

*Utah Department of Health and Human Services, HEAL Program*

# Early Care and Education Nutrition, Physical Activity & Breastfeeding Policy Examples

## What's Inside?

Inside are customizable policy examples that provide examples of nutrition, physical activity, and breastfeeding for childcare providers to use or adapt to meet their own facility's needs.

The policy examples below are organized by topic with different headings for each policy. Select from the below policy examples and use the content as a foundation to create new policies in your facility.

The policy examples are as follows:

- **Nutrition Policies:** The nutrition examples include general nutrition information, recommendations, and best practices for children ages 0-7 years.
- **Physical Activity Policies:** The physical activity examples include general physical activity information, recommendations, and best practices specific to infants, toddlers, and young children.
- **Breastfeeding Policies:** The breastfeeding examples include recommendations and best practices from the American Academy of Pediatrics and CDC pertaining to breastfeeding, pacifier use, and feeding infants.

## I. Nutrition Customizable Policy Examples

Good nutrition in childhood is very important for several reasons. Good nutrition provides children with necessary vitamins and minerals and immune protection with breastmilk. It establishes a foundation for healthy eating habits and thus optimal health and chronic disease prevention through adulthood. Good nutrition also supports optimal development of young bodies and brains. Children need to learn healthy eating habits at a young age in order to develop good nutritional habits for life.

### *Food and Beverage Offerings*

**Cycle Menus:** A cycle menu of 3 weeks or greater that changes with the seasons is utilized, using a combination of new and familiar foods as well as foods from a variety of cultures. The daily menu offers 2-3 servings of fruits and vegetables, good sources of protein, and at least 2 servings of high-fiber, whole grains. Childhood favorites are included, but high fat meats and fried foods are limited to once per week or less. Food offerings include:

- (1) Whole or minimally processed, nutrient-rich foods;
- (2) Age-appropriate servings (portion sizes);
- (3) Foods that are low in fat, added sugars, and sodium;
- (4) A variety of whole fruits and vegetables;
- (5) Whole grain breads, cereals, and pastas.

**Fruit:** Fruit is offered to children at least 2 times a day. Fruit is either served canned in its own juice (no syrups), fresh, or frozen.

**Vegetables:** Vegetables are offered to children at least 2 times a day, specifically dark green, orange, and yellow vegetables, and root vegetables. Vegetables are only offered fresh, steamed, boiled, roasted, or lightly stir-fried with little added fat. Staff members encourage children to try developmentally appropriate servings of fruits and vegetables and offer positive reinforcement when a child does so.

**Salt:** The children's salt intake is limited by avoiding serving salty foods such as chips and pretzels. Salty foods are served less than once a week or never. Fried or pre-fried potatoes are never offered. Staff also avoid serving the children sugar,

including concentrated sweets such as candy, sodas, sweetened drinks, fruit nectars, and flavored milk.

**Unhealthy Fats:** This facility does not permit commercially prepackaged lunches that do not meet the requirements of the USDA Child and Adult Care Food Program or baked pre-fried or high-fat meats such as chicken nuggets and hot dogs; high-fat products (containing >35% of calories from fat); and high-sugar products (containing >35% of calories from sugar). Intake of sodium is limited by not adding salt to prepared foods and selecting foods that are low in sodium content. The facility limit oils by choosing monounsaturated and polyunsaturated fats (such as olive oil or safflower oil) and avoiding trans fats, saturated fats and fried foods.

**Water:** Drinking water will be readily available year-round, each day to encourage children to stay hydrated. Drinking water will be easily visible and available for self-serve both inside and outside. Parents may choose to bring a water bottle (with lid), or the center will provide a water jug and small cups for the children to serve themselves.

**Milk:** Skim milk will be served for children ages two and older. Children between the ages of 1-2 who are not on human milk (or using or prescribed formula) will drink whole pasteurized milk unless they are at risk for obesity or hypercholesterolemia, in which they will be served reduced fat (2%) pasteurized milk.

**Juice:** Only 100% juice with no added sweeteners will be served. Juice is offered only during mealtimes, 2 times a week or less. Children ages 1-6 years of age will be served no more than 4 to 6 oz juice/day. Children ages 7-12 years of age will be served no more than 8 to 12 oz juice/day. Sugary drinks are never offered, and soda and other vending machines are located offsite.

### *Special Occasions*

**Holidays:** As part of the facility's commitment to encourage healthy habits, special occasions and holidays are celebrated with limited sugary treats. Parents are asked to bring non-food type items for celebrations, such as birthdays or holidays. Holiday festivities at the center are celebrated with healthy snacks, and non-food items (small toys, crayons, stickers). Parents may bring in a special treat to celebrate your

child's birthday, but it is asked that it be an age-appropriate non-food item (such as stickers, bubbles, sidewalk chalk, crayons, playdough, a donated classroom book, or donated classroom supplies) or a healthier store packaged snack item (such as: crackers, string cheese, applesauce, or fruit/veggies). During celebrations and holiday parties, children are offered developmentally appropriate servings of fruits and vegetables rather than foods with a high percentage of sugars, salts, or fats. Celebrations/holidays will focus on non-food, fun-filled activities, such as scavenger hunts, arts and craft projects and/or field trips. Fundraising should consist of selling non-food items only.

### *Food Brought from Home*

**Fruits and Vegetables:** Parents are to include fruits and vegetables in packed lunches, or any other food brought from home.

**Protein:** For packed meals from home, families are expected to provide developmentally appropriate servings of protein such as lean meat, skinless poultry, fish, cooked beans or peas, nut butters, eggs, yogurt, or cheese. Commercial prepackaged lunches or baked pre-fried or high-fat meats such as chicken nuggets and hot dogs are not permitted.

### *Staff Role*

**Manners:** Staff will teach and encourage developmentally appropriate table manners through enjoyable, interactive lessons and actively involving the children. Staff will also model appropriate table manners.

**Staff Training:** Staff will provide training opportunities on nutrition (other than food safety and program guidelines) for staff two times per year or more.

**Modelling Good Behavior:** Staff never eat less healthy foods in front of the children.

### *Mealtimes*

**Handwashing:** Before eating or serving, children and teachers will thoroughly wash their hands. Teachers will actively teach and supervise good handwashing techniques.

**Punishment:** Food and/or beverages are NOT used as a reward or punishment, nor are children rewarded or punished for what they decide to eat. Food is NOT withheld as a punishment, and children are not forced to eat a specific food or amount before getting an item or moving on to another activity.

**Modelling Good Behaviors:** Staff will sit with the children during mealtimes and eat the same meal/snack the children are eating. They will model trying new foods and gently and positively encourage children to try less favorite healthy foods. They teach children appropriate portion size by using plates, bowls and cups that are developmentally appropriate to their nutritional needs. Staff members talk with children about trying and enjoying healthy foods.

**Family Style:** Meals are served family style with small-sized, age-appropriate portions. Children are not forced to eat.

**Portions:** Staff members will help children to determine if they are full before removing their plate, and to determine if they are still hungry before serving additional food. Children are permitted to have one or more additional servings of the nutritious foods that are low in fat, sugar, and sodium as needed to meet the caloric needs of the individual child. Staff teach children who require limited portions about portion size and monitor their portions.

### *MyPlate, Nutrition Education, and Obesity Prevention*

**MyPlate:** Nutrition education is an important part of the curriculum. MyPlate is built into daily lesson plans, and teachers utilize these principles throughout the day. MyPlate posters and pictures of healthy foods are included and displayed in each classroom.

**Garden:** Children are invited to help plant and care for an on-site vegetable garden. They also help harvest the herbs and vegetables. Children are involved in hands-on gardening activities, such as planting, weeding, watering, harvesting, cooking, food preparation, and taste testing as appropriate.

**Helping:** Children help set up, clean up, and sometimes assist in meal preparation, as developmentally appropriate.

Variety: Children are given the opportunity to identify, taste, and enjoy a variety of foods that are culturally significant or locally grown.

Child Education: Nutrition education is provided for children through a standardized curriculum 1 time per week or more.

Parent Education: Nutrition education opportunities are provided to parents 2x per year or more.

Obesity Prevention: This program is mindful of the relationship of feeding and other activities in the prevention of obesity. Teachers/ caregivers provide opportunities for children to learn about serving and choosing healthful foods and portions, enjoy mealtime as a socialization opportunity, avoid engaging in other activities while eating, participate in recommended amounts of structured and unstructured moderate to vigorous physical activity every day, and limit their screen time while in child care.

Visuals: Visible support for healthy eating is provided in classrooms and common areas through use of posters, pictures, and displayed books.

### *Pacifiers and Solid Foods for Infants*

Pacifiers: Pacifiers should not be used before breastfeeding is established. When breastfeeding is being established, pacifiers will not be used. The facility is required to label all infant pacifiers.

Table Foods: To infants aged 6 months up to one year of age, staff serve whole, fresh table foods in the form of fruits and vegetables, mashed or pureed. This helps set the foundation for infants feeding themselves after they are one year of age. Staff will introduce table foods to infants starting when the infant is at least six months of age and developmentally ready. Table foods will be healthy, unprocessed foods that will introduce baby to different textures and finger foods.

Since most babies have developed the dexterity to pick up food with their fingers and try feeding themselves by nine months, table foods allow them to grab foods off of their tray and try new healthy options while also learning to feed themselves. Staff will let the babies lead the feeding. Staff are trained on foods that are choking

risks and only serve table foods that are small and soft enough for baby. When developmentally appropriate, booster seats will be used. Children will not be alienated because they're in a high chair; instead, they will be around other children in high chairs and have meals at the same times.

**Solid Foods:** Staff will develop a plan for introducing age-appropriate solid foods (complementary foods) in consultation with the child's parent/guardian and primary care provider. Staff will introduce age-appropriate solid foods no sooner than 4 months of age, and preferably around 6 months of age.

**Formula:** Staff will not feed infants formula mixed with cereal, fruit juice or other foods unless the primary care provider has provided written instruction.

## II. Physical Activity Customizable Policy

### *Physical Activity for Infants (up to 12 months old)*

**Physical Activity:** Children are encouraged to be physically active and to join in active play for a number of important reasons. Children who engage in active play are shown to develop communication and social skills earlier, build gross motor skills, and establish a foundation for lifelong health and well-being. Physical activity helps children to build strong bones and muscles, and prevents chronic diseases such as childhood obesity, heart disease, and diabetes. Children who are physically active are likely to perform better in school, have improved cognition, and stay physically active throughout the rest of their lives.

**Tummy Time:** At least 30 minutes of tummy time is provided for each infant. When awake, infants will be placed on a blanket or mat on his/her stomach, with a variety of toys, and will be actively supervised by a teacher. This practice encourages gross motor development and healthy activity. While awake, the amount of time infants spend in confining equipment is limited.

**Activities:** Infants are exposed to a variety of stimulating and developmentally appropriate activities, including: going outside on a daily basis. Teachers may take children on walks, to play on the playground, or other activities that exposes children to nature.



Screen Time: Infants will not have any screen time.

Reading: Teachers will read to each child during the day.

### *Toddlers (12 months to 36 months)*

Physical Activity: Toddlers are provided with at least 30 minutes of structured activity and at least 60 minutes of unstructured activity each day. Toddlers are not seated for periods of more than 30 minutes.

Activities: Children have many opportunities for exercise, such as walks in the neighborhood, dancing, going through an obstacle course, playing ball games, pulling and riding on wheeled toys, and other activities such as those suggested in reliable resources (Early Care and Education Physical Activity & Nutrition Templates and Policies).

Weather: Weather permitting, the children will play outside at least 2-3 times per day. Children are to be provided with appropriate seasonal clothing and footwear to play outdoors. Children have outdoor play for 60 to 90 minutes per day except in adverse weather conditions that require shorter periods outdoors. If outdoor time is shortened, children have compensatory increased indoor periods of active play so the total exercise time remains the same. Indoor play space is available for all activities, including running.

Sun Protection: Because ultraviolet radiation is most intense between 10:00 am and 2:00 pm, to the extent possible, outdoor play is not scheduled during these hours. If outdoor play occurs during these peak hours, children and staff members use activities in the shade, sunscreen and sun-protective clothing, and sunglasses and wide-brimmed hats that shadow the eyes, ears, face, and neck. The sunscreen used by staff does not contain potentially harmful chemicals, such as oxybenzone, avobenzone, or octocrylene. We use sunscreen that contains a combination of zinc oxide and titanium oxide, which is recommended by both leading dermatologists and the FDA. Please note, the use of sunscreen or sunblock must be authorized by a parent or guardian. Similar precautions are used to prevent injury from reflection of the sun by water, snow, sand, and cement at any time of day.

### *Preschool-aged Children (3-5 years old)*

**Physical Activity:** Preschoolers are provided with at least 120 minutes of active play time each day. Children are not seated for periods of more than 30 minutes.

**Screen Time:** Children 3 years and older have no more than 30 minutes of screen time once a week while in the facility and only for educational or physical activity. Children do not have any screen time during meals or snacks.

**Activities:** Children have many opportunities for exercise, such as walks in the neighborhood, dancing, going through an obstacle course, playing ball games, pulling and riding on wheeled toys, and other activities such as those suggested in reliable resources.

**Weather:** Weather permitting, the children will play outside at least 2-3 times per day. Children are to be provided with appropriate seasonal clothing and footwear to play outdoors. Children have outdoor play for 60 to 90 minutes per day except in adverse weather conditions that require shorter periods outdoors. If outdoor time is shortened, children have compensatory increased indoor periods of active play so the total exercise time remains the same. Indoor play space is available for all activities, including running.

**Sun Protection:** Because ultraviolet radiation is most intense between 10:00 am and 2:00 pm, to the extent possible, outdoor play is not scheduled during these hours. If outdoor play occurs during these peak hours, children and staff use activities in the shade, sunscreen and sun-protective clothing, and sunglasses and wide-brimmed hats that shadow the eyes, ears, face, and neck. The sunscreen used by staff does not contain potentially harmful chemicals, such as oxybenzone, avobenzone, or octocrylene. We use sunscreen that contains zinc oxide and titanium oxide, which is recommended by both leading dermatologists and the FDA. The use of sunscreen must be authorized by a parent or guardian. Similar precautions are used to prevent injury from reflection of the sun by water, snow, sand, and cement at any time of day.

### *Staff Role*

**Physical Activity:** Teacher-led physical activity is provided to children two or more times per day. The staff will ensure that children receive the recommended amounts of physical activity at the recommended intensity. Moderate intensity

physical activity involves activities like walking and bike riding that moderately raise heart rate. Vigorous intensity physical activity involves activities like jogging, running, or biking uphill that raise their heart rate higher.

**Obesity Prevention:** Staff promote developmentally appropriate physical activity to help children (and themselves), prevent overweight/obesity, and practice lifetime healthful habits.

**Punishment:** Teachers/caregivers do not use or withhold physical activity for punishment. Children whose behavior is not compatible with safe and appropriate interactions with other children have an opportunity to calm themselves before resuming cooperative play activities by staying near but not within the group of children who are playing.

**Structured Activities:** Teachers/caregivers lead 2 or more structured activities or games that promote moderate to vigorous physical activity over the course of the day, indoors or outdoors. Structured activities are inclusive and ensure that all children are able to participate in the physical activity at the same time, rather than one child doing an activity while others watch and wait their turn. Structured activities are scheduled to come before more sedentary (nonmoving) curricular activities because children may be more attentive and learn better after periods of physical activity.

**Training:** Staff is trained on physical activity 2 times per year or more. Staff are trained to provide physical activity education for children through a standardized curriculum 1 time per week or more.

**Parents:** Staff offer physical activity education opportunities to parents 2 times per year or more.

**Visuals:** The staff and the facility provide visible support for physical activity is provided in 0 to 5-year-old classrooms and common areas through use of posters, pictures, and displayed books.

### III. Breastfeeding Customizable Policy Examples

**Breastfeeding:** Breastfeeding is normal nutrition. It provides plentiful health benefits for both babies and their mothers and is the gold standard for infant nutrition. Often called the “fourth trimester” or the “perfect food” for human babies, breastmilk components are perfectly matched to provide needed nutrition, immune protection, and be easily absorbed by the immature digestive systems of infants. Breastmilk is also convenient, conserves financial resources, provides all the energy and nutrients that the infant needs for the first months of life, and reduces the risk of developing chronic diseases (including obesity and diabetes) later in life. This is a breastfeeding-friendly facility that promotes and encourages breastfeeding.

### *Breastfeeding is Welcome*

**Breastfeeding is Welcome:** This facility demonstrates that breastfeeding is an important health priority. It is essential to provide both sensitivity and a variety of services to breastfeeding mothers and their babies. Prenatal education on breastfeeding is administered to expecting mothers that wish to participate. Prenatal classes, meetings, resources, and books on breastfeeding will be given, as well as breastfeeding support. Staff members are empathetic and provide privacy and encouragement to breastfeeding mothers.

**Encouragement:** Staff members encourage and support breastfeeding mothers to continue breastfeeding, including feeding expressed human milk when the mother is unable to breastfeed her infant. Staff accommodate the comfort and privacy of mothers who wish to nurse on-site. Staff members also encourage breastfeeding mothers to breastfeed at drop-off and at pick-up, if she so desires. Infant formula is not fed to a breastfed infant without the mother’s written permission to do so.

**Support:** Ongoing support is provided to breastfeeding mothers, such as opportunities to breastfeed their baby when possible including but not limited to drop off, lunch time/breaks or at pick up. Staff will have a communication process in place to accommodate the mother to best breastfeed versus giving bottles (e.g., holding of bottles, if possible, when mom is due to arrive). Mothers are encouraged to come in person and breastfeed a child, and are always welcome to do so during the day or anytime. Women are provided with a comfortable space and are

welcomed to breastfeed anywhere in the facility, including the classroom. Each infant classroom has comfortable seating for mothers to use during breastfeeding.

### *Area for Breastfeeding and Pumping Breast Milk*

**Breastfeeding Accommodations:** In accordance with state and federal law, this program provides a clean, private area with comfortable furniture for mothers who can come from work to breastfeed. The designated room will be maintained in a clean and sanitary condition. This area has an electric outlet available to use a breast pump. Employees who are expressing milk for their babies may use this area also. The facility shall provide reasonable accommodations for nursing mothers. The facility shall provide the following in a designated area:

- i. Table
- ii. Chair
- iii. Electrical outlet
- iv. Refrigerator access, (clean and well-maintained), and
- v. Microbiological wipes/cleanser

**Storing Breastmilk:** Breastfeeding mothers and staff may store expressed milk in a break room refrigerator, a designated refrigerator, or the employee's personal cooler. Containers shall be labeled with the employee's name.

### *Expressed Breastmilk*

**Expressed Human Milk:** Expressed human milk must be in a sanitary BPA-free bottle or, if the milk will be fed within 72 hours of collection, in a breast milk bag/bottle system to which a nipple is or can be attached for feeding. Human milk is stored immediately on arrival at the facility in a refrigerator or, if frozen, a freezer. Families are encouraged to bring human milk in volumes appropriate for a single feeding and, in addition, in some small quantities that can be used judiciously and preserved at breast feeding.

**Bottles:** Formula and breastmilk bottles brought from home must be:

- A clean bottle is required for each feeding of breast milk.
- Filled with what breast milk you feel your child will drink in one feeding.
- Labeled with the child's full name
- Labeled with the date and time of preparation or opening of container
- Kept refrigerated if needed

- Discarded within 24 hours of preparation or opening
- Milk can come frozen in labeled breast pump bottles – no frozen bags

All formula and breastmilk bottles will be stored in labeled bags in the infant kitchen refrigerator. Once a bottle is warmed, the caregiver will have no more than 1 hour to feed the contents of the bottle to the baby. Caregivers will provide parents with a written daily record of their infant's eating and sleeping patterns.

Feeding: Infants are fed on cue and are not fed beyond satiety. The infant stops the feeding. Staff will follow the guidelines of the American Academy of Pediatrics for bottle-warming. Staff should use a bottle warmer for bottle-warming, or, if a bottle warmer is not available, by placing bottles in a bowl of hot water for a few minutes. Staff will sprinkle a few drops of milk on the wrist to make sure the milk is lukewarm so it does not scald or harm the baby.

### *Feeding Plans*

Feeding Plan: Staff will work with each family to develop a feeding plan for their child, including feeding practices to help maintain breastfeeding success. Staff will plan with parents their baby's regular feeding schedule, how the baby is to be fed, how breast milk is to be stored and served, and what to do if the baby is hungry and mom is either unavailable or her supply of expressed breast milk is gone. Artificial baby milk (formula) and solid foods will only be provided if the parent requests. Babies will be held closely when feeding and bottles will never be propped. Infants are held while bottle feeding and positioned in the employee's arms or on the employee's lap. Feeding plans will be coordinated with the mother's schedule and updated weekly and upon request from the parents.

### *Staff Training*

Training: Upon hire, and annually, teachers are trained to be supportive of breastfeeding mothers and sensitive to their needs. Staff continue learning about ways to support parents in protection, promotion and support of breastfeeding. All staff members will receive with continuing education to support breastfeeding families. The staff will work with local community partners to ensure employees receive the most up-to-date information to promote and support breastfeeding families.

Handling Milk: Staff will be trained on the proper handling of breastmilk. All childcare center staff will be trained in the proper storage and handling of human milk. The center will follow guidelines from the American Academy of Pediatrics and Centers for Disease Control and Prevention in ensuring that breast milk is properly treated to avoid waste. Special precautions are not required in handling human milk.

### *Employees that are Breastfeeding*

Breastfeeding Employees: 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. They may take unpaid leave for time used beyond normal lunch and breaks.

### *Breastfeeding Promotion*

Promotion: The center will provide information on breastfeeding, including the names of area resources should any questions or problems arise. In addition, positive promotion of breastfeeding will be on display in the center. Educational literature and breastfeeding handouts are available when requested to help with breastfeeding support.