Lower Columbia College Head Start / ECEAP
Child Nutrition Policy

Policy
An important part of our program’s promotion of child wellness is the nutrition services our program provides, which supplement and compliment those of the home and community. Our program nutrition services include the following areas: the identification of each child's nutritional needs; the design and implementation of nutritional services programs; meal service; family assistance with nutrition; and food safety and nutrition. Procedures, in these five areas, are implemented to assist families in meeting each child’s nutrition needs and in establishing good eating habits that nurture healthy development and promote life-long well-being.
LOWER COLUMBIA COLLEGE HEAD START/EHS/ECEAP
Identification of Child Nutritional Needs Procedure

Our program promotes the well-being and healthy development of each child through ongoing communication between staff and families regarding child nutrition assessment data, family eating patterns, the child’s feeding schedules and eating preferences, and community nutritional issues.

1. a. During the Intake Appointment or Welcome Visit the child’s parent/guardian and staff member complete a Health and Developmental History/Nutrition Intake (Birth–12 months) form or a Health History/Nutrition Intake (1-5 years of age) form. The staff member interviews the parent guardian for information regarding family eating patterns, including cultural preferences and the special dietary & feeding requirements for children with nutrition related health problems or disabilities. At this time, the child’s food allergies/intolerances, parent observations and health concerns are discussed and recorded. As appropriate, a student Dietary Needs Questionnaire is completed.

b. Parent/guardians are informed of the benefits and enrollment procedures of food assistance programs such as WIC, Supplemental Nutrition Assistance Program (food stamps), Food Banks and other resources. As requested or needed the staff member gives a Community Food Assistance Resource list to the parent/guardian. Parents are also offered nutrition consultation.

2. Children’s nutrition assessment data (height, weight, hemoglobin/hematocrit) is obtained from their Primary Health Care Provider and/or through program screenings.

3. The above gathered nutritional information and data is used for the completion of each child’s nutrition assessment by the Nutrition Consultant.

4. A variety of sources are utilized for obtaining information regarding major community nutritional issues and may include: the Community Assessment, the Health Services Advisory Committee, State and local health department nutritionists, or community health organizations.
LOWER COLUMBIA COLLEGE HEAD START/EHS/ECEAP
Student Dietary Needs Questionnaire

This form is to be completed at the discretion of the Direct Service Team/EHS Staff.

Date: _______  Student Name: ___________________________  Date of Birth: _________

Parent Name: ______________________________________  Phone Number: ____________

Teacher Name: _______________________________  LOC ID: _______________________

Food(s) of Concern: _____________________________________________________________

...........................................................................................................

Reaction(s): ___________________________________________________________________

Please circle only one:

Health Care Provider Diagnosed Allergy  Parent Stated Allergy

Health Care Provider Diagnosed Food Intolerance  Parent Stated Food Intolerance

How does the parent address this food concern at home? _______________________________

...........................................................................................................

What can the parent do to assist the staff? (Food substitution list...) _____________________

...........................................................................................................

What can our staff do to assist the child? _____________________________________________

...........................................................................................................

Meeting to be arranged with Program Nutrition Consultant or Health Specialist? ________
(This must take place if the food allergy has not been diagnosed by a physician and the parent requests food substitutions.)
LOWER COLUMBIA COLLEGE HEAD START/EHS/ECEAP

Nutritional Services Procedure

An essential area of healthy growth and development is a nutrition program that meets each child’s nutritional needs, feeding requirements, and feeding schedules. A related area is the teaching of dental hygiene habits that preserve dental health throughout a child’s life. All nutrition services provided to program families is done culturally and linguistically appropriately.

1. Program parents and appropriate community agencies are involved in all areas of nutrition services through participation in the Health Services Advisory Committee, our program’s Nutrition Committee and involvement with community agencies such WIC and the Washington State Cooperative Extension program. Their participation ensures that menus and cooking styles take into account cultural and ethnic preferences, comply with Head Start and Departments of Agriculture and Health and Human Services recommendations and requirements, and fully use community food resources.

2. The USDA creditable food guide standards are used as a basis for determining the kinds and amounts of the food groups to be eaten each day. A variety of healthy foods are served daily and meet the recommended serving sizes.

3. The requirement of using USDA Child and Adult Care Food Program (CACFP) as the primary source of reimbursement, for meals for Head Start/EHS/ECEAP students, is followed.

4. Program menus and production records reflect providing our part-day children at least 1/3 of their daily nutritional needs. These records also reflect providing our full-day children with 1/2 to 2/3 of their daily nutritional needs. For Staff and Parent reference, a Childcare Food Program Food Chart is posted in each center kitchen and classroom.

5. Staff members, parents and community members work together to moderate the amount of fat, sugar, and salt in program meals.

6. Upon arrival at our centers, all children in a morning class, are offered a nourishing breakfast. (Infants are fed on demand.)

7. Meal and snack periods are appropriately scheduled and adjusted to ensure each child’s nutritional needs are met.

8. Direct Service Team members daily promote effective dental hygiene among children in conjunction with meals.

9. Parent and child nutrition education is provided at a minimum on a monthly basis.
Peanut and tree nut allergies are increasing in occurrence. Reactions range from a simple rash around the mouth to anaphylactic shock. Often people with these allergies carry an Epi-Pen injector for emergencies. Because peanut and tree nut allergies are challenging to control, a number of people may need to be involved in making the environment safe for the child in a Head Start classroom.

**Enrollment:**
- Talk with the parent about their child’s nut allergy. Ask the following questions:
  - What is the child’s reaction? (Ask parent to describe symptoms.)
  - How many times has the child had a reaction?
  - When was the last time the child had a reaction?
  - What affects the child? (Eating peanuts? Peanut butter on his skin? Breathing peanut fumes? Being around others after they have eaten a peanut product?)
  - Does the child have asthma or eczema?
  - Does the child need medication in case of a reaction?

**Before attendance:**
- Contact the Health Specialist for additional guidance.
- Send or Fax the CACFP Medical Disability Statement and Medical Mon-Disabling Statement to the child’s health care provider.
  - Request that the provider indicate if the child can eat food provided by the center with the exception of nut products.
  - Make sure the statement includes food substitutes.
- Notify your food service.
- Notify all staff.
- Ask the parent to review the program menu and cross out foods of potential concern.

**Environment:**
- Notify other parents that no nut products may be sent to class.
- Request that children wash their hands and face before coming to school if they have eaten any nut products.
- Post the Dietary Restriction List in a visible location in the classroom.
- Post a note at the entrance to the building regarding the nut free environment and to check with staff before bringing any food into the building.
- Carefully read the ingredient list on all food items prior to them being purchased for the program.

**Documentation:**
- Record all information in the student’s file.
- Review the health care provider’s recommendation.
- Keep a record of any medication administered.
- As appropriate, ask the parent to review, sign, and return the monthly menu before the first of the month, crossing out any foods that the child cannot eat.

**Emergency Treatment:**
- If emergency medication needs to be on hand, follow Medication Administration procedures.
- Ensure that all staff members are properly trained on administering emergency medication or Epi-Pen.
- Make sure that all staff members understand the plan in place and emergency procedures.
LOC ID: _____________

Lower Columbia College Early Head Start
Initial Nutrition Assessment

Child Name: ____________________________

Birthdate: ____________________________ Date: ____________________________

☐ EHS: Child Height/Weight (Age 2 and above) completed and BMI calculated OR Child Length/Weight (Birth to age 2) completed and appropriate percentiles determined and current.

☐ Nutrition Intake from Health History done on or after April 1st.

BOTH boxes above must be checked to complete form. (If NO is answered to one or both, STOP and RETURN report to the Disabilities/Health Assistant.)

Child 2+ Years Weight Status

☐ Underweight
☐ Healthy Weight
☐ Overweight
☐ Obese

Percentile Range
Less than the 5th percentile
5th percentile to less than the 85th percentile
85th to less than the 95th percentile
Equal to or greater than the 95th percentile

Child Birth to 2 Years

Weight for Age

☐ Less than the 5th percentile
☐ 5th percentile to less than the 85th percentile
☐ 85th to less than the 95th percentile
☐ Equal to or greater than the 95th percentile

Length for Age

☐ Less than the 5th percentile
☐ 5th percentile to less than the 85th percentile
☐ 85th to less than the 95th percentile
☐ Equal to or greater than the 95th percentile

Weight/Length for Age

☐ Less than the 5th percentile
☐ 5th percentile to less than the 85th percentile
☐ 85th to less than the 95th percentile
☐ Equal to or greater than the 95th percentile

Infant Head Circumference: ______________

☐ No Concern
☐ Concern

(Percentile)

IF OTHER THAN HEALTHY WEIGHT:

☐ Receives WIC
☐ Does NOT Receive WIC
☐ Not Eligible/5 year olds
☐ Attached WIC Referral Form

☐ Provided handout(s) to parent/guardian:

☐ Other (If applicable): ____________________________

(C: 11/13; R: 07/14)
Hematocrit/Hemoglobin (Child Age 1 or Older):
☐ No hematocrit or hemoglobin on report.
☐ Within normal limits.
☐ Below normal limits.

IF HEMATOCRIT/HEMOGLOBIN BELOW NORMAL LIMITS:
☐ Receives WIC ☐ Does NOT Receive WIC ☐ Not Eligible/5 year olds
☐ Attached WIC Referral Form
☐ FOLLOW-UP BLOOD TEST IS DUE: ________________________________
☐ Provided handout(s) to parent/guardian: __________________________
☐ Other (If applicable): ___________________________________________

Nutrition Intake:
☐ Diet Adequate ☐ Diet Inadequate

IF DIET INADEQUATE:
☐ Receives WIC ☐ Does NOT Receive WIC ☐ Not Eligible/5 year olds
☐ Attached WIC Referral Form
☐ Assessed as NOT needing information.
☐ Assessed as needing information and handout(s) provided: __________________
☐ Parent/guardian requested information and handout(s) provided: ________________
☐ Parent/guardian requested contact with Nutritionist and contact made.
☐ Two attempts to contact parent have failed; Family Advocate/EHS Staff to follow-up.
☐ Other (If applicable): ___________________________________________

Current WIC Participants:
☐ Due for 2nd Nutrition Education: ________________________________
  (Include Due Date)
☐ Due for Recertification: ________________________________
  (Include Due Date)
☐ Other: _______________________________________________________
  (Include Due Date)

Assessment Completed by: ________________________________________
  Registered Dietician / Nutrition Consultant  Date
Lower Columbia College Head Start/ECEAP

Initial Nutrition Assessment

Child Name: ____________________________ LOC ID: ________ Date: ________

☐ **Head Start/ECEAP:** Child Height/Weight completed and BMI calculated on or after June 1st.
☐ **Nutrition Intake from Health History done on or after April 1st.**

**BOTH** boxes above must be checked to complete form. (If NO is answered to one or both, STOP and RETURN report to the Disabilities/Health Assistant.)

<table>
<thead>
<tr>
<th>Child 2+ Years Weight Status</th>
<th>Percentile Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Underweight</td>
<td>Less than the 5th percentile</td>
</tr>
<tr>
<td>☐ Healthy Weight</td>
<td>5th percentile to less than the 85th percentile</td>
</tr>
<tr>
<td>☐ Overweight</td>
<td>85th to less than the 95th percentile</td>
</tr>
<tr>
<td>☐ Obese</td>
<td>Equal to or greater than the 95th percentile</td>
</tr>
</tbody>
</table>

**IF OTHER THAN HEALTHY WEIGHT:**

☐ Receives WIC ☐ Does NOT Receive WIC ☐ Not Eligible/5 year olds
☐ Attached WIC Referral Form

☐ Provided handout(s) to parent/guardian: ____________________________
☐ Other (If applicable): ____________________________________________

**Hematocrit/Hemoglobin:**

☐ No hematocrit or hemoglobin on report.
☐ Within normal limits.
☐ Below normal limits.

**IF HEMATOCRIT/HEMOGLOBIN BELOW NORMAL LIMITS:**

☐ Receives WIC ☐ Does NOT Receive WIC ☐ Not Eligible/5 year olds
☐ Attached WIC Referral Form

☐ FOLLOW-UP BLOOD TEST IS DUE: ______________________________________
☐ Provided handout(s) to parent/guardian: ____________________________
☐ Other (If applicable): ____________________________________________

**Nutrition Intake:**

☐ Diet Adequate ☐ Diet Inadequate

**IF DIET INADEQUATE:**

☐ Receives WIC ☐ Does NOT Receive WIC ☐ Not Eligible/5 year olds
☐ Attached WIC Referral Form

☐ Assessed as NOT needing information.
☐ Assessed as needing information and handout(s) provided: ________________
☐ Parent/guardian requested information and handout(s) provided: ________________
☐ Parent/guardian requested contact with Nutritionist and contact made.
☐ Two attempts to contact parent have failed; Family Advocate/EHS Staff to follow-up.
☐ Other (If applicable): ____________________________________________

Assessment Completed by: ____________________________

Registered Dietician / Nutrition Consultant ____________________________ Date __________

(C: 03/07; R: 11/13)
Lower Columbia College Head Start/EHS/ECEAP
Distribution of Nutrition Handouts

Date: ________________________  LOC ID #: ________________________
Child’s Name: ______________________________________________________

Direct Service Team/EHS Staff Member:

Please present the attached nutrition handouts to child’s parent/guardian during your Welcome Visit/next Home Visit and document in case management. Nutrition Intake information on the child’s Health History indicates a parent/guardian need/interest in the handout topic(s).

Handout Attachments:

_____ Healthy Families/Healthy Kids  _____ Calcium Handout
_____ Why Make Any Change?  _____ Kids Need Fruit
_____ Kids Need to Grow  _____ Focus on Fruit
_____ WIC Referral  _____ Kids Need Whole Grains
_____ Healthy Tips for Picky Eaters  _____ Kids Need Protein
_____ Choose My Plate  _____ Kids Need Vegetables
_____ Build a Healthy Meal  _____ Add More Vegetables to Your Day
_____ Eating Better On a Budget & Save More  _____ Anemia Fact Sheet
_____ Make Better Choices  _____ Cut Back on Sweets
_____ Get the Facts  _____ Turn On the Fun
_____ Kids Need Calcium  _____ Juice Talking Points
_____ Other ____________________________

Additional Handouts:

_____ Dangers of Secondhand Smoke

Handout(s) given to parent/guardian on: ____________________________

(Date & Staff Initials)

Place form in Student Site File following distribution of handouts to parent/guardian. This form is used for distribution of handouts, primarily in late summer/early fall, and is generated by the Health Coordinator or Program Assistant.

(C: 06/09; R: 12/17)
CACFP Parent/Guardian Request for Fluid Milk Substitution

Child’s Name __________________________________________

Milk Substitution Request:
If your child cannot drink fluid cow’s milk due to medical or other special dietary needs but does not have a diagnosed medical disability, you or LCC Head Start/EHS/ECEAP may choose to provide one of the approved non-dairy milk substitutes or creditable milk substitutes below, based on your request.

Identify why your child needs a milk substitute: __________________________________________

____________________________________________________________________________________

At this time, only five brands of non-dairy milk substitutes available in Washington are nutritionally equivalent to and may be served in place of cow’s milk:

• 8th Continent Soymilk (Original)
• Pacific Ultra Soy (Original)
• Great Value Original Soymilk
• Kirkland Organic Soymilk (Plain)
• Silk Original Soymilk

*The LCC Head Start/EHS/ECEAP Kitchen Manager selects which of the five brands our program provides.

By completing the information below, your child can be served the approved non-dairy milk substitutes or other creditable milks noted provided by LCC Head Start/EHS/ECEAP or provided by you.

_______ I request my child be served the program provided approved non-dairy milk substitute (Soymilk) as described above for meals that require milk.

_______ I will provide one of the non-dairy milk substitutes (Soymilk) described above for meals served to my child that require milk.

Cow’s Milk Substitution Request:
Providers may choose, but are not required, to serve lactose-reduced or lactose-free milk or organic milk to children in their care. If the provider does not serve these milks, the parent may bring the substituted milk for their child to consume while in care.

_______ I request my child be served 1% lactose-reduced or lactose-free milk (circle one) to be served in place of the milk served by the provider. (Whole lactose-reduced or lactose-free milk if the child is 12–24 months.)

_______ I will provide 1% or nonfat (circle one) organic milk to be served in place of the milk served by the provider. (Whole organic milk if the child is 12–24 months.)

Signature of Parent/Guardian: _______________________________ Date: ________________
CACFP REQUISICION DEL PADRE/TUTOR PARA SUBSTITUCION DE LECHE LIQUIDA

Nombre del niño: ________________________________

Solicitud para sustitución de leche:

Si su niño no puede tomar leche de vaca por una razón médica u otra necesidad de una dieta especial pero no tiene un diagnóstico médico, con base en su solicitud, usted o el LCC Head Start/EHS/ECEAP podrían elegir proporcionarle una de las leches sin lactosa o de las sustituciones de leche aprobadas en la lista presentada.

Identifique porque su niño necesita una sustitución de leche de vaca: ________________________________

Actualmente, solamente hay cinco sustitutos de marcas de leches sin lactosa disponibles en Washington que son nutricionalmente equivalentes y que podrían ser servidas en lugar de leche de vaca:

- 8th Continent SoyMilk (Original)
- Pacific Ultra Soy (Original)
- Great Value Original Soymilk
- Kirkland Organic Soymilk (Plain)
- Silk Original Soymilk

*The LCC Head Start/EHS/ECEAP Kitchen Manager selects which of the five brands our program provides.

Una vez que usted complete la siguiente información, a su niño se le podrá servir una sustitución de leche sin lactosa aprobada u otra leche que sea aprobada y proporcionada por LCC Head Start/EHS/ECEAP o por usted.

_______ Solicito que el programa le sirva a mi niño una de las sustituciones de las leches sin lactosa substitute (Soymilk) mencionadas en la lista presentada en la parte superior en todas las comidas en las que sea requerida servir leche.

_______ Yo proporcionaré una de las sustituciones de leche sin lactosa substitute (Soymilk) descritas en la lista de la parte superior para que sea servida a mi niño en todas las comidas en las que sea requerida servir leche.

Requisición de sustitución de leche de vaca:

Los proveedores podrían elegir, pero no están obligados, a servir leche de lactosa-reducida o sin lactosa, o leche orgánica, a los niños bajo su cuidado. Si el proveedor no sirve esas leches, los padres podrían traer la sustitución de la leche para que el niño la consuma mientras lo están cuidando.

_______ Solicito que el leche 1% lactosa-reducida o sin lactosa (circule) para que sea servida en lugar de la leche ofrecida por el proveedor. (Leche entera - lactosa reducida/sin lactosa- si el niño tiene 12-24 meses).

_______ Yo proporcionaré leche orgánica 1% o sin grasa (circule) para ser servida en lugar de la leche Ofrecida por el proveedor. (Leche entera orgánica si el niño tiene 12-24 meses).

Firma del Padre/Tutor: ________________________________ Fecha: ________________

Office of Superintendent of Public Instruction/Child Nutrition Services

(C: 06/13; R: 10/17)
Lower Columbia College Head Start/EHS/ECEAP
Guidance on Food Substitutes

Diet Orders are to be signed and dated by a State-Recognized Medical Authority who is a licensed health care professional authorized to write medical prescriptions in Washington State: Medical Doctor (MD), Doctor of Osteopathy (DO), Physician’s Assistant (PA) with prescriptive authority, Naturopathic Physician, or Advanced Registered Nurse Practitioner (ARNP). A child could be allergic and/or intolerant to multiple foods including a food listed as a substitute. Therefore, food substitutes listed on this document are a guidance only. Food substitutes for a specific child could need to be adjusted. This guidance is used by the program Kitchen Manager, the Health Specialist and Health Coordinator.

I. SECTION ONE: General outline of the foods to be omitted and foods to be substituted and wording to be used when completing a Diet Order.

FRUITS

Food to Omit: Food to Substitute:
Apricots Other Vitamin A Rich Fruits and Vegetables
Banana Other Fruits and Vegetables
Mandarin Oranges Other Vitamins A & C Rich Fruits and Vegetables
Oranges Other Vitamin C Rich Fruits and Vegetables
Pineapple Other Vitamin C Rich Fruits and Vegetables
Strawberries Other Vitamin C Rich Fruits and Vegetables
Tropical Fruit Other Vitamin C Rich Fruits and Vegetables
Fruit (Peaches, etc.) Other Fruits and Vegetables

VEGETABLES

Food to Omit: Food to Substitute:
Broccoli Other Vitamins A and C Rich Vegetables and Fruits
Carrots Other Vitamin A Rich Vegetables and Fruits
Cauliflower Other Vitamin C Rich Vegetables and Fruits
Romaine and/or Spinach Other Vitamin A Rich Vegetables and Fruits
Tomatoes Other Vitamin C Rich Vegetables and Fruits
Vegetable (Lettuce, etc.) Other Vegetables and Fruits

PROTEIN FOODS (Including Dairy)

Food to Omit: Food to Substitute:
Beans Cheese, Chicken, Fish, Ham, Turkey & Other Meats and/or Lentils
Cheese Chicken, Fish, Ham, Turkey & Other Meats and/or Lentils
Foods with Egg Foods without Egg
Fish (Cod, Halibut, etc.) Other Protein Foods
Ham Cheese, Chicken, Fish, Turkey & Other Meats and/or Lentils
Meat Other Protein Foods
Milk State What Parent/Guardian wants substituted (i.e. Almond Milk, Rice Milk, Water or Other Non-Dairy Fluid) Note: Our program does not provide juice.

Poultry Other Protein Foods
Soy & Foods with Soy Foods without Soy

Yogurt and/or Cottage Cheese Not Served as CACFP Meal Component; No Substitutions; “Extras”
Shell Fish (Crab, Shrimp, etc.) Not Served at Program
OTHER FOODS

Food to Omit: Food to Substitute:
Wheat (Foods with Wheat) Foods without Wheat
Gluten Gluten Free Foods

II. SECTION TWO: For program Food Service staff, this section further outlines the food substitutions purchased and provided by our program.

NO EGG FOOD ITEMS:
All Program Fruits and Vegetables, Meat / Entree Items: Chicken Nuggets, Chicken Patties, Diced Chicken (Chicken Enchiladas), Fish Nuggets, Ground Turkey (Soft Tacos), Sliced Ham, Diced Ham, Lentil Soup, Sliced Turkey & Taco Soup. Bread / Grain Items: Whole Wheat Tortillas, Corn Tortillas (these are a special purchase item), Whole Wheat Rolls, Whole Wheat Bread, Wheat Thins Crackers, Whole Wheat Hamburger Buns & Chow Mein Noodles (these are served as an “extra” with the Oriental Chicken Salad). Cereals: Cheerios, Rice Krispies & Grape Nuts Flakes. Cheeses: Shredded Cheese & Cheese Slices. 1% Milk served in the program to children 2 or older. Whole Milk served to children 1 year of age.

NO SOY FOOD ITEMS:
All Program Fruits and Vegetables. Meat / Entree Items: Diced Chicken (Chicken Enchiladas), Sliced Turkey, Sliced Ham, Diced Ham, Lentil Soup, Macaroni & Cheese, Ground Turkey (Soft Tacos) & Taco Soup. Bread / Grain Items: Corn Tortillas (these are a special purchase item) & Chow Mein Noodles (these are served as an “extra” with the Oriental Chicken Salad). Cereals: Grape Nuts Flakes, Rice Krispies & Cheerios. Cheeses: Shredded Cheese. 1% Milk served in the program to children 2 or older. Whole Milk served to children 1 year of age.

NO DAIRY FOOD ITEMS:
All Program Fruits and Vegetables. Meat / Entree Items: Diced Chicken (Chicken Enchiladas & Chicken Salad), Chicken Nuggets, Chicken Patties, Fish Nuggets, Tuna Salad, Sliced Turkey, Sliced Ham, Diced Ham, Lentil Soup, Ground Turkey (Soft Tacos) & Taco Soup. Cereals: Grape Nuts Flakes & Cheerios. Bread / Grain Items: Whole Wheat Tortillas, Corn Tortillas (these are a special purchase item), Whole Wheat Rolls, Wheat Thins Crackers, Whole Wheat Hamburger Buns & Chow Mein Noodles (these are served as an “extra” with the Oriental Chicken Salad). Condiments: These are always served as an “extra” and are not considered a meal component. Mayonnaise, Honey Mustard Dressing & Tartar Sauce.

GLUTEN FREE FOOD ITEMS:
All Program Fruits and Vegetables. Meat / Entree Items: Diced Chicken (Chicken Enchiladas), Ground Turkey (Soft Tacos), Sliced Turkey, Sliced Ham, Diced Ham, Lentil Soup & Taco Soup. Bread / Grain Items: Corn Tortillas, Gluten Free Bread & Muffins. These items are all specially purchased at the store.

COOKIES AND BROWNIES:
These mixes contain wheat, soy, eggs, dairy and nuts. Should not be served to program children with these dietary restrictions.

*SEE CURRENT DIETARY RESTRICTIONS REPORTS BEFORE PROVIDING FOOD SUBSTITUTES*
Lower Columbia College Head Start/EHS/ECEAP
Food Substitutions Procedure

I. No Substitutes for Condiments and Other Foods Not Required by USDA:
The LCC Head Start/EHS/ECEAP program does not provide substitutes for condiments and foods on program menus that are not food components for claiming USDA meals. These include but are not limited to the following: butter, fruit spread, salad dressing, mayonnaise, mustard, ketchup, cottage cheese and yogurt. If the parent does not want one or more of these foods offered to their child, a dietary restriction will be entered onto ChildPlus/Health and the child will not be offered the condiments/food(s). Unless the parent states that the food exclusion is based on a severe allergy, LCC Head Start/EHS/ECEAP staff will not request Health Care Provider Documentation. Meals are to be claimed for CACFP/USDA reimbursement.

II. Procedure to Provide Possible Substitute for Cow’s Milk:
   • Soymilk, Lactose Reduced or Lactose Free Milk
     If a parent wants their child to be provided Soymilk, Lactose Reduced or Lactose Free milk, then a Request for Fluid Milk Substitution form must be completed, signed and dated by the parent/guardian. LCC Head Start/EHS/ECEAP will then provide Soymilk, Lactose Reduced milk or Lactose Free milk as indicated on the form and count child’s meals for USDA reimbursement.
   • Organic Milk
     If a parent wants their child to be served Organic milk, then a Request for Fluid Milk Substitution form must be completed, signed and dated by the parent. LCC Head Start/EHS/ECEAP will not provide the Organic milk but the parent/guardian can. If parent/guardian does provide Organic milk (1% Preschool Children and Whole for Toddlers 1 to 2 years of age) then meals are to be claimed for USDA reimbursement.
   • Water, Almond Milk, Rice Milk or Another Fluid Food
     If a parent wants their child to be provided water, Almond milk, Rice milk or another fluid food as a substitute for cow’s milk, then a completed Request for Special Dietary Accommodations form must be signed and dated by the child’s parent/guardian and by the child’s Medical Doctor (MD), Doctor of Osteopathy (DO), Physician’s Assistant (PA) with prescriptive authority, Naturopathic Physician or Advance Registered Nurse Practitioner (ARNP). All sections of this form must be fully completed by the Health Care Provider in order for it to be valid. LCC Head Start/EHS/ECEAP will then provide the substitute and count child’s meals for USDA reimbursement. If health care provider documentation other than a Request for Special Dietary Accommodations form is received, cow’s milk will not be offered to the child, our program will not provide a substitute, and the child’s meals will not be claimed for CACFP/USDA reimbursement.

III. Procedure to Provide Possible Substitute for USDA Foods Other Than Milk:
If a parent does not want, a food offered to their child, that food will not be offered to their child. In order for our program to provide a substitute food, a completed Request for Special Dietary Accommodations form signed and dated by the child’s parent/guardian and by the child’s Medical Doctor (MD), Doctor of Osteopathy (DO), Physician’s Assistant (PA) with prescriptive authority, Naturopathic Physician or Advance Registered Nurse Practitioner (ARNP) must be on file or the exclusion of the stated food must be based on a religious belief. LCC Head Start/EHS/ECEAP will then provide a substitute and count child’s meals for CACFP/USDA reimbursement. The Intake Staff Member, Direct Service Team or Child & Family Development Specialist must: 1. Assist the child’s parent/guardian with completing the first section of the Request for Special Dietary Accommodations form which includes the parent/guardian signing and dating this section; 2. Send in a copy of the form, with the first section completed, to the Health Coordinator or Health Specialist for sending to the child’s Primary Health Care Provider or Specialist for requesting the completion of the “Diet Order” section of the form.
Federal law and USDA regulation require nutrition programs to make reasonable modifications to accommodate children with disabilities. Under the law, a disability is an impairment which substantially limits a major life activity or bodily function, which can include allergies and digestive conditions, but does not include personal diet preferences. Therefore, if a child’s Health Care Provider determines it is not appropriate to complete and/or approve the Diet Order portion of a Request for Specialist Dietary Accommodations form, the Health Specialist may convene and facilitate a Health Accommodation Plan meeting in order to discuss and assist in determining whether a food substitute will be provided or not. The main consideration for the meeting participants will be if there is any medical reason for providing a food substitute. Such as the parent/guardian reports child gets an upset stomach, diarrhea, gas, etc. from the food(s) to be omitted from child’s diet. (Health Accommodation Plan meeting participants include the child’s Parent/Guardian(s), Teacher, Family Advocate or Child & Family Development Specialist, Area Manager or EHS Supervisor and often the Health Consultant, Nutrition Consultant and Mental Health Specialist.) If it is determined a substitute for a food is to be provided, the Health Specialist will consult with the Program’s CACFP Specialist to determine if the child’s meals can be counted for USDA reimbursement or not. If at the Health Accommodation Plan meeting it is determined a substitute will not be provided, the child’s meal when excluding a USDA required food, will not be counted for USDA reimbursement.
LOWER COLUMBIA COLLEGE HEAD START / ECEAP
Food Safety and Sanitation Policy

Policy
Our program establishes and implements food safety and sanitation measures to protect the health and safety of everyone. Our program’s meal monitoring and health/safety checklist procedures incorporate the quarterly self-inspection of the cleanliness and safety of food; maintenance of correct food temperature; food handling practices; dish washing; insect and rodent control; cleanliness and maintenance of food preparation, service, storage, and delivery areas and equipment; water supply; garbage disposal methods and the health of food service personnel. Documents of compliance with food safety and sanitation laws are posted in each building. These postings include the current Health Department Food Program Permit and Employee Food Worker Permits. When contracting with food service vendors, only vendors that are licensed in accordance with applicable laws are used.
Hygiene - Daily
1. Clean hair, clothing and apron.
2. Hair up and off of shoulders.
3. Sturdy shoes (no open-toe shoes).
4. No exposed jewelry.
5. Wash hands before starting food preparation and after any interruption of food preparation.
6. Minimal contact of food by hands.
7. Vinyl gloves used appropriately.

Food Handling and Storage - Daily
1. Store leftovers safely. Use small, shallow containers.
2. Cold food placement within 30 minutes.
3. Transport food to classrooms in covered containers.
4. Package, label and refrigerate leftover food within 30 minutes.
5. "When in doubt, throw it out" policy followed.
6. Cook foods until they are "done".
7. Keep food from cross contamination with careful storage and sanitizing.
8. Unopened packages of food can be served another day.

Food Handling and Storage - Weekly
1. Non-perishables (dry food) are to be stored in tightly covered containers.

Food Temperatures - Daily
1. Cook foods to safe temperatures.
2. Keep foods cool - 40 degrees or below.
3. Cool foods quickly - 40 degrees or below.
4. Reheat foods to 165 degrees. "When in doubt, throw it out" policy followed.
5. Store potentially perishable foods at 40 degrees or below.
6. Cooked foods shall maintain a temperature of 140 degrees or above.
7. Take temperature of hot food items.

General Knowledge/Clean-Up - Daily
1. Utensils washed, rinsed and sanitized after every use.
2. Cutting boards washed, rinsed and sanitized after every use.
3. Equipment washed, rinsed and sanitized after every use.
4. Dishes washed, rinsed and sanitized after every use.
5. Tables washed, rinsed and sanitized before and after use.
   (Sanitize tables with diluted bleach solution prepared daily. Bleach Solution: ½ teaspoons + 24 ounces of water.)
6. In depth cleaning of toasters, warming ovens, etc.
7. Sweep and mop floor.
8. General clean up (wipe down areas).
10. Clean screens in dishwashers.

General Knowledge/Clean-Up - Weekly
1. Wash dishcloths and towels.
2. Rotate stock by storing foods so you use older food first.
3. Sanitize carts.
4. Clean Van - Transporters (each week and as needed).
5. Store dishes and utensils in cupboards.
6. Chemicals for cleaning and pest control are to be stored away from food, utensils and equipment.
Lower Columbia College Head Start/EHS/ECEAP
Food Health & Sanitation Checklist for Staff & Volunteers

Hygiene - Daily
1. Wash hands before starting food preparation and after any interruption of food preparation.
2. No exposed jewelry.
3. Minimal contact of food by hands.
4. Vinyl gloves used appropriately.

Food Handling and Storage - Daily
1. Store leftovers safely. Use small, shallow containers.
2. Cold food placement within 30 minutes.
3. Transport food to classrooms in covered containers.
4. Package, label and refrigerate leftover food within 30 minutes.
5. "When in doubt, throw it out" policy followed.
6. Cook foods until they are "done".
7. Keep food from cross contamination with careful storage and sanitizing.
8. Unopened packages of food can be served another day.

Food Handling and Storage - Weekly
1. Non-perishables (dry food) are to be stored in tightly covered containers.

Food Temperatures - Daily
1. Cook foods to safe temperatures.
2. Reheat foods to 165 degrees. "When in doubt, throw it out" policy followed.
3. Store potentially perishable foods at 40 degrees or below.
4. Cooked foods shall maintain a temperature of 140 degrees or above.

General Knowledge/Clean-Up - Daily
1. Utensils washed, rinsed and sanitized after every use.
2. Cutting boards washed, rinsed and sanitized after every use.
3. Equipment washed, rinsed and sanitized after every use.
4. Dishes washed, rinsed and sanitized after every use.
5. Tables washed, rinsed and sanitized before and after use.
   (Sanitize tables with diluted bleach solution prepared daily. Bleach Solution: ½ teaspoons + 24 ounces of water.)
6. General clean-up (wipe down areas)
7. Keep your workplace clean and safe.

General Knowledge/Clean-Up – Weekly
1. Chemicals for cleaning and pest control are to be stored away from food, utensils and equipment.
2. Store dishes and utensils in cupboards.
Temperatures of all hot food items must be taken and recorded each day.

Temperatures are to be taken and recorded:

- As needed during cooking;
- Immediately following the completion of cooking the food item and before placing it into hot holding;
- Upon removal from hot holding for delivery to centers;
- Upon delivery at the center;
- At the time of serving the hot food item;
Lower Columbia College Head Start/ECEAP  
Hot Food Temperature Log for Kitchen Use

Center: ____________________________

(Hot food holding temperature must be 140 degrees or above.)

<table>
<thead>
<tr>
<th>Item</th>
<th>Date</th>
<th>Temp #1</th>
<th>Temp #2</th>
<th>Temp #3</th>
<th>Temp #4</th>
<th>Temp #5</th>
<th>Temp #6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Please document date and temperature of all hot food items during cooking (as needed), upon completion of cooking, placing into hot holding, upon removal from hot holding for delivery to centers, upon delivery to centers and at the time of serving. Initial form and turn into supervisor when full.

(C: 02/01; R: 05/09)
LOWER COLUMBIA COLLEGE HEAD START/ECEAP
Hot Food Temperature Log for Transporting

<table>
<thead>
<tr>
<th>Item</th>
<th>Date</th>
<th>Start Temp</th>
<th>Broadway</th>
<th>Barnes</th>
<th>Castle Rock</th>
<th>Memorial Park</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Please document date and temperature of all hot foods at the time of delivery. Initial and turn into Food Service Supervisor at the end of each month.**

*The documenting of hot food temperatures is required by the Cowlitz County Health Department.*

Reviewed by Food Service Supervisor ____________________________ (initial and date)
Lower Columbia College Head Start / ECEAP
Homemade Treats Procedure

Due to health precautions, homemade treats are not to be part of our Head Start / ECEAP celebrations. Therefore, staff and parents are not to bring homemade food items to program classrooms, meetings or sites. Following this health precaution will assist in ensuring that students, parents and staff have a happy and healthy school year.
Lower Columbia College Head Start/ECEAP
Loading & Unloading Procedure for Transporting Food & Meal Supplies

1. Items loaded at LCC East Center into Food Service Vehicle: Food, paper products and other meal supplies.
   Staff Responsible: Individual(s) Transporting

2. Food that required prep is prepared and boxed by Individuals Cooking (if items have not been prepared, individuals transporting are to assist with preparation). Individuals cooking are to take and record the temperature of hot food items and relay this information to the individuals transporting.
   Staff Responsible: All

3. Two carts are loaded to transport food to the food service vehicle. One cart is loaded with items from the refrigerator; one cart is loaded with hot food items (however, depending upon load, only one cart may be needed).
   Staff Responsible: All

Menus will be posted on kitchen refrigerators at all sites. In addition, the individual transporting will keep a current copy of the menu in the chassis of the food service vehicle.

4. Individual driver pulls the food service vehicle up to the building to load the nutrition items. (Driver to note mileage at departure and completion of route. The food service vehicle gas tank is to be filled on Wednesday).

5. Carts are taken to the food service vehicle.
   a. Hot food is loaded into transporters. The individual(s), performing this task, simultaneously count each hot dish to ensure an accurate number of containers are being loaded.
   b. Cold food is load into transporters. The individual(s), performing this task, simultaneously count each cold dish to ensure an accurate number of containers are being loaded.
   c. Dry goods in boxes are loaded.
   d. Cart is loaded into the food service vehicle.
   Staff Responsible: All

6. Upon arrival at each site:
   a. The individual(s) transporting will temp the hot food items for that site.
   b. The individual(s) transporting will unload the cart and load the cold food items and dry items onto the cart.
   c. Hot food items are then loaded onto the cart.
   Staff Responsible: Individual(s) transporting

7. Food and dry goods are taken into the site kitchen or kitchen area.
   a. Hot food items are put in the proofer/warmer or oven depending upon the site.
   b. When appropriate:
      1) Milk is counted and rotated.
      2) Leftover bread is put into the freezer.
      3) Inventory of cracker supply is done.
   Staff Responsible: Individual(s) transporting.
1. On the Friday prior to a designated Monday Holiday or Staff Inservice, deliver a non-perishable snack to all sites. This snack is to be consumed on the Tuesday, following a designated Monday Holiday or Staff Inservice.

2. On the Tuesday, following a designated Monday Holiday or Staff Inservice day, deliver the snack to Castle Rock for the remainder of the week.

3. Designated Holidays and Staff Inservice days are stated on program menus.
LOWER COLUMBIA COLLEGE HEAD START/EHS/ECEAP
Food Service Form

Contact Person: _____________________________ Event: _____________________________

Location: _______________________________ Head Start

Date: _______________ Time: _______________

EHS

ECEAP

Other (Fatherhood Grant, etc.)

Number to be Served: _________________

Food Items Requested: ___________________________________________________________

_____________________________________________________________________________

Food Preparation: _______________________________________________________________

_____________________________________________________________________________

Nutrition Staff Needed for Serving?  Yes  No

Supervisor Approval ___________________________

Date: __________________

Food Service Staff Use ONLY

Costs

Food:  Supplies:  Labor:

White: Nutrition Staff  Yellow: Nutrition Staff Response Copy  Pink: Contact Person
Copy to Fiscal Department with receipts attached.

(C: 01/01; R: 04/10)
Lower Columbia College Head Start/EHS/ECEAP  
Classroom Small Refrigerator Temperature Log

Temperature for refrigerator must be maintained at equal to or less than 40° F.

Site Name: ___________________________  Room Number: ______________

<table>
<thead>
<tr>
<th>Date</th>
<th>Temperature at Start of Shift</th>
<th>Temperature at End of Shift</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Please turn in completed form to the Food Service Supervisor when form is full.
* Please make sure to include your site name and room number on the form.

(C: 08/15)
Lower Columbia College Head Start/EHS/ECEAP
Classroom Home-Style Refrigerator/Freezer Temperature Log

Temperature for refrigerator must be maintained at equal to or less than 40° F.

Site Name: ____________________________ Room Number: ________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Temperature at Start of Shift</th>
<th>Temperature at End of Shift</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Please turn in completed form to the Food Service Supervisor when form is full.
* Please make sure to include your site name and room number on the form.
# LOWER COLUMBIA COLLEGE HEAD START/ECEAP

## Ice Water Method for Thermometer Calibration

<table>
<thead>
<tr>
<th>Equipment/Ingredients</th>
<th>Quantity</th>
<th>Directions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-quart measure</td>
<td>1</td>
<td>1. Fill a 2-quart measure with ice.</td>
</tr>
<tr>
<td>Ice, crushed</td>
<td>to fill container</td>
<td>2. Add water to within 1 inch of top of container.</td>
</tr>
<tr>
<td>Cold water</td>
<td>to fill container</td>
<td>3. Stir mixture well.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Let sit for one minute.</td>
</tr>
<tr>
<td>Thermometer</td>
<td>1 per participant, if available</td>
<td>5. Place thermometer in container so that the sensing area of stem of probe is completely submerged (over the dimple).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6. Do NOT let the thermometer stem/probe touch sides or bottom of container.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7. Let thermometer stay in the ice water for 30 seconds or until the dial stops moving.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8. Thermometer should read between 30-34°F.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9. Repeat process with each thermometer.</td>
</tr>
</tbody>
</table>
# LOWER COLUMBIA COLLEGE HEAD START/EHS/ECEAP

## Thermometer Calibration Record

**Form Instructions**

Thermometers are to be checked on a weekly basis using the ice water method. Temperature should read between 30-34 degrees Fahrenheit. DST’s are to call the Food Service Supervisor if there are any discrepancies. Please forward the completed form to the Food Service Supervisor at the end of the program year.

Center ________________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Calibrated by</th>
<th>Date</th>
<th>Time</th>
<th>Calibrated by</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reviewed by Food Service Supervisor ________________________________

(initial and date)
Lower Columbia College Head Start/EHS/ECEAP
Classroom Meal Amounts for Transporting – Barnes and Broadway

Monday through Friday Transporting Schedule

**Monday:** Classes are in session for FD Class at Barnes (1 class), 3 PM Classes at Broadway and 1 PIC Class

**Tuesday – Friday:** Classes are in session for Barnes and PIC Class at Broadway (PIC closed Wednesday)

**Tuesday:** Classes in session for 3 PM ECEAP classes at BLC – **Wednesday:** Classes in session for 3 AM and 3 PM ECEAP classes at BLC (PIC Closed)

**Thursday–Friday:** Classes are in session for 3 AM ECEAP classes at Broadway

<table>
<thead>
<tr>
<th>Date:</th>
<th>Barnes</th>
<th>Broadway (Bev) Rm. 13</th>
<th>Broadway (Rochelle) Rm. 14</th>
<th>Broadway (Ginger) Rm. 15</th>
<th>Broadway (Crystal) Rm. 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>B – 1</td>
<td>B – 3</td>
<td>L – 1 B – 1 B – 1</td>
<td>L – 1 B – 1 B – 1</td>
<td>L – 1 B – 1 B – 1</td>
<td>L – 1</td>
</tr>
<tr>
<td>L – 1</td>
<td>L – 5</td>
<td>S – 1 L – 2 L – 1</td>
<td>S – 1 L – 2 L – 1</td>
<td>S – 1 L – 2 L – 1</td>
<td>L – 1</td>
</tr>
<tr>
<td>S – 1</td>
<td>S – 3</td>
<td>S – 1</td>
<td>S – 1</td>
<td>S – 1</td>
<td>S – 1</td>
</tr>
</tbody>
</table>
Lower Columbia College Head Start/EHS/ECEAP  
Classroom Meal Amounts for Transporting – Memorial Park and Castle Rock

**Monday through Friday Transporting Schedule**  
Mondays, classes are in session for Full Day classes at Memorial Park and Castle Rock  
Tuesday – Friday all classes are in session

<table>
<thead>
<tr>
<th>Date</th>
<th>Memorial Park</th>
<th>Castle Rock</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Monday:</td>
<td>Monday:</td>
</tr>
<tr>
<td></td>
<td>B – 1</td>
<td>B – 1</td>
</tr>
<tr>
<td></td>
<td>L – 1</td>
<td>L – 1</td>
</tr>
<tr>
<td></td>
<td>S – 1</td>
<td>S – 1</td>
</tr>
<tr>
<td></td>
<td>Tuesday – Friday:</td>
<td>Tuesday – Friday:</td>
</tr>
<tr>
<td></td>
<td>B – 3</td>
<td>B – 2</td>
</tr>
<tr>
<td></td>
<td>L – 5</td>
<td>L – 2</td>
</tr>
<tr>
<td></td>
<td>S – 3</td>
<td>S – 1</td>
</tr>
</tbody>
</table>
Lower Columbia College Early Head Start
Batch Dishwashing Procedure for EHS/Even Start Centers

This procedure is in place to reduce the risk of cross contamination by ensuring a sink, for hand washing, is available in the EHS/Even Start Center kitchens.

**Utensils Washing Sink – LEFT SINK**

- The right sink, of the kitchen’s 2-compartment sink, will remain empty and used only for hand washing except during the time that batch dish washing is taking place. The left sink can be used for holding dirty dishes as it is designated as a sink for washing utensils (tongs, baskets, etc).

**Hand Washing Sink – RIGHT SINK**

**Batch Dish Washing**

- Batch dish washing will only take place immediately following breakfast, lunch, snack or another event involving food. At that time, dishes are allowed in both sinks. Again, the right sink will remain empty at all other times.

- Immediately following batch dish washing, both sinks will be washed, rinsed and sanitized.
Lower Columbia College Head Start/EHS/ECEAP  
Food Service Cart Procedure for Classroom Staff  

Practices to Ensure the Safety of Students:

- When the food service carts come into the classroom, depending on what is on the menu for any given day, there may be a sharp knife and hot food pans on the cart. Therefore, supervision of the carts needs to take place at all times during meal service.

- Staff need to ensure that the children do not come into contact with the knife or hot food items that may be on the cart. **Immediately when the cart comes in to the classroom, the knife needs to be moved to a safe place until meal service begins.**

- **Know where the knife is at all times:** The knife will be encased in a sheath. Do not place the used/dirty knife back into the sheath after use. After meal service, place the knife at the bottom of the dish tub. Leave the sheath on top of the cart.

- Cutting Boards are provided on the carts. **Please do not use the cart tops to cut any food items.** This is not only an unsanitary practice, it is also expensive to replace the carts. If an additional cutting board is needed, please ask the food service worker to provide one.

- Ensure staff/child ratios are maintained during meal service.

- By following the above procedures we will ensure that the students are kept safe from harm during daily meal service.
LOWER COLUMBIA COLLEGE HEAD START/EHS/ECEAP
Family Style Meal Service

What is Family Style Meal Services?

Definition
A type of meal service that allows children to serve themselves from common platters of food, with assistance from supervising adults who set the example.

Philosophy
- Provides a mealtime atmosphere that allows children and adults to share responsibility in the feeding process.
- Allows a child to have more choices!
- Children are allowed to practice self-help skills.
- Increases opportunities for socialization.
- Encourages adults to set personal example and provide educational activities that are centered around foods.
- Allows a child to identify and be introduced to new foods, new tastes, and new menus.
- Promotes children to develop a positive attitude toward nutritious foods, sharing in group eating situations, and developing good eating habits.
¿Qué es el Servicio de Comidas Estilo Familiar?

Definición
Un tipo de servicios de comida que permite a los niños que ellos mismos se sirvan de un plato con comida para todos, con el apoyo de los adultos que los supervisan y quienes les muestran como hacerlo con el ejemplo.

Filosofía
- Proporciona una atmosfera de comidas que permite a los niños y a los adultos compartir la responsabilidad del proceso de alimentación.
- ¡Permite a los niños tener más opciones!
- Les permite a los niños practicar sus habilidades de independencia.
- Aumenta las oportunidades de socialización.
- Anima a los adultos a fijar con el ejemplo personal y proporcionar actividades educacionales centradas alrededor de la comida.
- Permite al niño identificar y ser introducido a nuevas comidas, nuevos sabores y nuevos menús.
- Promueve que los niños desarrollen una actitud positive hacia comidas nutritivas, compartir situaciones de comida en grupo y desarrollar buenos hábitos alimenticios.
Lower Columbia College Head Start/EHS/ECEAP
Annual Establishment of Program Meal Times Schedule

Each program year prior to the start of Home Visits for Early Head Start and Classes for Head Start/ECEAP, Area Managers submit the classroom meal times for each of their centers to the Kitchen Manager. All meal times submitted by Area Managers must fall within the Traditional CACFP Meal Times as stated below. If not, the Process to Request a Non-Traditional CACFP Meal Time must be initiated by the Area Manager. The Kitchen Manager will review all classroom meal time submissions to ensure all times are Traditional CACFP Meal Times. If any meal time submitted is not a Traditional CACFP Meal Time, the Kitchen Manager will follow-up with the Area Manager to ensure a request for a Non-Traditional CACFP Meal Time has been initiated.

Traditional CACFP Meal Times

<table>
<thead>
<tr>
<th>Meal Type:</th>
<th>Time Frame:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>Up to 9:30 a.m.</td>
</tr>
<tr>
<td>A.M. Snack</td>
<td>9 a.m.–11 a.m.</td>
</tr>
</tbody>
</table>

*Our program does not serve AM Snack for reimbursement;

<table>
<thead>
<tr>
<th>Meal Type:</th>
<th>Time Frame:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lunch:</td>
<td>11 a.m.–1:30 p.m.</td>
</tr>
<tr>
<td>P.M. Snack</td>
<td>1:30 p.m.–5 p.m.</td>
</tr>
</tbody>
</table>

Process to Request a Non-Traditional CACFP Meal Time

Any proposed deviation from the above time frame must be approved by the program’s CACFP Specialist. The following steps must be followed in this process:

- A center’s Area Manager must request any proposed time frame deviation for a meal type by contacting the Kitchen Manager, Health Specialist and Assistant Director.
- If not approved by the Kitchen Manager, Health Specialist and Assistant Director, the Health Specialist will contact the Area Manager with the decision.
- If approved by the Kitchen Manager, Health Specialist and Assistant Director, the Health Specialist will contact the program’s CACFP Specialist for CACFP approval.
- If not approved by the CACFP Specialist, the Health Specialist will contact the Area Manager, Kitchen Manager and Assistant Director and inform them of the decision.
- If the CACFP Specialist approves, the Health Specialist will request the Fiscal Specialist update the CACFP Application for the appropriate Center on the Washington Integrated Nutrition System (WINS) web site.
- The Fiscal Specialist will inform the Health Specialist when the CACFP Application, for the appropriate Center, on the Washington Integrated Nutrition System (WINS) web site has been updated and approved electronically by the program’s CACFP Specialist. The Health Specialist will then inform the Area Manager, Kitchen Manager and Assistant Director.

Creation and Distribution of Program Meal Times Schedule

The Kitchen Manager completes a Program Meal Time Schedule, verifies it’s accuracy with the Area Managers, shares it with all staff and gives it to the Fiscal Specialist to update the program’s Child and Adult Care Food Program (CACFP) application on the Washington Integrated Nutrition System (WINS) web site.
LOWER COLUMBIA COLLEGE HEAD START/EHS/ECEAP
Mealtime Policy & Procedure
(1-5 years of age)

Policy
Our Nutrition program meets the nutritional needs and feeding requirements of each child, including those with special dietary needs and children with disabilities, and contributes to the development, education and socialization of children.

Procedure
A. Medically-based diets or other dietary requirements are accommodated. (Prior to each family's Welcome Visit, the DST/EHS Staff will review the child's Site File for any stated food allergies or food intolerances, developmental and/or medical concerns. At the Welcome Visit, the DST/EHS Staff will review appropriate food allergy and food intolerance information and complete the Nutrition Intake portion of the Health History form by interviewing the child's parent/guardian. If the need for a food substitution and/or other accommodation related to meals is identified, the DST/EHS Staff will share this information with their DST/EHS Team Members, Area Manager and the Health Specialist prior to the child's first day of attendance and take appropriate steps as outlined in the program’s Food Substitution Procedure NUTR 1k.)

B. Toddlers will participate in family style meal service when developmentally appropriate. (See Family Style Meal Service)

C. Children will be offered the appropriate meal or snack within 30 minutes of the start of class. (Infants are fed on demand.)

D. The atmosphere at mealtimes will be relaxed and informal with children, staff, volunteers and guests eating together at the table family style. Staff needs to model eating all foods. Adults encourage interesting and pleasant conversation across a variety of topics including food and nutrition.

E. Children will help with preparation, setting, serving and cleaning-up of the meals including both table and floor. Children are encouraged to push chairs under the table.

F. Child-size chairs, tables and utensils will be used.

G. Food will not be used as a reward or punishment.

H. Children will be encouraged but not forced, to eat.

I. All food items must be offered, at least twice, to each child. Food is passed around the table. If a child has a completed CACFP Health Care Provider documented food allergy, the stated food item(s) will not be offered to the child and an appropriate substitute will be provided. (If the parent/guardian does not want a specific food offered and the appropriate Food Substitution form/document is not on file, that specific food will not be offered to their child. In this instance, the child's meal will not be counted. See classroom’s current Dietary Restrictions List.)
J. Care will be taken that the size of portions and number of servings will be based on each individual child.

K. Enough time will be allotted for meals so there will not be a rushed atmosphere.

L. A variety of foods will be served to encourage each child to try new foods and to take into consideration their cultural, ethnic, and religious backgrounds.

M. Hands are washed before eating. Teeth are brushed after eating lunch or snack. Staff also model and take part.

N. Spills are frequent, but no fuss is made. A child is encouraged to clean up his/her spill. Help can be offered.

O. Meal counts will be taken at mealtime.

P. Children, who arrive late and miss the first meal of the classroom day, will be offered one snack size serving of cheese and saltine crackers (1 slice or ½ ounce of cheese and 4 crackers). This food will be offered within 30 minutes of the child’s arrival. If the child refuses the food, the food does not have to be offered a second time. This snack is not “counted” on the Attendance and Meal Count form.
Lower Columbia College Head Start/ECEAP
End of Year Celebrations and Wish You Well Social Events

Direct Service Teams: Please complete the following and return copies of this form to your Area Manager and Kitchen Manager by the last day of April of the current school year.

End of Year Celebrations

To be held the last week of class before class, after class or in the evening. Cannot be combined with Wish You Well Social Event.

Teacher: ___________________________ Date and Time: ___________________________
Location: ___________________________ Number Attending: ___________________________
(Only your classroom families)

(Please let your Area Manager know the number of chairs needed for your celebration.)

If you are combining your celebration with another teacher(s), include their name(s) here:
Teacher: ___________________________ Teacher: ___________________________
Teacher: ___________________________ Teacher: ___________________________
(Do not include an attendance count for these classrooms. Each teacher needs to turn in a separate form.)

Menu: Cookies and Punch

Additional Information: __________________________________________________________

Wish You Well Social Event

To be held the last day of class during lunch time for part-day classrooms with a menu of hot dogs, fresh vegetables, fresh fruit, milk and water. The 6-hour classrooms will have their Wish You Well Social Events during the last two-hours of class and serve a snack.

Please note: This is a regular class day and your Wish You Well Social Event is to be held at your center. Parent/guardians or accompanying adults are strongly encouraged to attend the social. Please provide your parent/guardians with timely event information. This will allow time for you, your parents and Area Manager to problem solve any potential concerns. Safety is our primary concern during all program activities including your classroom’s Wish You Well Social Event. Please plan for this responsibility accordingly.

Teacher: ___________________________ Time and Date: ___________________________
Location: In Classroom OR Outside Number Attending: ___________________________
(Please circle one) (Students plus their Family Members = Total Number Attending)

If you are combining your event outside with another teacher(s), include their name(s) here:
Teacher: ___________________________ Teacher: ___________________________
Teacher: ___________________________
(Do not include an attendance count for these classrooms. Each teacher needs to turn in a separate form.)

Additional Information: __________________________________________________________

(C: 12/08; R: 05/18)
LOWER COLUMBIA COLLEGE HEAD START/EHS/ECEAP
Bottle and Breast Feeding Procedure

Bottle Feeding

- You may use powder, concentrate or ready-to-feed formula. Ready-to-feed is the most convenient and sanitary. All formula served in the center MUST be iron-fortified. (The label must state “with iron” or “iron-fortified”.) Low iron or other formulas may be served only as a dietary substitute when a physician prescribes and a copy is in the family file.
- Use either milk-based or soy-based, depending on what the parent gives the infant at home.
- Do not purchase cans of formula that have dents, bulges or rust spots.
- Check the expiration date on the formula lid or label to make sure the product is not too old.
- If a mother brings in her own unopened can of formula, date it with that day’s date, label with the child’s full name and only keep it at the center for one month.

Storing Formula and Breast Milk

- Refrigerate prepared bottles of formula for up to 24 hours.
- Bottles must be capped and labeled with the individual child’s name, date and time made.
- Powdered infant formula must be tightly covered and stored in a cool, dry place and used within one month of opening. Never store powered infant formula in the refrigerator as it can be exposed to water and temperature extremes that affect the quality of the formula.
- Opened cans of concentrated or ready-to-feed infant formula must be covered, refrigerated, and used within 48 hours. Do not freeze concentrated or ready-to-feed infant formula.
- Expressed breast milk may be stored in the refrigerator or freezer in either sterilized bottles or disposable plastic nursing bags. Have the mother label the bottle or bag with the date that the milk was expressed and her child’s full name.

Warming Bottles

A bottle must be warmed by holding it under warm tap water or placed in a container of water that is not warmer than 120 degree Fahrenheit. Test the temperature of milk or formula on the inner wrist before feeding to infants. If milk is too hot, wait a few minutes and repeat this test. Heating bottles in a microwave oven is a dangerous practice and not allowed! Do not allow bottles to warm at room temperature for more than an hour, to limit bacterial growth.

Store bottles and nipples so you don’t contaminate one while getting another. Store each clean nipple with a clean bottle and keep a cap on the bottle or store clean nipples, clean bottles, etc. separately. At the end of the day, dump all formula not used.
LOWER COLUMBIA COLLEGE HEAD START/EHS/ECEAP
Infant Feeding Procedure (Birth – 12 Months)

Philosophy
Each infant shall receive food appropriate to his or her nutritional needs, developmental readiness, and feeding skills as recommended by USDA Child and Adult Care Food Program. Staff and parent communicate regularly to update each other regarding feeding and nutrition information and concerns. Infants are held while being fed and are never lay down to sleep with a bottle. Infants are fed on demand. Program staff encourage and support mothers in the breast feeding of their infants.

Procedure
Infant Feeding Cues:
- Eye movement under closed lids
- Increased alertness
- Movements of arms and legs
- Tossing, turning or wiggling
- Mouthing
- Rooting
- Changes in facial expression
- Squeaking noises or light fussing
- Crying is a late sign of hunger

Solids and the USDA Infant Meal Pattern
When a baby is developmentally ready to accept them, solid foods must be served to make a reimbursable meal. By 4 to 6 months, most babies reach a point in their development when they can benefit from having foods other than breast milk or infant formula added to their diets. Prior to 4 to 6 months babies’ swallowing and digestive systems are not developmentally ready to handle solid foods. A baby’s weight or age alone does not determine his or her readiness for solids. Babies begin to show their desire for food by opening their mouths and leaning forward.

Babies are mature enough to begin learning to eat from a spoon when they can:
- Hold their necks steady and sit with support.
- Draw in their lower lips as a spoon is removed from their mouths, and
- Keep food in their mouths and swallow it rather than push it back out on their chins.

Babies show disinterest and fullness by:
- Leaning back
- Turning away
- Pushing the food out of their mouth
- Sealing their lips together
- Playing with the food, and
- Pushing the bottle or spoon away

USDA Child and Adult Care Infant Feed Pattern
Birth to 3 months    Breast milk or formula
4 through 7 months   Introduce: Infant cereal, vegetables and/or fruit
8 through 11 months  Introduce: Meat or meal alternatives, crackers and/or Bread, fruit juice (in a cup only)

Texture of solid food depends on developmental readiness and personnel choice of each child. Children generally begin with strained/pureed texture at 4 to 6 months, advance to mashed by 6 to 7 months, ground or finely chopped between 8 to 10 months and chopped at 11 to 12 months.
The cup should be introduced when the child can sit up and hold the cup. This generally happens around 6 to 8 months. Self-feeding and introduction of finger foods generally occurs around 8 to 10 months of age.

Communication between Caregivers and Parents
Good communication between the caregiver and parents is essential for successful feeding in general, including the introduction of solid foods. The decision to feed specific foods and develop a schedule of introducing new foods shall be made in consultation with parents. Caregivers shall consult with parents each day concerning which foods they have introduced and are feeding. The caregiver then follows the schedule of introducing new foods and is able to easily identify possible food allergies or intolerances. Let parents know what and how much their babies eat each day. Consistency between home and the child care setting is essential during the period of rapid change when babies are learning to eat solids.

Conversations and regular updates about the following information shall take place between staff and parents:
- Feeding schedules and meal patterns
- Amounts and types of food provided (including whether breast milk or formula and baby food is used)
- New foods introduced, and any food intolerances and preferences
- The child’s elimination patterns
- Observations related to developmental changes in feeding and nutrition

Holding infants while they are being fed: Promoting as healthy Feeding Relationship
It is important to hold infants and to establish eye contact while feeding them in order to enhance bonding and to establish a sense of security. This applies not only to feeding with a bottle, but also to introducing solids. The following techniques shall be used to focus on the feeding relationship and on the goal of helping each child learn eating skills and positive eating behaviors. Remember that eating is a complex behavior with skills and attitudes that are learned slowly, over time. If the relationship around feeding is positive and the food is appropriate for the child’s developmental stage and nutritional needs, the child will learn to be a competent eater.

Adults are responsible for what is presented to eat and the manner in which it is presented
- Choose foods that are developmentally appropriate. Discuss with parents what they have introduced so far. Discuss your observations with parents.
- Hold infants on your lap to introduce solids. He’ll be braver.
- Support him well in an upright position so he can explore his food.
- Have him sit up straight and face forward. He’ll be able to swallow better and be less likely to choke.
- Talk to him in a quiet and encouraging manner while he eats. Don’t entertain him or overwhelm him with attention, but do keep him company.

Children are responsible for how much and whether they eat
- Let the child touch the food and explore with his fingers.
- Feed at his tempo. Don’t try to get him to go faster or slower than he wants to.
- Allow him to feed himself with his fingers as soon as he shows an interest.
- Stop feeding when he indicates he has had enough.

As a child grows older, he or she may prefer to hold their own bottles, and may do so while in an adult’s arms or lap.

Older infants do not need to be held when eating solid foods. Instead, they may sit in a child-sized chair. An infant who is developmentally ready to sit in a chair can be brought to the table to eat with other infants and toddlers in a family style (modifying their menu as developmentally appropriate). It is important, however, to maintain eye contact with a child who is being fed, and to closely supervise all feeding activities in order to minimize risk of choking.
Lower Columbia College Early Head Start  
CACFP Infant Meal Form

Infant’s Full Name: ________________________________  Birthdate: ________________________________  

Formula Type: ________________________________  (Check components parent supplies below)

Center must offer at least one type of iron-fortified infant formula (IFIF) and required foods.  

Parents/guardians may choose to:  
- Decline offered formula and supply a different formula or breast milk, expressed or by breastfeeding on-site.  
- Provide their own foods in place of center-provided foods.  
- Parents/guardians cannot be required to provide infant formula or foods.

- Check the appropriate box when the infant is developmentally ready for a component.  
- Record and date Changes/Updates when a new component is started or changes are made  (i.e. infant switches from breast milk to center provided IFIF).

<table>
<thead>
<tr>
<th>Meal Components</th>
<th>Developmentally Ready</th>
<th>Parent Supplies</th>
<th>Changes/Updates</th>
<th>Date</th>
<th>Staff Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Milk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IFIF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iron-Fortified Infant Cereal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meat/Meat Alternate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fruit/Vegetable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grains</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Birth through 5 months

<table>
<thead>
<tr>
<th>Meal</th>
<th>6 through 11 months</th>
<th>6 through 11 months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breakfast/Lunch/Supper</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 4-6 fluid ounces breastmilk or formula | 6-8 fluid ounces breastmilk or formula; AND | 0-4 tablespoons infant cereal, meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or  
  - 0-2 ounces of cheese; or  
  - 0-4 ounces (volume) of cottage cheese; or  
  - 0-4 ounces of ½ cup of yogurt; or  
  - a combination of the above; AND  
  0-2 tablespoons vegetable or fruit, or a combination of both |

| **Snack**                     |                     |                    |
| 4-6 fluid ounces breastmilk or formula | 2-4 fluid ounces breastmilk or formula; AND | 0-½ slice bread; or  
  - 0-2 crackers; or  
  - 0-4 tablespoons infant cereal or ready-to-eat breakfast cereal;  
  - 0-2 tablespoons vegetable or fruit, or a combination of both |
**Instructions:** Complete this form for each infant and update as needed.

**Reminders:**

Record a meal or snack when:
- Center supplies all components
- Parent/guardian supplies only 1 component
  - Expressed breast milk is only component
  - Parent supplies breast milk or IFIF and center provides all other foods

Do not record a meal or snack when:
- Parent/guardian supplies more than one component
  - Center supplies infant cereal and parent supplies breast milk and fruits
  - Center supplies formula and parent supplies all other foods

Remember:
- Only 2 meals and 1 snack OR 1 meal and 2 snacks can be claimed per infant, per day.
Lower Columbia College Early Head Start
CACFP Infant Meal Form Procedure

The Child and Adult Care Food Program (CACFP) requires every enrolled infant have a completed CACFP Infant Meal form. Therefore, a CACFP Infant Meal Form NUTR 3g1 is completed on every enrolled EHS infant. *(At the Teen Center, Longview School District staff have this responsibility.)*

- The Home Base Child & Family Development Specialist completes a CACFP Infant Meal Form NUTR 3g1 with the child’s parent/guardian during the enrolled infant’s first or second EHS Home Visit. *(At the Teen Center, Longview School District staff have this responsibility.)*

- Completed forms are turned-into the Home Base EHS Area Manager. She retains the forms in a Notebook for meal use at Play and Learn Socializations. The Home Base EHS Area Manager routinely reviews and updates the forms with each infant’s parent/guardian. These changes/updates are recorded and dated on the infant’s CACFP Infant Meal form.

- When an infant has transitioned to being a toddler and being served the program’s toddler/preschool menu, the child’s CACFP Infant Meal form is filed in the Health Section of their Site file.
LOWER COLUMBIA COLLEGE EARLY HEAD START
Formula Offer Form

This form is completed during the enrollment process.

**Center Location:**  □ Longview Teen Program Center  
□ Play & Learn Social Groups

**LOC ID:** ________________

Child’s Name: ________________________________  Date of Birth: ______________

Parent Name: ____________________________  Phone: _________________________

Please check one of the below boxes:

□ I accept the LCC Early Head Start offer to provide formula to my child. Check one:
   □ Similac Advance  or  □ Enfamil ProSobee LIPL

□ From WIC, my child receives **Similac** Sensitive. Working with LCC Early Head Start staff,
   I will provide WIC documentation of this. LCC Early Head Start will then provide the
   needed formula.

□ My child has an identified allergy and/or need for a different formula. Working with LCC
   Early Head Start staff, I will provide health care provider documentation of the formula my
   child needs, which is: ________________________________(Name of Formula).
   LCC Early Head Start will then provide the needed formula.

□ I will provide ________________________________ (Note: “Breast Milk” or
   Name of Formula) to LCC Early Head Start to feed my child.

   Bottle Type: ________________________________  Bottle Nipple: __________________________

______________________________  ______________________
Signature of Parent/Guardian  Date

______________________________  ______________________
Signature of Staff Member  Date
<table>
<thead>
<tr>
<th></th>
<th>Birth through 5 months</th>
<th>6 through 11 months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breakfast/Lunch/Supper</strong></td>
<td>4-6 fluid ounces breastmilk or formula</td>
<td>6-8 fluid ounces breastmilk or formula; AND 0-4 tablespoons infant cereal, meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or 0-2 ounces of cheese; or 0-4 ounces (volume) of cottage cheese; or 0-4 ounces of ½ cup of yogurt; or a combination of the above; AND 0-2 tablespoons vegetable or fruit, or a combination of both</td>
</tr>
<tr>
<td><strong>Snack</strong></td>
<td>4-6 fluid ounces breastmilk or formula</td>
<td>2-4 fluid ounces breastmilk or formula; AND 0-½ slice bread; or 0-2 crackers; or 0-4 tablespoons infant cereal or ready-to-eat breakfast cereal; AND 0-2 tablespoons vegetable or fruit, or a combination of both</td>
</tr>
</tbody>
</table>

- Breastmilk or formula, or portions of both, must be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more.

- Infant formula and dry infant cereal must be iron-fortified.

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

- Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

- A serving of grains must be whole grain-rich, enriched meal, or enriched flour.

- Breakfast cereals must contain no more than 6 grams of sugar per dry ounce.

- Each component is required when the infant is developmentally ready to accept it.

- Fruit and vegetable juices may not be served.
Lower Columbia College Early Head Start
Nutrition Assessment Record for Expectant Mother

Expectant Mother’s Name: _________________________ LOC ID: _______ Date: ________

Expectant Mother’s Date of Birth: ______________________ Due Date: ______________

Hgb/Hct (Most Recent): □ WNL □ Low Weeks Gestation at Hgb Measurement: ______

Normal Hgb values: Up to 12 weeks gestation – 11.0 or higher; 13-24 weeks gestation – 10.5 or higher; 25 weeks gestation and above – 11.0 or higher

Plan to Breastfeed: □ Yes □ No Breast Feeding Education Scheduled: □ Yes □ No

Nutrition Education: __________________________________________________________

Pregnancy Weight Gain: □ High □ Low □ WNL Pre-Pregnancy BMI: ____________

<table>
<thead>
<tr>
<th>Pregnancy BMI</th>
<th>BMI + (kg/m2)</th>
<th>Total Weight Gain Range (lbs)</th>
<th>Rates of Weight Gain 2nd and 3rd Trimester (Mean Range in lbs/wk)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>&lt;18.5</td>
<td>28-40</td>
<td>1 (1-1.3)</td>
</tr>
<tr>
<td>Normal Weight</td>
<td>18.5-24.9</td>
<td>25-35</td>
<td>1 (0.8-1)</td>
</tr>
<tr>
<td>Overweight</td>
<td>25.0-29.9</td>
<td>15-25</td>
<td>0.6 (0.5-0.7)</td>
</tr>
<tr>
<td>Obese (includes all classes)</td>
<td>&gt;30.0</td>
<td>11-20</td>
<td>0.5 (0.4-0.6)</td>
</tr>
</tbody>
</table>

□ WIC Participant □ Not WIC Participant □ Referred to WIC

□ Due for Recertification □ Due for Nutrition Education □ Other ________________

WIC Program Goal: _______________________________________________________________________

_____________________________________________________________________________________

Notes: ________________________________________________________________________________

WIC Staff: ___________________________ Date: ______________________
1. Child Nutrition
   a. Child Nutrition Policy (*Revised 07/18*)
   b. Identification of Child Nutritional Needs Procedure (*Revised 04/10*)
      *(Includes Family Assistance with Nutrition Information)*
   c. Student Dietary Needs Questionnaire (*Revised 06/13*)
   d. *(Vacant)*
   e. Nutritional Services Procedure (*Revised 10/10*)
   f. *(Vacant)*
   f1. Peanut and Tree Nut Allergy Procedure (*Revised 07/17*)
   g. Initial Nutrition Assessment *(Revised 11/13)*
   g1. EHS Initial Nutrition Assessment *(Revised 07/14)*
   h. Distribution of Nutrition Handouts *(Revised 12/17)*
   i. *(Vacant)*
   j. CACFP Parent/Guardian Request for Fluid Milk Substitution (Eng./Sp.) *(R: 10/17)*
   k. Food Substitutions Procedure *(Revised 07/18*)
   k1. Guidance on Food Substitutes *(Created 09/18)*

2. Food Safety and Sanitation
   a. Food Safety and Sanitation Policy *(Revised 07/18)*
   b. Health & Sanitation Checklist for Nutrition Staff *(Revised 08/15)*
   c. Health & Sanitation Checklist for Staff & Volunteers *(Revised 08/15)*
   d. Hot Food Temperatures Procedure *(Revised 05/09)*
   e. DST Hot Food Temperatures Log Form *(Revised 05/09)*
   f. Hot Food Temperature Log for Transporting *(Revised 10/18)*
   g. Homemade Treats Procedure *(Revised 08/02)*
   h. Loading & Unloading Procedure for Transporting Food & Meal Supplies *(R: 07/07)*
   i. Monday Holiday or Staff In-service Food Service Delivery Procedure *(Revised 08/02)*
   j. Food Service Form *(Revised 04/10)*
   k. Classroom Home-Style Refrigerator Temperature Log *(Created 08/15)*
   k1. Classroom Small Refrigerator Temperature Log *(Created 08/15)*
   l. Thermometer Calibration Record *(Revised 06/11)*
   l1. Ice Water Method for Thermometer Calibration *(Created 09/06)*
   m. Classroom Meal Amounts for Transporting – Barnes/Broadway *(R: 08/18)*
   n. Classroom Meal Amounts for Transporting – Memorial Park/Castle Rock *(R: 05/18)*
   o. Batch Dishwashing Procedure for EHS/Even Start Centers *(Created 04/12)*
   p. Food Service Cart Procedure for Classroom Staff *(Created 08/16)*

3. Meal Service
   a. Mealtime Policy & Procedure (1-5 years of age) *(Revised 09/18)*
   a1. Family Style Meal Services (English/ Spanish) *(Created E-04/10; S-08/11)*
   a2. Annual Establishment of Program Meal Times Schedule *(Created 06/18)*
   b. Attendance and Meal Count Procedure *(See ERSEA 2a)*
   c. Attendance and Meal Count Form *(See ERSEA 2b)*
   d. End-of-Year Celebrations and Wish You Well Social Events *(Revised 05/18)*
   e. Bottle and Breast Feeding Procedure *(Revised 01/18)*
   f. Infant Feeding Procedure (Birth – 12 Months) *(Revised 08/14)*
   g. Formula Offer Form *(Revised 09/17)*

*(Revised 10/18)*
g1. CACFP Infant Meal Form (*Created 09/17*)
g2. CACFP Infant Meal Form Procedure (*Created 05/18*)
h. CACFP Infant Meal Pattern (Infant Cycle Menu) (*Revised 09/17*)

4. **Pregnant Women Nutrition**
   a. Nutrition Assessment Record for Expectant Mother (*Created 08/10*)