
(Rockford)
888-225-7072
www.ywca.org/Rockford

SDA 2
4-C: Community Coordinated
Child Care
(DeKalb)
800-848-8727
&
(McHenry)
866-347-2277
www.four-c.org

SDA 3
YWCA Lake County CCR&R
(Gurnee)
877-675-7992
www.ywcalakecounty.org

SDA 4
YWCA CCR&R
(Addison)
630-790-6600
www.ywcachicago.org

SDA 5
Joliet CCR&R
(Joliet)
800-552-5526
www.childcarehelp.com

SDA 6
Illinois Action for Children
(Chicago)
312-823-1100
www.actforchildren.org

SDA 7
Child Care Resource & Referral
of Midwestern Illinois
(Moline)
866-370-4556
www.childcareillinois.org

SDA 8
SAL Child Care Connection
(Peoria)
800-421-4371
www.salchildcareconnection.org

SDA 9
CCR&R
(Bloomington)
800-437-8256
www.ccrrn.com

SDA 10
Child Care Resource Service
University of Illinois
(Urbana)
800-325-5516
ccrs.illinois.edu

SDA 11
CCR&R
Eastern Illinois University
(Charleston)
800-545-7439
www.eiu.edu/~ccrr/home/
index.php

SDA 12
West Central Child
Care Connection
(Quincy)
800-782-7318
www.wcccc.com

SDA 13
Community Connection Point
(Springfield)
800-676-2805
www.CCPoint.org

SDA 14
Children's Home + Aid
(Granite City)
800-467-9200
www.childrenshomeandaid.org

SDA 15
Project CHILD
(Mt. Vernon)
800-362-7257
www.rlc.edu/projectchild

SDA 16
CCR&R
John Logan College
(Carterville)
800-548-5563
www.jalc.edu/ccrr

Find your local CCR&R by identifying what county you reside in.

Services your local CCR&R provides:

- Free and low cost trainings and professional development
- Grant opportunities for quality enhancements
- Professional development funds to cover expenses related to trainings and conferences
- Mental health consultants, infant toddler specialists and quality specialists to answer your questions
- National Accreditation support
- Free referrals of child care programs to families searching for child care.
- Financial assistance for families to help pay for child care.

And more…

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Helpful Websites: Module 2b

Caring for Our Children – National Health and Safety Performance Standards Guidelines for Early Care and Education Programs – Obesity Prevention Program
http://cfoc.nrckids.org/StandardView/SpcCol/Preventing_Childhood_Obesity

Child and Adult Care Food Program
http://www.fns.usda.gov/cacfp/child-and-adult-care-food-program-cacfp

Choking Safety Poster
http://www.idph.state.il.us/about/choking.htm

Cookbook for Child Care Programs
http://www.teamnutrition.usda.gov/Resources/R4HK/cookbook-cc.pdf

Choose My Plate
http://www.choosemyplate.gov

Choosy Kids promoting healthy, active lifestyles
http://www.choosykids.com/

Do Dietary Supplements Improve Micronutrient Sufficiency in Children and Adolescents
https://www.ncbi.nlm.nih.gov/pubmed/22717218

Eating Right=Healthy Children!*
http://illinoisearlylearning.org/tipsheets/eating.htm

Illinois Child Care Bureau
www.illinoischildren.com

Illinois Department of Children and Family Services Licensing Guidelines for Nutrition and Meal Service
http://www.ilga.gov/commission/jcar/admincode/089/089004070G03300R.html

FCC Meal Plans over 1 yr.
http://www.ilga.gov/commission/jcar/admincode/089/08900406ZZ9996bR.html

Center Meal Plans
http://www.ilga.gov/commission/jcar/admincode/089/08900407ZZ9996eR.html

Institute of Child Nutrition
http://theicn.org/ResourceOverview.aspx?ID=203

Let's Move Child Care
http://healthykidshealthyfuture.org/

Let's Move Initiative
http://www.letsmove.gov/

Meal Planning
http://www.superhealthykids.com/healthy-meal plans.php

Menu Planning Tools for Child Care Providers
https://healthymeals.nal.usda.gov/menu-planning/menu-planning-tools/menu-planning-tools-child-care-providers

Say Yes to Healthy Snacks!*
http://illinoisearlylearning.org/tipsheets/healthysnacks.htm

St. Louis Dairy Council
http://www.stldairycouncil.org/Community-Programs/

USDA: Farm to Preschool
http://www.fns.usda.gov/farmtoschool/farm-preschool

*Spanish version available on link

General Links

Early Childhood News
www.earlychildhoodnews.com

ExceleRate Illinois homepage
www.excelerateillinois.com

Gateways i-Learning System - for online trainings
http://courses.inccrra.org

Gateways to Opportunity: Illinois Professional Development System
www.ilgateways.com

Head Start Early Childhood Learning & Knowledge Center (ECLKC)
http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc

Illinois Department of Children and Family Services Child Care Licensing Standards
www.illinois.gov/dcfs/aboutus/notices/Documents/Rules_407.pdf

Illinois Early Learning Project
www.illinoisearlylearning.org

National Association for the Education of Young Children (NAEYC)
www.naeyc.org

National Association for Family Child Care (NAFCC)
www.nafcc.org

Statewide Training Calendar
www.ilgateways.com/en/statewide-online-training-calendar

Notes

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