This section of rules gives information about how to keep food and the serving of food clean, safe, and developmentally appropriate for infants and children in care.

One of the basic responsibilities of every caregiver is to provide nourishing food to the children each day. Food is essential in any child care setting to keep infants and children free from hunger. Food provides energy and nutrients needed by infants and children during the critical period of their growth and development. Children also need freely available, clean drinking water. *CFOC 3rd ed. Introduction 4.1. p. 151.*

(1) The provider shall ensure that each child age 2 years and older is offered a meal or snack at least once every 3 hours.

**Rationale / Explanation**
Children need to be fed often. To ensure that their daily nutritional needs are met, nourishing food should be offered to children several times over the course of a day. Snacks should be nutritious, as they are often a significant part of a child’s daily intake of food. *CFOC 3rd ed. Standard 4.2.0.5. p. 156.*

**Compliance Guidelines**
- According to R381-100-18(4)(a)-(b), the times meals and snacks occur must be posted on a daily schedule.
- The amount of time between meals will be counted from the ending time of one meal to the starting time of the next meal. If the daily schedule only lists the meal start times, the time between meals will be counted from start time to start time.
- If meal or snack time directly follows nap time, an extra 30 minutes may be allowed at the end of nap time to allow children time to wake up from their nap and get ready for a snack.
- If a center is open until 7:00 p.m., there may be up to but not more than four hours between the afternoon meal or snack and the center’s closing time. If the center is open later than 7:00 p.m., a meal or snack must be offered at least every three hours.
- For children who are in late evening or overnight care, meals do not need to be served after children have gone to bed for the night.

**Moderate Risk Rule Violation**
**Corrective Action for 1st Instance**
Citation Warning

(2) When food for children’s meals and/or snacks is supplied by the provider:
(a) the meal service shall meet local health department food service regulations;
(b) the foods that are served shall meet the nutritional requirements of the USDA Child and Adult Care Food Program (CACFP) whether or not the provider participates in the CACFP;
(c) the provider shall use the CACFP menus, the standard Department-approved menus, or menus approved by a registered dietitian (proposed rule change). Dietitian approval shall be noted and dated on the menus, and shall be current within the past 5 years;
(d) the current week’s menu shall be posted for review by parents and the
(d) the current week's menu shall be posted for review by parents and the Department; and (e) providers who are not participating or in good standing with the CACFP shall keep a six-week record of foods served at each meal and snack.

**Rationale / Explanation**

Outbreaks of foodborne illness have occurred in child care facilities. Young children are particularly susceptible to foodborne illness due to their body size and immature immune systems. Local health department food safety regulations are based on scientific data that demonstrate the required conditions necessary in preventing food contamination that causes foodborne illness. *CFOC 3rd ed. Standard 1.4.5.1. p. 30; Standard 4.9.0.1. p. 188.*

Nourishing food is the cornerstone for children's health, growth, and development. The amounts and kinds of food that are served at a child care facility must meet children’s nutritional requirements. Following the guidance from CACFP (or a registered dietitian) for meals and snack patterns ensures that the nutritional needs of children are met based on current scientific knowledge. *CFOC 3rd ed. Standards 4.2.0.1-4.2.0.3. pp. 152-154.*

Posting menus in a place that is available to parents helps inform them about proper nutrition, identify possible food allergies or intolerance, and allows parents to plan meals at home that do not duplicate what the child ate while in care that day. *CFOC 3rd ed. Standard 4.2.0.9. pp. 159-160.*

Keeping a six-week record of foods served is to verify that the child care programs that do not participate in CACFP serve foods to children that meet their basic nutritional needs. *CFOC 3rd ed. Standards 4.2.0.1-4.2.0.3. pp. 152-154.*

**Compliance Guidelines**

**Food Service Regulations**

- Child care providers that supply, prepare, and/or serve food to children are required to 1) pass a kitchen inspection by the local county health department; and 2) ensure that all those who serve food to children in care obtain a food handler permit that is kept onsite for review by the local county health department.
- When any food for the children is prepared in the provider's kitchen, a kitchen inspection is required. For example, if a parent brings unprepared food (e.g. a box of macaroni and cheese) for the provider to prepare, the provider must be in compliance with this rule.
- If each parent brings already prepared food for their own child, and it is not prepared at the facility, a kitchen inspection from the local health department is not required. In this case, the facility is not considered to be providing food service.
- Kitchen inspection documentation must be current before a child care license will be issued and before the license renewal each year.

**Nutritional Requirements and Menus**

- This rule does not apply to food that is used only as a curriculum activity and is not part of the meal or snack.
- The provider must display the current week's menu in plain sight, or may post it electronically (to an app, website, etc.) as long as parents and CCL always have access to the menu.
- If only snacks are served at the facility, a snack menu must still be posted.
- If children receive food from a public school, the provider must have documentation that the school is in good standing with the CACFP.
- Providers are not in compliance when they wait for children in care to arrive and the children help plan the meals and snacks for that day and then post the menu after the fact. When the
provider involves children in preparing the menu: 1) it must be planned in advance so an entire week’s menu is available for parent review, and 2) it must follow an approved menu plan as described in this rule.

Nonparticipants in CACFP
If not participating or not in good standing with CACFP:
• The provider must maintain a six-week record of snacks even when this is the only food that the provider offers.
• The required six-week record must be dated so the licensor can determine which foods were served on which dates.

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning

(3) The person who serves food to children shall:
   (a) be aware of the children in their assigned group who have food allergies or sensitivities, and
   (b) ensure that the children are not served the food or drink they are allergic or sensitive to.

Rationale / Explanation
Food allergy is a growing public health concern. Nearly 6 million or 8% of children have food allergies with young children affected most. Research suggests that close to half of fatal food allergy reactions are triggered by food consumed outside the home. For more information, refer to Food Allergy Research and Education at www.foodallergy.org.

As a safety and health precaution, the staff should know in advance whether a child has a food sensitivity or allergy. Food sensitivities can result in minor irritations such as rashes or loose stools. A food allergic reaction can range from mild skin or gastrointestinal symptoms to severe, life-threatening reactions. Deaths from food allergies are being reported in increasing numbers. For these reasons, vigilant efforts to avoid exposure to the offending foods are necessary.

Compliance Guidelines
Refer to the following definitions as they apply to this rule:
• A food allergy is an immune system reaction that affects numerous organs in the body and occurs soon after eating a certain food.
• A food sensitivity or intolerance is generally a less serious condition that does not involve the immune system and is often limited to digestive problems.
• A child’s dislike of a particular food without a negative physical reaction is a food preference, not a food sensitivity or allergy.

High Risk Rule Violation
Corrective Action for 1st Instance
Citation and CMP Warning when:
• A child is served a food that they are allergic or sensitive to.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning when:
• A person who serves food at the facility does not know which children have a food allergy or sensitivity.

(4) **Children’s food shall be served on dishes, napkins, or sanitary highchair trays, except an individual finger food, such as a cracker, that may be placed directly in a child’s hand. Food shall not be placed on a bare table.**

**Rationale / Explanation**
Using clean dishes and utensils prevents the spread of microorganisms that can cause disease. The surfaces that are in contact with food must be sanitary. Food should not be put directly on a table because 1) even washed and sanitized tables are more likely to be contaminated than dishes, and 2) eating from dishes reduces contamination of the table surface when children put down their partially eaten food. *CFOC 3rd ed. Standard 4.5.0.2. p. 178.*

Ideally, food should not be placed directly on highchair trays, as studies have shown that highchair trays can be loaded with infectious microorganisms. However, if the highchair tray is made of plastic, is in good repair, and is free from cracks and crevices, it can be made safe if it is washed and sanitized before each use. *CFOC 3rd ed. Standard 4.5.0.2. p. 178.*

**Low Risk Rule Violation**
**Corrective Action for 1st Instance**
**Warning**

(5) **Food and drink brought in by parents for their child’s use shall be:**
(a) labeled with the child’s name,
(b) refrigerated if needed, and
(c) consumed only by that child.

**Rationale / Explanation**
The purpose of this rule is to ensure that a child is not accidentally served food intended for another child, and that food brought by parents for their child is kept safe. *CFOC 3rd ed. Standard 4.6.0.1. p. 182.*

Restricting food sent to the facility to be consumed by the children reduces the risk of food poisoning from unknown procedures used in home preparation, storage, and transport. Foodborne illness and poisoning from food is a common occurrence when food has not been properly refrigerated and covered. The facility must ensure that any food offered to children at the facility or shared with other children is wholesome and safe as well as complying with food and nutrition rules and guidelines that the child care program should observe. *CFOC 3rd ed. Standard 4.6.0.1. p. 182.*

**Compliance Guidelines**
• The food and drink may be labeled with only the child’s first name unless another child in the facility has that same first name. In this case, the food and drink may be labeled with the child’s first name and last name initial unless another child has the same first name and last initial. If this is the case, the food and drink must be labeled with the child’s full name.
• Instead of being refrigerated, the food and drink may be kept in a lunch container with a cold pack, as long as the cold pack stays at least cool to the touch.
• Food that is brought from home may be put in a cubby that is labeled with the child’s first name as long as the food is kept cold as necessary.
• It is the provider’s responsibility to determine by policy if on special occasions parents may
bring food to share with children other than their own. If allowed, only commercially prepared and packaged foods may be shared since the provider usually does not know how parents prepare and store food.

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning