

SECTION 7

EATS AND TREATS

{Nutrition}

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Role of the Dietitian:

The **Public Health Nutritionist/Dietitian** provides advice and information on menu planning for day nurseries including both snacks and main meals. The Public Health Nutritionist/Dietitian is available for workshops and/or presentations to day care providers on childhood nutrition, nutrition activities, and menu planning for day cares.

Nutrition for Day Cares

Each day nursery will ensure that adequate quantities of a variety of nutritious foods are provided daily to the children.

Lunches are to consist of foods from all four food groups as outlined in Canada's Food Guide to Healthy Eating (enclosed): Grain Products, Vegetables & Fruits, Milk Products, and Meat & Alternatives. Snacks are to consist of foods from at least two of the four food groups.

Proper food handling techniques are required. The Health Unit presents food handler training courses periodically. Call the Health Unit for more information at 1-800-660-5853 (345-5685). Also refer to Nasty, Icky Bugs – Prevention, page 2.

The current week and following week's menus should be posted for parents. These menus should be retained for at least 30 days.

An allergy list must be posted in both the cooking and serving areas. Menu substitutions must be recorded on the menu and in the daily log or the child's file.

For more information on nutrition in day cares, contact the Leeds, Grenville, and Lanark District Health Unit's Health Action Line at 1-800-660-5853 and ask to speak to a Registered Dietitian.

Adapted from KFL&A Health Unit

Resources available from the Leeds, Grenville, and Lanark District Health Unit (included at the end of this section)

- Planning Nutritious Menus for Children in Day Nurseries
- Canada's Food Guide to Healthy Eating
- Canada's Food Guide for Toddlers 1 to 2 years (adapted)
- Canada's Food Guide for Preschoolers 2 to 5 years (adapted)
- Food Guide Facts: Background for Educators and Communicators
- Canada's Food Guide to Healthy Eating: Focus on Preschoolers
- Canada's Food Guide to Healthy Eating: Focus on Children Six to Twelve Years
- Feeding Your Baby
- Feeding Your Child 2-5 Years
- Facts on Snacks
- Convenience Food Frenzy
- Mix & Match for Peanut Free Fun

For copies of these resources, please contact Dianne Izatt at the Brockville office of the Health Unit, 345-5685 ext. 2213.

Other nutrition information included in this section:

- Sample Food/Nutrition Policy p.4
- Nutritious and Dentally Healthy Snacks in Day Nurseries p.5
- Reducing Risk of Choking p.6
- Common Food Allergies – Peanuts p.7
- Common Food Allergies – Soy p.8
- Common Food Allergies – Eggs p.9
- Common Food Allergies – Milk p.11
- What to Feed the Baby when Mother is Working Outside the Home p.12

Sample Food/Nutrition Policies

(This is only an example. Day nurseries should develop their own food/nutrition policies depending on their programs)

Philosophy Statement

Day Nursery X believes that the foods served in our program must meet children's nutritional needs, to support normal growth and development. We also have a responsibility to provide an environment that promotes positive attitudes toward food and healthy eating habits.

OBJECTIVES

1. Requirements of the Day Nurseries Act will be met.
2. Recommendations made by Medical Officer of Health will be met.
3. Menus will be planned, prepared and served according to Canada's Food Guide to Healthy Eating.
4. Regular meal and snack times will provide the opportunity for children to learn good eating habits and develop a positive approach to foods.
5. Nutrition education opportunities will be offered in the daily program.
6. Safe food handling practices will be followed for food storage, preparation and service.

Monitoring

Be sure to include steps to monitor and review the policy to make sure that it is being followed. You may want to form a nutrition committee to be responsible for this. Include directors, day nursery staff and parents.

For further information, contact the Public Health Nurse working with your Day Nursery **or** the Public Health Nutritionist.

Adapted from KFL&A Health Unit

NUTRITIOUS AND DENTALLY HEALTHY

Snacks in Day Nurseries

Snack Requirements of the Day Nurseries Act

Section 40 (1)

Every operator shall ensure that each child one-year of age or over is provided with:

- b) nutritious between-meal snacks consisting of foods that will promote good dental health that will not interfere with a child's appetite for mealtimes.

Nutritious and dentally healthy snacks should be offered to young children in small amounts at regular scheduled times. Snacks complement meals and make a healthy contribution to the child's overall diet. Children need between meal snacks to meet their energy and nutrient needs.

To promote both nutritional and dental health remember the following:

- ❑ Plan snacks as part of the overall menu using the Menu Plan for Day Nurseries/Child Care Centres (attached). If parents are providing snacks, use the Snack Menu for Nursery Schools (attached).
- ❑ Offer foods from 2 food groups at each snack. Some examples are:
 - fresh or canned fruit with yogurt
 - vegetable sticks and chunks of cheese
 - 1/2 bagel with peanut butter
 - 1/2 tuna sandwich with water
 - whole grain muffin and milk
- ❑ Strive for snacks that are low in sugar, fat and salt (see Guidelines for Selecting Healthy Foods to be Served in Day Nurseries attached).
- ❑ Keep portions sizes small.
- ❑ Serve snacks at least 1-1/2 - 2 hours before the next meal to avoid spoiled appetites.
- ❑ Be creative by offering a wide variety of snack foods. New foods may be well accepted as snacks. Snack time can also be an opportunity for children to participate in food preparation.
- ❑ Avoid sweet sticky foods. Some examples are raisins, fruit leathers, candies and chewing gum.
- ❑ Emphasize finger foods.

Adapted from KFL&A Health Unit

REDUCING RISK OF CHOKING

Beware of Choking:

You can reduce the chance of children choking on food by keeping a close watch on them. Remember that children should always be seated when eating.

Foods that are small, round or smooth can slip into the windpipe and block it. Some examples are hard candies, raw peas or beans, raw carrots and turnips, grapes, hot dogs, popcorn, nuts and kernel corn. Here are some ways to reduce the risk of choking.

- ❑ Chop nuts and seeds finely.
- ❑ Slice grapes in half lengthways.
- ❑ Slice hot dogs in quarters lengthways. (Remember that hot dogs are high in fat and salt and should be served only occasionally.)
- ❑ Shred raw vegetables and fruits.
- ❑ Remove pits from plums, peaches, etc.
- ❑ Remove bones from fish.
- ❑ Spread peanut butter thinly.
- ❑ Avoid giving young children popcorn and hard candies.

Adapted from KFL&A Health Unit

COMMON FOOD ALLERGIES - PEANUTS

Ingredients Indicating the Presence of Peanuts

Peanut protein
Hydrolyzed Peanut Protein
Peanut Oil
Peanut Butter
Peanut flour
Mixed nuts
Mandalona nuts
Artificial nuts
Goober peas
Goober nuts

Examples of Products that May Contain Peanut

Marzipan (almond paste)
Chili
Egg rolls
Chinese dishes
Thai dishes
Satay sauces
Prepared soups (especially dried
packaged soup mixes)
Baked goods

Cookies
Candies
Chocolate bars
Prepared and frozen desserts
Vegetable oil
Hydrogenated vegetable oil
Vegetable oil shortening
Peanut oil

From "Joneja, J.V. (1998). Dietary Management of Food Allergies and Intolerances: A Comprehensive Guide (2nd edition). J.A. Hall Publications Ltd.: Vancouver.

COMMON FOOD ALLERGIES - SOY

Ingredients that Indicate the Presence of Soy Protein

Emulsifiers*
Lecithin*
Miso
Shoyu
Sobee
Soy
Soy albumin
Soy beans
Soy flour
Soy lecithin
Soy milk
Soy nuts
Soy oil
Soy protein
Soy protein isolate
Soy sauce
Soy sprouts
Soy-based infant formulas
Soya
Stabilizers*
Tempeh
Tofu
Unspecified sprouts*
Vegetable broth*
Vegetable gum*
Vegetable oil*
Vegetable paste*
Vegetable protein*
Vegetable shortening*
Vegetable starch*
Textured vegetable protein (TVP)*
Hydrolyzed vegetable protein (HVP)*
Hydrolyzed plant protein (HPP)*

*These items may not contain soy, but the source is seldom listed on a food label.

From "Joneja, J.V. (1998). Dietary Management of Food Allergies and Intolerances: A Comprehensive Guide (2nd dition). J.A. Hall Publications Ltd.: Vancouver.

COMMON FOOD ALLERGIES - EGG

All products containing egg or components of egg must be avoided, including:

Albumin
Egg
Egg powder
Egg protein
Egg white
Egg from all other poultry
(e.g., duck)
Egg yolk
Frozen egg
Globulin
Livetin
Mayonnaise
Most commercial baking powder
Ovalbumin
Ovoglobulin
Ovomucin
Ovomucoid
Ovovitellin
Pasturized egg
Simplese® (a fat substitute)
Vitellin

Other sources of egg include: eggnog, omelette, custard, soufflé, quiche, egg noodles, angel food cake, Caesar salad, some salad dressings, sauces such as Hollandaise, Bearnaise, and Newburg, battered foods such as fritters, pancakes, and waffles, egg whirl and wonton soup, candy made with egg such as nougat and divinity, candy brushed with egg white to give it a shine, some ice creams, cream pies, meringue pies, meringues, pavlova, and some packaged dessert mixes.

Eggs are frequently used as a garnish and as a binding agent in meat loaves, sausages, etc. Egg may be used as a clarifier in consommé, soft drinks, (root beer) or beer and wine. Several non-food items may also contain egg.

Including:

- ❑ Egg shampoo
- ❑ Sensitized photographic film
- ❑ Printed natural fabrics that have not been washed
- ❑ Some fur garments
- ❑ Vaccinations should be discussed with your doctor, as traces of egg may be present in some live vaccines.

The commercial low cholesterol product Egg Beaters® is not egg-free. Suitable egg replacers such as Jolly Joan Egg Replacer® or Ener-G Foods Egg Replacer® are available in specialty shops.

From "Joneja, J.V. (1998). Dietary Management of Food Allergies and Intolerances: A Comprehensive Guide (2nd dition). J.A. Hall Publications Ltd.: Vancouver.

COMMON FOOD ALLERGIES – MILK

Components of milk and dairy products to be avoided include:

Milk
Condensed milk
Evaporated milk
Milk solids
Milk powder
Yogurt
Butter
Buttermilk
Curd
Cheese
Cottage Cheese
Cream Cheese
Feta
Ricotta
Quark®
Sherbet
Ice Cream
Cream
Sour cream
Casein
Sodium caseinate
Potassium caseinate
Whey
Lactoglobulin
Lactose

Lactic acid, lactate and lactylate do not contain milk and do not need to be eliminated.

From "Joneja, J.V. (1998). Dietary Management of Food Allergies and Intolerances: A Comprehensive Guide (2nd edition). J.A. Hall Publications Ltd.: Vancouver

WHAT TO FEED THE BABY WHEN THE MOTHER IS WORKING OUTSIDE THE HOME

This is not an information sheet on all the ins and outs of working outside the home and breastfeeding. This sheet provides information on how your baby can be fed when you are not with him. It is addressed in particular to the mother who is returning to paid work when the baby is about 6 months of age. New mothers should stay home with their babies for as long as practical and take full advantage of the 52 weeks maternity leave to which mothers have a right in Canada. Your baby will never be this age again.

Some myths:

1. Babies must learn to take a bottle so that they can be fed when the mother is not there. Not true. Some exclusively breastfed babies will not take a bottle by 2 or 3 months of age. Most, who have not taken a bottle, and even some who did accept a bottle in the first weeks of life will not take one by the time they are 4 or 5 months of age. This is no tragedy, and there is no reason to give a bottle early so that the baby knows how. If your baby is 6 months of age when you start back at outside work, the baby quite simply does not need to take a bottle. He can be fed solids off a spoon just as any other 6 month old and by 6 months of age he can be taking enough so that he will not be hungry during the day. Furthermore, he can start learning to drink from a cup even by 5 or 6 months of age. The cup can be an open cup and does not need to have a spout. Start with water as your baby may spill a fair amount at first. If, however, he has not gotten the hang of the cup by the time you must leave him, do not worry, he can take fluids off a spoon or the solid foods can be mixed with more liquid (expressed milk, juice). Obviously if the baby is to be taking a fair amount of a variety of foods by 6 months of age, he may need to be started on solids by 5 months of age. However, some babies prefer to wait for the mother in order to drink something. This is fine; many babies sleep 12 hours at night without drinking or eating at all.
2. But getting the baby to take a bottle surely won't hurt. Not necessarily true. Some babies do fine with both. The occasional bottle, when breastfeeding is going well, will not hurt. But if the baby is getting several bottles a day on a regular basis, and, in addition, your milk supply decreases because the baby is nursing less, it is quite possible that the baby will start refusing the breast, even if he is older than 6 months of age.

3. Babies need to drink milk when the mother is not at home. Not true. Three or four good nursings during a 24 hour period plus a variety of solid foods gives the baby all he needs, nutritionally, and thus he does not need any other type of milk when you are at your outside job. Of course, solid foods can be mixed with expressed milk or other milk, but this is not necessary.
4. If the baby is to get milk other than breast milk, it needs to be artificial baby milk (infant formula) until the baby is at least 12 months of age. Not true. If the baby is breastfeeding a few times a day and getting fair quantities of a variety of solid foods, infant formula is neither necessary nor desirable. Indeed, babies who have not had infant formula before 5 or 6 months of age often refuse to drink it because it tastes pretty bad. (If you want to convince yourself of how little we know about breastmilk, ask yourself why it is that though breastmilk and infant formulas have the same amount of sugar, breastmilk is so much sweeter.

Notes of Concern from the Dietitian

* Homogenized milk may be introduced at 9-12 months of age, and 2% milk is most appropriate after 2 years of age (national guidelines). The risk of introducing 2% milk in infancy is that the fat energy content may not be high enough to support the energy needs of the growing infant. As well, it has a low iron content, which may be poorly absorbed.

* Goat's milk is not a healthy alternative in the first 6 months of life. It has low iron content and may not be fortified with vitamin D. After 9 months of age, full fat goat's milk may be an alternative to cow's milk but should not be the infant's only food.

5. Follow up formulas (artificial milk for infants over 6 months of age) are specially adapted to the needs of infants 6 to 12 months of age. Not true. They are completely unnecessary and are specially adapted to the needs of the formula companies' profit margins. They also are part of a marketing strategy, which tries to get around restrictions on the advertising of artificial baby milks directly to the public (widely disregarded in any case). In Europe now, there are special formulas available for the toddler (1-3 years of age). Some people will buy anything it seems. But these toddler formulas will soon be here. You can bet on it. Bottom line, uber alles.
6. The breastfed baby 4 months of age needs to be getting more iron than can be provided by breastmilk alone. Not true. For the baby born at term who is breastfeeding exclusively all the iron required is provided by

breastmilk. However by 6 months of age, more or less, it is prudent for the baby to begin getting more iron than that provided by breastmilk alone.

7. The best way to assure the baby's getting enough iron is to give him infant cereals. Not t true. Infant cereals do contain a lot of iron, but most of it is not absorbed, and this amount of iron seems to cause constipation in some babies. Furthermore, some breastfed babies who have had only breastmilk to 5 or 6 months of age do not like cereal. There is nothing wrong with infant cereal, but pushing this food on reluctant babies may result in later feeding problems. The best way to assure the baby is getting enough iron is to continue breastfeeding, and introduce solid foods in a relaxed, enjoyable way at the appropriate time. The appropriate time is when the baby is showing interest in eating by reaching out for and trying to eat food the parents or other family members are eating. This occurs usually about 4 ½ to 5 ½ months of age. A baby of this age can eat what the parents eat, with few exceptions. There is not need to be obsessive about the order in which foods are introduced or trying to keep the baby eating only one food/week. The best source of extra iron for the 9 to 12 month old baby is meat, the iron of which is very well absorbed. Start feeding the baby solids in a way that makes eating enjoyable, and the baby will eat iron containing foods just fine.

* Adapted from: Handout #17 What to feed.....Revised January 1998
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