

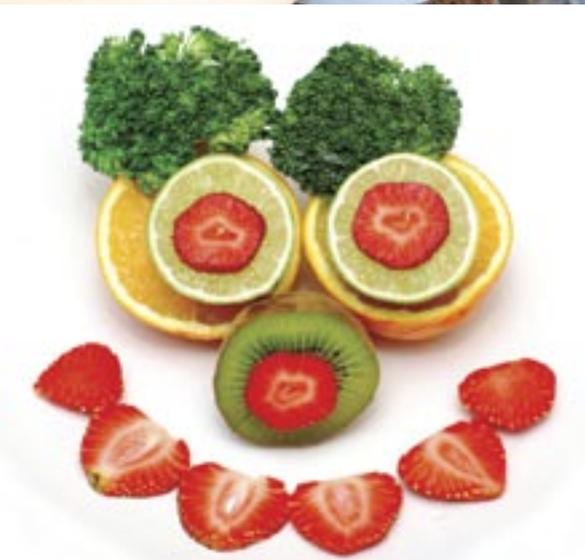


Llywodraeth Cynulliad Cymru
Welsh Assembly Government



Food and Health Guidelines

For Early Years and Childcare Settings





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- Bromley PCT 'Full of Beans'
- Caroline Walker Trust 'Eating well for under 5's in childcare'
- Nutritional guidance for early years - 'Food choices for children aged 1-5 years in early education and childcare settings'. Scottish Executive, Edinburgh 2006.



Contents

Foreword

1. Introduction and background

- Why is there a need for these guidelines?
- How the guidelines are intended to be used?
- Who are the guidelines for?
- Aims of the guidelines
- Putting policy into context

2. Babies 0 - 12 months

- Breastfeeding
- Formula feeding
- Introducing babies to foods
- Checklist

3. Children 1 - 4 years

- Why is good nutrition important for young children?
- What is the ideal toddler diet?
- Food Groups
- Vitamin and minerals
- Checklist

4. Developing positive eating habits

- How to introduce babies to foods
- How to encourage good eating habits
- Food refusal and faddy eaters
- Healthy weight management
- Physical activity
- Checklist

5. Oral Health

- Management of oral health
- Toothbrushing in Early Years settings
- Use of fluoride tablets and drops
- Checklist



6. Menu planning

- Factors to consider when menu planning
- Food groups
- Purchasing food ingredients
- 3 week menu plan
- Healthy snacks and drinks
- Special diets
- Checklist

7. Food hygiene and safety

- Food hygiene
- Personal hygiene
- Food preparation
- Cooking and chilling
- Kitchen hygiene
- Checklist

8. Developing a healthy eating policy

- Advantages of having a healthy eating policy
- Sample Healthy Eating Policy
- Checklist

9. Implementation and training

- Implementation
- Training courses
- Checklist

10. Further information and resources

- Who to contact
- Useful addresses
- Resources

11. References



12. Appendices

Appendix 1

How to make up infant formula milk

Appendix 2

Guide to introducing babies to food

Appendix 3

Seasonal fruit and vegetables

Appendix 4

Table 1 - Diet reference values for the UK

Table 2 - Nutrient-based standards for food prepared for 1-4 year olds in childcare: Summary of Recommendations

Table 3 - Nutrient-based standards for food prepared for 1-4 year olds in childcare. This table provides figures for the recommended nutrient content of an average day's food and drink intake over a period of one week or more

Appendix 5

Special diets



Foreword



It is important to every parent and carer that their children are healthy and develop well. The key to this is to make sure they have the opportunity to eat well and to take part in physical activity.

The food that children eat in their early years affects their health later in life, with breastfeeding being the first step on the way to a lifetime of healthy eating. In Wales we know that the dietary intakes of many children are still inadequate, low in fresh fruit and vegetables and high in snacks containing significant amounts of fat, sugar and salt.

Healthier eating and physical activity will also help children to maintain a healthy body weight and will therefore help to tackle childhood obesity. We know that in 2007 about a third of Welsh children were classified as overweight or obese, and one in five are obese.

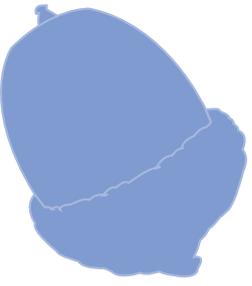
The Welsh Assembly Government's Food and Fitness 5 Year Implementation Plan aims to improve access to healthier food and drink in a range of early years settings.

This guidance document supports these aims and has been developed from existing best practice in Wales to help staff and carers to deliver healthier food and drink to their children.

I would like to recommend this guidance as a useful document that will help to make food and drink healthier within early years settings across Wales.

Tony Jewell
Chief Medical Officer

February 2009



1

Introduction and background



1

- Why is there a need for these guidelines?
- How the guidelines are intended to be used
- Who are the guidelines for?
- Aims of the guidelines
- Putting policy into contact



1. Introduction and background



Why is there a need for these guidelines?

A poor diet is one of the main causes of ill health and premature death. Evidence suggests that a healthy diet may substantially reduce the risk of chronic diseases such as cardiovascular disease, diabetes and some cancers.¹ Although we normally think of these chronic diseases as 'adult diseases' there is more and more evidence to show that the origin of these diseases are partly established in childhood. Physical activity has also been shown to have a significant beneficial influence on health and well-being.

In Wales we are not eating the optimal diet for health nor achieving the recommended levels of activity. The consequences of this are reflected in our poor health status. Health in Wales compares poorly with that in many other European countries, and it is consistently worse than in England. There are also substantial inequalities in health amongst different communities in Wales with death rates being highest in those areas experiencing the highest levels of social and economic deprivation.

Obesity is steadily increasing and has been described as a worldwide epidemic. Obesity is a major public health issue affecting all ages and the full extent of its likely impact is currently unknown.¹ For the vast majority of individuals, obesity results from an excessive energy intake and/or inadequate physical activity and not because of genetic control.² The recent Welsh Health Survey identified that 57% of adults in Wales are currently overweight or obese.³

Over recent years there have also been sharp increases in the rate of childhood obesity.⁴ We have entered the 21st century in the knowledge that more and more children in the U.K. are becoming overweight or obese. The latest results from the Welsh Health Survey identified that 36% of children were classified as overweight or obese, of which 20% were obese. Even by the age of 2 years almost 16% of children could be classified as overweight and 6% obese.⁵ By 2010 it is predicted that over 1.5 million under 16's will be obese.⁶

Right from the start children's eating habits are shaped by their parents. The choice between breast and artificial feeding also has an impact on obesity. Wales has some of the lowest rates of breastfeeding in Europe, with only six out of ten babies being breastfed at birth and within a few weeks this number is down to only three out of ten⁷. This is of concern as breast fed babies show slower growth rates than formula fed babies and this may contribute to decreasing the risk of obesity later in life⁸.

The main oral disease in children is dental disease (tooth decay) which is influenced by diet, oral hygiene and dental services available to children.

1. Introduction and background

It is important to care for children's teeth from the start. Both tooth decay and tooth erosion are more common in young people. The main oral disease in children is dental disease (tooth decay) which is influenced by diet, oral hygiene and dental services available to children. Dental decay has been increasing over time and in 1999/2000, the average decayed, missing and filled teeth (dmft) for 5 year olds in Wales was 2.18 compared with 2.38 in 2005/06. Wales is now ranked third when average dmft is compared across the constituent countries of Great Britain.

Across Wales there are significant inequalities in oral health. For example, the average dmft for five year olds for Local Health Boards in 2005/06 ranged from 1.62 in Conwy to 3.96 in Blaenau Gwent.

A family's lack of access to, or ability to afford, good quality food (food poverty) is a crucial factor in the relationship between childhood deprivation and long term ill health. It is recommended that individuals eat 400g, roughly 5 portions of fruit and vegetables daily. In Wales only 46% of adults eat five or more portions of fruit and vegetables.

The National Diet and Nutrition survey, 2000, found that there is also concern about the intake of other nutrients among children and young people. The intakes of saturated fat and sugars are higher than recommended and intakes of zinc, potassium, magnesium, calcium and iron are lower.⁹

However, the challenge is much greater than defying statistics or reversing trends. Attitudes towards food choice start to develop during childhood and play an important role in the development of eating habits and hence health of the adult and future generations. The attitudes of carers are therefore of primary importance with this young age-group.¹⁰ There is evidence that children as young as 3 are receptive and capable of learning about nutrition and its relationship to health¹¹ and that newly tasted foods are more likely to be accepted between 2-3 years and 4 years, than between 4 and 8 years.

This makes the Early Years environment an ideal setting in which to influence a child's diet. Giving positive messages about food in the Early Years setting will also help to stress the importance of a healthy diet to children's families and possibly influence what is eaten in the home.



1. Introduction and background

How the guidelines are intended to be used

These guidelines are designed primarily to be supportive to all those involved with children in the early years setting.

It will help you to work towards both the Desirable Learning Outcomes and the Foundation Phase Framework for Children's Learning. Personal and social development and well being are at the heart of the Foundation Phase.

Children should be given opportunities to develop an understanding that exercise and hygiene and the right types of food and drink are important for a healthy body. The childcare environment is an ideal platform from which children in their early years will be able to experience activities that allow them to make healthy choices and to develop their own bodies and how to keep them safe and healthy.

Who are the guidelines for?

The guidance is for providers of childcare for children up to 5 years of age who provide food (including snacks) and/or drinks. It will apply to a wide range of providers, including local authority nurseries, private nurseries, playgroups, childminders, toddler groups, crèches and family centres/ Integrated Children's Centres, regardless of the length of time that children spend in childcare settings.

Parents and other carers need to know about this guidance and what they can expect their child to receive in terms of food and drink. At present there is a vast amount of conflicting information on children's nutrition to digest from a wide range of sources. Also for Early Years settings responsible for providing healthy and enjoyable daily meals for children, there is little in the way of guidance tailored specifically for children under five in Wales.



1. Introduction and background

Aims of the guidelines

These guidelines aim to address this shortage of information for the benefit of all Early Years settings, parents and children. It will:

- Provide guidelines for food provision in Early Years settings, acknowledging the needs of children at different ages, as well as cultural and dietary requirements.
- Provide practical food and nutrition advice and support for Early Years staff, volunteers and parents.
- Raise awareness of the importance of a healthy start in life and the need for resources to ensure that all children benefit.

Putting policy into context

Improving children's health is the collective responsibility of parents, guardians, carers and Early Year's staff together with Health Professionals.¹²

These Food and Nutrition Guidelines for Early Years settings have been developed in response to the recommendations in:

- Food and Fitness - Promoting healthy eating and physical Activity for Children and Young People in Wales, Action 4 - 'Provide an environment that will encourage children and young people to access opportunities for physical activity and healthier foods'. Improve access to healthier foods in places such as pre-school settings.¹³
- Eating well for under 5's in childcare. The Caroline Walker Trust. Second edition.¹⁴
- Infant Feeding Guidelines Welsh Assembly Government 2007.¹⁵

2

Babies 0-12 months



2

- Breastfeeding
- Formula feeding
- Introducing babies to foods
- Checklist



2. Babies 0-12 months



Starting a baby in childcare can be a stressful time for parents. You can reassure them that you are working in partnership with them to feed their babies. Ideally, feeding up to one year of age should be flexible and baby led.

Breastfeeding

Breastfeeding is the natural and holistic way of providing nutritional, emotional and social care for the baby. It is also beneficial to the environment and the economy.

Breastfeeding is recognised internationally as the best food for babies. The longer the duration of breastfeeding, the greater the health benefits to both mother and baby. There is evidence for both the short and long term health benefits of breastfeeding and exclusive breast feeding is recommended until six months of age.¹⁵



Benefits of breast milk for the infant include:

- Breast milk is a complete food and provides optimal nutrition, growth and development for the baby.
- Breast milk contains antibodies and they help protect the baby from infections such as gastroenteritis, urinary tract infections and respiratory infections such as colds.¹⁶
- It is easy for the baby to digest, so the young baby may want more frequent, smaller feeds.
- Constipation rarely occurs in babies who are breastfed. Fully breastfed babies have stools that are loose and yellowish with very little smell.¹⁷

For more information refer to the latest edition of the Welsh Assembly Government Infant feeding guidelines.¹⁵

Storing Expressed Breast Milk

Fresh milk -

At room temperature (25°C) - 6 hours

Below 10°C for up to 3 days

Below 4°C for up to 8 days

Frozen milk -

In a separate deep freeze for up to 6 months. Thawed in a fridge - 24 hours. (Do not refreeze.)¹⁸

2. Babies 0-12 months

Using expressed breast milk in the Early Years setting:

Fridge temperature should be monitored regularly

Breastmilk should be stored in an insulated bag with frozen ice packs. This should keep the temperature below 4°C regardless of how often the door is opened.

- Ensure bottles are clearly labelled with the baby's name and date and used only for the named baby.
- Shake the container of breast milk before using, as the cream will rise to the top if left to stand.
- If milk storage bags are used, it may be easier to cut off the bottom corner with sanitised scissors to form a spout rather than untie the top of the bag.
- Discuss with mother how to feed the baby i.e. using a cup rather than a bottle and teat.
- When baby starts on solid foods, expressed breast milk can be used to mix into cereal or other foods.
- Defrosting and warming breast milk:
 - The safest way to defrost expressed breast milk is to remove it from the freezer several hours before it is needed and to thaw it in the fridge. If needed quickly, it can be defrosted by standing in cool or warm water.
 - If defrosted in the fridge, milk should be given to the baby within 12 hours and kept in the fridge until used. Milk defrosted outside the fridge should be used immediately and should never be refrozen.
 - Defrosting or warming milk in the microwave oven is not recommended due to the possibility of hot spots.
- Frozen milk should be dated and the oldest milk used first.
- Discard any breast milk kept for longer than the indicated times.
- Monitor how much milk is being taken and let mother know when stocks are running low.
- Return any unused breast milk to the parent at the end of the day.

Have posters and leaflets on display (see section 10)

Provide a welcoming atmosphere for breastfeeding mothers.

- Provide a room / space that is quiet, warm, well lit and has a comfortable chair for the mother who wishes to breastfeed. Some mothers may wish to feed on arrival, just before leaving or at lunchtime, particularly when the baby is very young.
- If the mother wishes to feed her baby before going home, discuss with mother how this can best be accommodated.
- Have storage available for expressed breast milk.
- Have contacts available for the national breastfeeding support organisations and local breastfeeding peer supporters. (See www.wales.gov.uk/breastfeeding and see section 10).

2. Babies 0-12 months



Formula Feeding

Babies who do not receive breast milk should be given an appropriate infant formula. Whey dominant milks are normally the formula of choice from birth. Casein based milks (called 'second' milks) with names like 'plus' or 'extra' are marketed as more suitable for hungry babies. Interestingly, the energy content of casein dominant formula is the same as that of whey dominant formula. However there is some evidence to show that casein is less soluble than whey, and that casein dominant formula may take longer to empty from the stomach and that is why infants may feel satisfied for longer.¹⁹ Overall there is insufficient evidence to suggest changing from whey casein dominant milks or for switching brands.²⁰

Follow on milks should never be used for babies under six months of age due to the higher concentrations of protein, iron and vitamin D compared to other infant formula. There is no need for a follow-on formula if babies have a diet containing sufficient iron containing foods.

Normal healthy babies should be allowed to regulate their own feeds whenever possible and feed on demand. Babies' feeding requirements do vary, but as a general guide, most babies will require 120 -150ml/kg per day or 2-2½ oz/lb per day.

Sterilisation of equipment

Correct sterilisation of feeding equipment is essential to prevent bacterial contamination of infant formula.

There are 2 acceptable methods of sterilising equipment:

- Cold Water Sterilising
- Steam and Microwave Sterilising

Preparing infant formula

Bottles should be made up freshly for each feed (Safer Bottlefeeding, Welsh Assembly Government 2008)²¹. It is essential that feeds are prepared correctly and safely. It is preferable that milks are made up in a separate milk preparation area and hands are washed and surface areas thoroughly cleaned prior to making up the milks.

It is often assumed that powdered infant formula is a sterile product, but this is not correct. Tins or packets of formula powder may contain bacteria, even though they are sealed. *Enterobacter sakazakii* (a type of bacteria which can cause meningitis) and other harmful bacteria such as *Salmonella* have been detected.²²

The risks of using infant formula milks are reduced if:

- Fresh bottles are made up for each feed because it is impossible to destroy all the bacteria completely.
- Feeds are made up using cooled boiled water that is still hotter than 70°C. In practice, this means using water that has been boiled and left to cool for no more than half an hour. (See Appendix I for instructions for making up feeds).
- Bacteria can multiply rapidly at room temperature and can even survive in the fridge, so storing made up formula milk for any length of time increases the chance of a baby becoming ill and should be avoided.
- Any left over milk should be thrown away after an hour.

2. Babies 0-12 months

For settings to meet the guidance the following options are available:

- Prepare all feeds freshly following the guidelines above - this is the best option but may not be possible in the setting.
- Ask parents to supply cartons of 'ready to feed' infant formula which are sterile until opened - this is a convenient but more expensive option. Once opened, formula must be treated as fresh.
- For babies in half-day care, parents can prepare feeds at home and cool it in the fridge before transporting it in a cool bag. It should be placed in a fridge in the setting and used within 4 hours.
- Where babies in full day-care need an afternoon feed, this should ideally be made fresh in the setting or alternatively use a 'ready to feed' formula.



2. Babies 0-12 months



General advice for feeding babies:

- Babies follow their own individual patterns of feeding and sleeping. It is recommended that these patterns be followed rather than trying to adapt the baby to the Early Years setting.
- Babies may vary in the amount of feed they take. Watch for signs that they have had enough. Do not force them to take more than they want or to finish the bottle.
- Breast milk or formula milk should be the main drink for babies for the first year.
- The same member of staff should feed the same baby wherever possible.
- Babies should be held and have warm physical contact from an attentive adult during feeding.
- Babies should never be left propped up with a bottle of feed as babies can choke and this does not meet their emotional needs.
- Use feeds and bottles only for the baby to whom they belong.
- When feeding the baby, keep the teat full of milk, otherwise the baby will take in air.
- Do not microwave the milk. Warm by standing in a jug of hot water or in a bottle warmer. Do not keep in the warmer for longer than is necessary.
- If milk is heated in a jug of hot water, ensure the jug is in a safe place where children cannot be scalded if there is a spillage.
- Discard unfinished breast or formula milk after 1 hour. Let the mother know if the baby is leaving a lot of milk at feeds.
- Bottles and teats should be thoroughly washed after use and sterilised for as long as bottles are being used to hold milk.
- Changing formula without a medical reason should be discouraged.
- Follow on milks must not be given to babies under 6 months of age.
- Cows' milk should not be given as the main milk drink under 1 year of age. It can be used to mix foods after 6 months, e.g. cereal and milk.
- Babies should never have sugary drinks in a bottle as constant sipping results in dental caries, especially if given at night.

For more information refer to 'Safer bottle-feeding' leaflet²⁴ and Welsh Assembly Government Infant Feeding guidelines.¹⁵

2. Babies 0-12 months

Introducing babies to foods

Definition of weaning - Weaning is defined as the process when milk alone is no longer sufficient to meet the nutritional requirements of babies; therefore other foods are needed with milk.

Weaning is a gradual process, which ends the total dependence on milk as the sole source of nutrition. This process accustoms the infant to a variety of foods, which should meet the nutritional requirements for their growth and development.

In 2001, the World Health Organisation recommended exclusive breast feeding until 6 months (26 weeks) of age as it offers protection against gastroenteritis, and breast milk is considered nutritionally adequate for most babies until 6 months.²³ The Welsh Assembly Government supports this recommendation. At about 6 months babies are ready to move on to a mixed diet - whether breast or infant formula fed. At this age babies digestive systems and kidneys are still developing and weaning too soon may increase the risks of infections and allergies.

At about six months babies actively spoon feed with the upper lip moving down to clean the spoon, chew and use the tongue to move the food from the front to the back of the mouth. They are curious about other tastes and textures and develop their eye to hand co-ordination at this stage.²⁴ This is also the time to allow them to use their fingers to try to feed themselves'

Solid foods should never be introduced before 4 months.

Signs of readiness

A good indication as to when babies are ready to be weaned is when they reach certain developmental stages:

- An ability to sit up
- A fading of the tongue-thrusting reflex action
- Increasing demands for feeds that are not related to illness, teething, pain or a change in routine
- Hand to mouth co-ordination
- Purposeful jaw movement

2. Babies 0-12 months



Starting Off

Stage 1

Discuss with the parents when they would like to commence weaning. Babies weaned at or around 6 months will be able to progress more easily than those weaned earlier.

Suitable first weaning foods

The main aim at this stage is to get baby used to the idea of taking a small quantity of well mashed food from a spoon, and experiencing different tastes and textures.

- Fruit and vegetables are excellent first foods. Potatoes and Baby Rice can also be included at this stage. Examples of fruits include pear, stewed apple, peach, avocado and banana. Vegetables include carrot, parsnip, cauliflower, sweet potato, broccoli and potatoes.
- First foods should be pureed or mashed without lumps and should be introduced one at a time, leaving a couple of days between the addition of each new food. Use expressed breast milk, infant formula or water to mix foods.

Tips

- Do not rush or 'force feed.' Most babies know when they have had enough to eat. Do not spend a lot of time trying to persuade baby to take food as they soon learn that refusing food is a good way of getting attention! However, it is important to give attention when baby is eating, such as chatting and enjoying food together.
- **Always stay with baby while they are eating to ensure that they do not choke.**
- If babies are weaned before 6 months all weaning equipment and utensils should be sterilised. After 6 months it is only necessary to sterilise bottles.
- When babies show an interest in food you can encourage them by giving the baby a spoon and you can help by putting food on the spoon while feeding them with another spoon. Babies will take some time to develop the skills to feed themselves but can start to try finger foods.
- When heating up weaning foods, only heat up enough food to be eaten, rather than heating a large amount that may go to waste. Heat food thoroughly and allow to cool, stirring well. Check the temperature before offering it to baby. It is not recommended that food is heated in a microwave as there could be hot spots.
- The main drinks should be breast milk or infant formula milk up to 1 year of age. Follow-on formula is not necessary and is unsuitable for babies less than 6 months.

2. Babies 0-12 months

- It is important to discuss with parents whether they are happy for their baby to have a new food in the setting that they have not had at home.
- Introducing solids encourages the development of motor skills, dexterity, exploratory behaviour and social development.

Drinking from a cup

- A free-flowing beaker can be introduced for drinks around 6 months of age, for example a doidy cup. **All drinks other than milk or water should only be offered in a cup.**



Stage 2

By about 7-9 months the infant should be taking three meals a day of a mixed and varied diet. At this stage the food does not have to be so runny and foods mashed with a fork, soft foods with lumps and finger food can be introduced. This will encourage chewing and finger foods will also encourage babies to start to feed themselves.

As the infant becomes used to taking solids, a wider variety of foods from the four food groups should be introduced.

Milk and dairy foods

Full fat milk can be used to mix foods from 6 months. Also include full fat yoghurt, fromage frais and cheese (grated or as a finger food).

Bread, other cereals and potatoes

Mashed potato, rice and wheat based foods such as pasta, bread, toast, pitta bread and breakfast cereals such as porridge and iron fortified whole wheat cereals.

Fruit and vegetables

Offer pieces of soft fruit and vegetables as finger foods and give fruit and vegetables at meal times.

Meat/Fish and alternatives

Continue or start to introduce meat and poultry (puree or minced) such as beef, lamb, pork, chicken, turkey. Include fish such as cod, haddock, tuna, salmon and trout. Also vegetarian choices such as pulses (mashed beans, lentils and peas), smooth peanut butter, powdered nuts, soya protein, tofu and eggs well cooked.

2. Babies 0-12 months



Nutrients to consider

It is important to ensure that iron rich foods are introduced from 6-7 months of age. Examples of these include red meat, green vegetables, fortified breakfast cereals, oily fish such as salmon and trout and pulses such as baked beans.

Vitamin C helps the body absorb iron so it is important to include some vitamin C containing foods at the same meal. For example, offer tomatoes and baked beans or well diluted fruit juice (1 part juice to 10 parts water) with wheat cereal biscuit and milk.

Texture of weaning foods

Babies cope better with foods that have the same consistency, for example mashed potato, cooked stick of carrot or finger of toast rather than pureed foods containing lumps.

Offering finger foods will encourage chewing, speech development and independence. It is not necessary to wait until the baby has teeth to offer finger foods. They should initially be soft to avoid choking. Suitable first finger foods include pieces of banana and melon, soft cooked vegetables such as carrots and broccoli and then moving onto fingers of toast, dry breakfast cereal, sticks of cooked and raw vegetables, peeled fruit, cooked pasta, cubes of cheese and chopped hard-boiled eggs, breadsticks and pieces of chopped meat. To avoid choking, cut grapes and cherries into quarters.

Infants who are not offered finger foods between 6 and 9 months of age may have a higher chance of being fussy eaters at 3 years compared to those that are weaned appropriately.

Stage 3

From around 9-12 months of age babies should be having a mixed diet based on 3 meals a day plus 1-3 low sugar snacks e.g. pieces of fruit, breadsticks, toast. The texture of food should now progress from mashed to chopped foods and finger foods should be included on a regular basis.

The diet should include foods from the 4 main food groups:

- Milk and dairy foods e.g. cheese, yoghurts and fromage frais.
- Meat, fish, eggs, pulses and nuts (finely chopped).
- Bread, potatoes and other cereals e.g. rice and pasta.
- Fruit and vegetables.

With increased food consumption, the intake of infant formula should reduce to around 600mls (1 pint) per day by one year of age. The number and frequency of breast feeds should naturally reduce, as babies are able to regulate their own milk intake if allowed to remain feeding on demand. From one year of age, as long as the diet is varied and babies have a good appetite, cow's milk can be introduced as a main drink.

2. Babies 0-12 months

Foods to avoid

Under 6 months

- If weaning does commence before 6 months of age, gluten containing foods should be avoided. Foods containing gluten are wheat, rye and barley. These cereals are present in bread, wheat flour, breakfast cereals and rusks.
- Eggs, fish and shellfish should also not be introduced before 6 months because of the potential for allergic reactions to these foods.
- Cow's milk should not be used in weaning foods before 6 months. However it may be an ingredient of commercial weaning foods before 6 months as the heat treatment during the manufacturing processes reduces the allergic potential of the cow's milk protein.

During infancy

- Salt, sugar and strong spices such as chilli and ginger should not be added to food during infancy.
- Honey should not be offered before 1 year of age as it may contain spores of botulism. After 1 year of age the gut is mature enough to prevent the bacteria from multiplying but should still be limited due to the high sugar content.
- Nuts - all babies and children should avoid whole nuts and peanuts until 5 years of age due to the risk of choking. (Children who choke on nuts should seek medical advice as nut oil may cause lung damage). Powdered nuts such as powdered almonds and nut spreads can be introduced from 6 months of age as long as there are no allergies in the family e.g. asthma or food intolerance. For babies where the potential risk of

nut allergy is increased, groundnuts and peanut butter should be avoided until the child is at least 3 years of age.

- Goat's and sheep's milk- these lack essential vitamins and minerals needed for babies' growth and development.

Providing a weaning menu

Some settings have weaning menus for babies that enable them to gradually move on to the regular menu. This helps babies to try different tastes and they are more likely to accept the regular menu than if they have been fed predominantly on commercially prepared weaning foods.

Pureed or well mashed fruit and vegetables that are on the menu can be introduced from the start of weaning. Alternatively, some settings, especially where there may only be one or two babies, find it easier to freeze portions of pureed fruit or vegetables in ice cube trays and store in dated freezer bags. This allows different combinations to be given once the baby has tried the individual foods.

Meat, fish or pulses from the main menu can be pureed / mashed from 6 months of age as long as salt has not been added. Finger foods can be offered to older children. New flavours and textures can gradually be introduced until the child is able to manage the regular menu from about twelve months of age.

2. Babies 0-12 months



General weaning tips

- Always stay with the baby when eating.
- Introduce drinks from a lidless cup from about 6 months e.g. Doidy cup.
- Allow children to use their fingers to eat food and help to feed themselves.
- Do not add food to bottles of milk.
- Allow babies to experiment and make a mess.
- Avoid adding sugar or add artificial sweeteners to foods for babies.
- Avoid adding salt or stock cubes, packet sauces and soups to baby's food, as the salt content is very high.
- Eggs should be well cooked so that the yolk is hard.

For a guide to weaning see Appendix 2 and for more information refer Welsh Assembly Government leaflets. (See Section 10 - Resources)



2. Babies 0-12 months

Checklist

	Practice	In Place	Planned	Not Planned
1	Breast feeding is encouraged and supported: <ul style="list-style-type: none"> • A place for mother to breastfeed is available • Mothers are encouraged to supply expressed breast milk. 			
2	Bottles of infant formula feeds are freshly prepared.			
3	Expressed breast milk or formula is labelled with child's name and date.			
4	Expressed breast milk or infant formula is stored in the fridge at 5°C			
5	Unfinished expressed breast milk or infant formula is discarded after 1 hour.			
6	All preparation of milk feeds and weaning foods are carried out in a clean and safe manner.			
7	Bottles and teats are sterilised for babies.			
8	Babies are held while being bottle fed by an attentive adult.			
9	Weaning is initiated in partnership with parents.			
10	All foods are spooned out of the jar/can and into a separate dish before feeding.			
11	Unused food in jars cans or containers are stored according to manufacturers' guidelines.			
12	Babies are offered finger foods from 6-9 months to encourage chewing.			
13	A variety of appropriate home cooked foods are offered as well as the jars/packets of baby foods.			
14	Salt is not added to weaning foods.			

We strongly recommend you do not write on but photocopy this checklist.

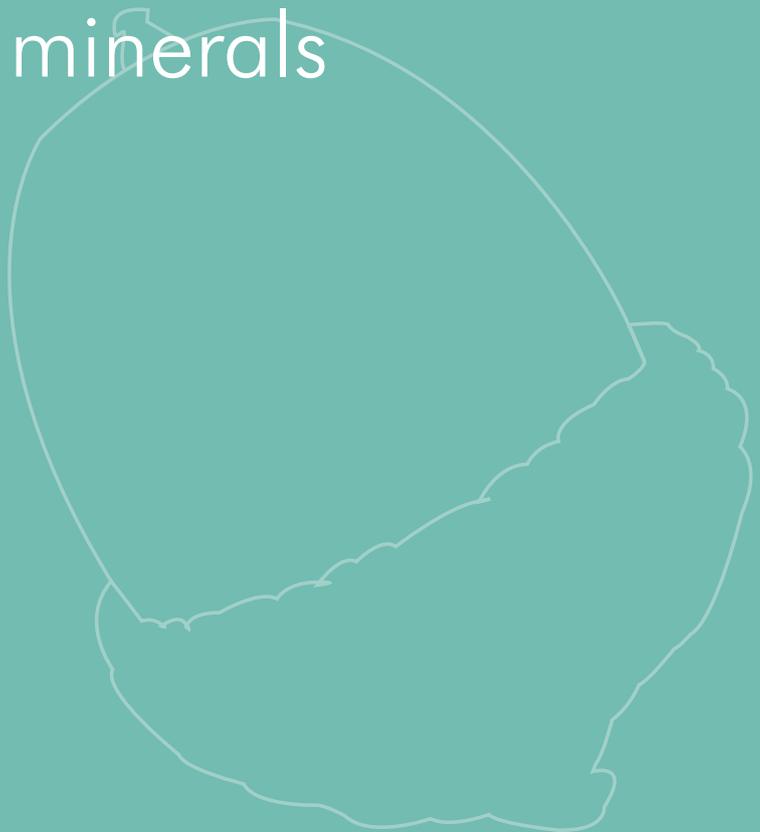
3

Children
1 - 4 years



3

- Why is good nutrition important for young children
- What is the ideal toddler diet
- Food groups
- Vitamin and minerals
- Checklist



3. Children 1-4 years



Why is good nutrition important for young children?

- Dietary habits adopted at the toddler stage are important because they will be taken forward into later childhood and adult life.
- Food preferences are becoming established and a toddler begins to have a decisive say in food selection.
- This is a time of rapid growth and development.
- Well nourished children are less likely to develop infections or, if they do, they will recover quicker.
- Children who eat regularly and include a wide variety of foods are able to maintain their energy and concentration levels better.
- Improved oral health.
- Helps to prevent childhood obesity which can lead to health and social problems.
- Helps prevent iron deficiency and constipation.
- Eating together helps children develop social skills.

What is the ideal toddler diet?

Toddlers and pre-school children have high nutrient requirements relative to their size as they are still undergoing quite rapid growth and development and are usually very physically active. They require an energy dense diet which should be eaten as part of regular meals and snacks.

The energy requirements of boys and girls aged 1-3 years are 1230 kcals and 1165 kcals respectively. This increases to 1715 kcals for boys and 1545 kcals for girls from 4-6 years of age.²⁵ The current requirements for energy, protein and selected micronutrients for toddlers can be seen in Appendix 4, Table 1.

For optimal growth it is important to get the balance right between energy consumed from food and energy expenditure in the form of exercise such as playing and running around. Children who are regularly active are able to achieve a better energy balance than children who are less physically active.²⁶ (See Section 4)

While it is recommended that children over the age of 5 follow the 'Eat Well - getting the balance right' model it is not intended to apply in full to pre-school children. Between the ages of 2-4 years a flexible approach is therefore recommended in working towards adult goals which apply to children 5 years and upwards as represented in 'Eat Well - Getting the Balance Right'.

3. Children 1-4 years

Food groups

Eat Well - Getting the Balance Right



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One of the basic principles to ensure healthy eating is to eat a wide variety of foods. A varied diet is also associated with better health.²⁷ To enable children under five to establish good eating habits it is recommended that they are offered 3 main meals plus 2-3 nutritious snacks each day.

Continually eating/ grazing on snacks and drinks can lead to obesity and a poor nutritional intake and is to be avoided. Early Years settings provide an ideal opportunity for children to become accustomed to a regular eating pattern.

To ensure a balanced diet, a variety of foods should be offered from the four main food groups and occasionally from group 5. It is important that foods offered to children as snacks are also varied. Offering different textures and colours helps maintain a child's interest in food and mealtimes. The food groups are as follows:

3. Children 1-4 years



Group 1

Milk and Dairy

Foods such as cheese, yoghurts and fromage frais. They are particularly good sources of calcium which is important for bone development. This group has also important sources of protein, zinc and vitamins, A, riboflavin and B12.

How much to give?

It is recommended that pre-school children consume around 3 portions of milk and dairy foods each day. Full fat dairy foods should be offered to children less than 2 years of age, as they need the extra fat and vitamins not found in low fat varieties.

An example of a portion size is:

- 1 cup of milk (200mls)
- 1 carton of yoghurt (125mls)
- 30g hard cheese

Group 2

Meat, fish and alternatives

This group includes lean meat including liver and kidneys and meat products such as sausages and burgers as well as eggs and fish. These foods are a good source protein, iron, zinc, vitamin D and B vitamins. Oily fish (salmon, trout, sardines and fresh tuna) is a rich source of omega-3 fatty acids and a good source of Vitamins A and D. Alternative sources of protein and iron (not so well absorbed) are pulses such as peas, beans including baked beans and lentils and tofu, quorn and soya mince are also useful meat alternatives for vegetarians.

How much to give?

Pre-school children should consume 2 portions of meat or fish daily (or 2-3 portions of vegetarian alternatives.)

An example of a portion size is:

- 1 slice of meat (60g)
- 1 egg
- 2 fish fingers
- 4 dessertspoons of baked beans

3. Children 1-4 years

Group 3

Bread, other cereals and potatoes

This group includes starchy foods such as bread, breakfast cereals, rice, pasta, noodles, potatoes, yams, couscous, chapatti and sweet potatoes. These foods provide energy, carbohydrate, fibre, iron and B vitamins.

How much to give?

Young children of this age should be encouraged to consume at least 4 portions of starchy foods per day. This equates to one serving at each mealtime. It is important to try lots of different varieties of starchy foods.

An example of a portion size is:

- 1 slice of bread
- 1 small bread roll
- 1 potato (60g)
- 1 wheat cereal biscuit
- 3 dessertspoons of boiled rice or pasta

Group 4

Fruit and vegetables

This group include all fresh fruit and vegetables as well as dried, canned and frozen varieties. Fruit juices are also included in this group. These foods contain important sources of dietary fibre and a variety of vitamins and minerals. They also contain phytochemicals, compounds commonly found in plant foods that are not considered to be nutrients but may have protective health benefits.

How much to give?

Children of toddler age should be introduced to a variety of fruit and vegetables aiming for 5 or more portions a day with 3-4 in a setting each day. There are no specific guidelines for portion sizes for young children but it is suggested to aim for the amount a child can hold in one hand e.g. 4-5 grapes. Fruit juice only counts for 1 portion each day irrespective of how much is taken.

An example of a portion size is:

- 5 grapes
- 1 dessertspoon of peas
- 2 cherry tomatoes
- A few segments of satsuma
- 100mls fruit juice



3. Children 1-4 years



Group 5

Foods containing fat and sugar

- Foods containing fat: margarine, butter, other spreading fats, cooking oils, mayonnaise, cream, chocolate, crisps, biscuits, pastries, cake, puddings, ice-cream, rich sauces and gravy.
- Foods containing sugar: soft drinks, sweets, jam, honey and sugar as well as cakes, puddings, pastries and ice-cream.

These foods should not be given too often, to encourage good eating habits from an early age.

Sugar

Most toddlers enjoy sweet food and drinks and a small amount of sugar at mealtimes is fine. It is better not to offer foods and drinks containing sugar in between meals as this is more likely to cause tooth decay, see section 5.

For more suggestions of foods in each food group refer to Section 6, Table 1.

Drinks

Water should be available at all times and children over three should be able to access water. For more information refer to section 6.

How do recommendations for children under 5 differ from the Eatwell Plate - Getting the Balance Right?

- Less strict on fat
 - Choose 'good' fats like sunflower, rapeseed or olive oil.
 - Avoid skimmed milk. Nurseries catering for all ages (i.e. children under 2 years) should use full fat milk. Settings catering for children 2 years and above can use semi-skimmed milk.
- Low fat diets for children under 5 will not provide enough calories
- Less fibre
 - Use a variety of white, brown, wholemeal and granary bread.
- High fibre diets for children under five will not provide enough calories and can result in poor absorption of minerals
- Regular meals and snacks - every 2-3 hours

3. Children 1-4 years

Vitamins and minerals

Vitamins are essential for normal growth, development and normal body functions. Some vitamins and minerals are important in the immune system, for protection against ill health and disease.

There are some vitamins and minerals which have been shown to be consumed by children in quantities below recommended intakes. These include Vitamins A, C and D and the minerals iron and zinc. Increasing the amounts of different meats, fish, cereals and fruits and vegetables in the diet will improve the intakes of all these nutrients.²⁸

Vitamin supplementation

While most of us obtain adequate amounts of Vitamin D from the action of sun on the skin, young children do not always get enough exposure to sunlight and therefore need to ensure adequate amounts from a mixture of sunlight, diet and supplementation.

Adequate vitamin D levels depend on getting enough sunlight and/ or taking a vitamin supplement.

For children under 5 the current advice for vitamin supplementation is to take a supplement containing Vitamins A, D and C. Exceptions are:

- Breastfed babies less than 6 months of age.
- Babies over 6 months who are consuming significantly less than 500mls of infant formula per day.

There is no recommendation to give young children under 5 years other more complex multi-vitamin and/or mineral preparations unless they are on a special or therapeutic diet and it has been advised by a dietitian/ doctor.

Healthy Start

The Healthy Start Scheme replaced the Welfare Food Scheme in November 2006.

Children in your care may be receiving the Healthy Start vitamins that are available free of charge to families in receipt of Income Support, income based Jobseeker's Allowance or Child Tax credit. They are entitled to vouchers that can be exchanged for cow's milk, fresh fruit and vegetables and infant formula as well as vitamin drops containing vitamins A, C and D. You may wish to display a poster/leaflet in your setting. For further information see Section 10.



HEALTHY START

Cychwyn Iach
Rhoi'r dechrau gorau i'ch plentyn mewn bywyd

Gall menywod beichiog a phlant o dan bedwar oed mewn teuluoedd sy'n derbyn budd-daliadau penodol a menywod beichiog dan 18 oed gael llaeth, ffrwythau, llysiau a fformwla babanod yn rhad ac am ddim.

Give your kids the best start in life

Pregnant women and children under four in families receiving certain benefits and pregnant women under 18 can get free milk, fruit, vegetables and infant formula.

Ffoniwch **08701 555 455** a gofynnwch am y ffurflen HS01(W) ewch i www.healthystart.nhs.uk neu gallwch gael taflen wybodaeth yn eich clinig neu'ch meddygfa

Call **08701 555 455** and ask for form HS01(W) visit www.healthystart.nhs.uk or pick up a leaflet from your clinic or doctor's surgery

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3. Children 1-4 years



Checklist

	Practice	In Place	Planned	Not Planned
1	Is a wide variety of food offered at meal-times over the week?			
2	Are meals and snacks scheduled at regular intervals?			
3	Can children over three access water?			
4	Are cups/beakers promoted?			
5	Are staff aware of appropriate fruit and vegetable portion sizes for toddlers?			
6	Are milk and water the only drinks available for children?			
7	Are Healthy Start posters and leaflets displayed in your setting?			
8	Are nutritious snacks and drinks offered between meals?			

We strongly recommend you do not write on but photocopy this checklist.



4

Developing positive eating habits



4

- How to introduce babies to food
- How to encourage good eating habits
- Food refusal and faddy eaters
- Healthy weight management
- Physical activity
- Checklist



4. Developing positive eating habits

How to Introduce Babies to Food

Good early eating habits can help to limit some simple nutritional problems later on in healthy children, such as faddy eating, faltering growth, constipation, iron deficiency anaemia and obesity. During this stage, infants should be introduced to new tastes and textures and this should also be a messy time for the baby.

Children do not have an inborn ability to select a balanced and nutritious diet²⁹ and unfortunately, the foods that children like

most are rarely of high nutritional value. They prefer sugary and fatty foods and generally rate vegetables amongst their least favourite foods. Perhaps the most important determinant of a child's liking for a particular food is the extent to which it is familiar. Simply, children like what they know and eat what they like. Between 12 months and 3 years food preferences are becoming established and a toddler begins to have a decisive say in food selection in the home environment.

Carers in childcare settings can help to reduce food faddiness and promote healthy eating practices.

How to encourage good eating habits

- Plan snack and meal times. Young children need to have structure to their day and this applies to planning times for eating and drinking. Snacks are best given well before meal times to avoid spoiling their appetite.
- Do eat with children as often as possible.
- Allow plenty of time to eat: give children enough time to eat a meal and snack. This is around 30 minutes for a meal and 15 minutes for a snack.
- Children over two could be allowed to serve themselves, under supervision, as this may encourage them to try different kinds of food.
- To develop social skills it is good practice for carers to sit with children when they are eating and to eat the same foods and drinks (where appropriate). Carers should be a positive role model. For example, children can learn from carers about table manners and can practice their speaking and listening skills. They can also learn to respect others, offering and sharing food and tasting and trying foods from different cultures.
- Carers should chat to the children during mealtimes and mealtimes can also be the time to talk about healthy eating.
- Carers should encourage children to try all the food offered to them.
- Praise children when they eat well.
- Give finger foods as often as possible.
- Link menus with activities taking place in your setting.

4. Developing positive eating habits

Food Refusal and Faddy Eaters

Food refusal and faddy eating is remarkably common in the under 5's.

Reasons for faddy eating include:

- Children who have not been offered a wide variety of tastes and textures.
- Children over one become wary of trying new foods and may reject a food on sight without tasting it.
- Consumption of frequent drinks of milk or juices - many young children prefer drinking to eating and readily fill themselves up with drinks.³⁰
- Some children are offered lots of snacks between meals which are often high in fat and sugar with the result that there is little or no incentive for the child to eat an appropriate meal.

To minimise food refusal it is important to ensure a variety of foods are offered. Toddlers may be wary of trying new foods (neophobia) and this may also include rejection of foods that they normally eat if foods are served in different shapes or containers.³¹

Suggestions for tackling food refusal in the childcare setting:

- A consistent approach is essential amongst all those involved in the care of the child.
- Use rewards other than foods e.g. stickers.
- Don't refer to foods as 'good' or 'bad'.
- Give lots of praise, even if the smallest quantity of food is eaten.
- To start with, give foods known to be well accepted.
- Avoid food and drink near mealtimes.
- Involve children in preparing and cooking foods where appropriate.
- Allow the child to sit and eat with good eaters.
- The child should feed themselves if appropriate.
- Do not coax or force a child to eat.
- Take away uneaten food without comment at the end of a meal.
- Give finger foods as often as possible.
- Staff should ideally sit down and eat with the children thereby providing a good role model.
- Keep calm!
- Finish the meal within 30 minutes.
- Watch for an 'off' day becoming an 'off' week. Children's appetites are not constant. If you are concerned, it may be important to write down what a child eats during the week and report back to parents/guardians.



4. Developing positive eating habits

Healthy weight management

The percentage of pre-school children becoming overweight is increasing and is of concern. The development of early obesity has important implications for future health and is associated with an increased risk of cardiovascular disease, diabetes and certain cancers.

Potential factors associated with the development of obesity in childhood are:

- High birth weight
- Rapid growth in infancy
- Parental obesity (one or both parents)
- Low physical activity
- Low socio-economic status
- Excessive television watching

For good health and optimal growth it is important to get the balance right between energy consumed in food and energy expended. Children who are regularly active are able to achieve a better energy balance than children who are less physically active.²⁶

Childcare settings have an important role to play in trying to establish a healthy dietary pattern during early childhood.

Provision of healthy meals and snacks

Food provides children with energy to enable them to grow, develop and be active. Energy comes from foods containing carbohydrate, fat and proteins but mainly from fat and carbohydrate. A requirement for an individual child depends on the age, size, and gender, rate of growth and level of activity.

More of the energy should come from starchy carbohydrates such as potatoes, rice, pasta and breakfast cereal and less from confectionery and soft drinks as these foods are high in sugar but provide few other nutrients and are not filling. It is important to note that children do not need sugar for energy.

Milk

Some children drink excessive amounts of milk which can contribute to weight gain. Milk should only be available at meal or snack time rather than being freely available. Children over two could have semi-skimmed milk as long as they are eating a varied diet.

Portion sizes

Some children gain weight too rapidly if their portion sizes are too big. If a child is overweight, it is advisable that second helpings are not offered unless they are vegetables, salads or fruit. Ensure there is always a fruit based dessert available.

4. Developing positive eating habits

Physical activity

Physical development and movement is a key aspect of a child's development and helps with regulating energy balance. All children, including children with disabilities, should have the opportunity to be physically active and the Early Years setting plays a key role in contributing to the minimum recommendation for at least one hour a day. Young children, given the chance, will be physically active as part of spontaneous play - this play allows them to have fun as well as to develop / enhance physical and social health.

Children should be encouraged to be physically active and carers should plan opportunities for structured activity and unstructured active play. Having access and opportunity to a range of physical activities encourages young children to develop positive attitudes.

Benefits of physical activity include:

- Active children have a better appetite. A child that is inactive and has a poor appetite may not get all the nutrients he or she needs in a small amount of food.
- Playing outside in summer helps children to get vitamin D for healthy bones and teeth. Limit exposure in strong sunlight and use hats and sunscreen as necessary. Refer to Sunmart and Health Challenge Wales' advice for using sunscreen correctly.
- Physical activity builds up muscle strength and fitness and develops skills of balance, co-ordination and climbing.
- Active children are more likely to be active adults. An active lifestyle reduces the risk of ill health as an adult.

- Healthy eating and regular physical activity help make a healthy body.

Aim to timetable periods of physical activity every day throughout the year. Aim for at least **1 hour of physical activity most days of the week**. Some or all of this activity should take place in the Early Years setting.

Top Tips

- Provide role models for both healthy eating and physical activity.
- Don't call foods 'good' or 'bad'.
- Use rewards other than food e.g. stickers.
- Praise efforts to be healthy.
- Don't make the child clear their plate.
- Comfort with attention not food.
- Provide regular meals and snacks.
- Focus on food at meals and snacks with no distractions such as toys and television.
- Participate in active play for at least one hour each day.



4. Developing positive eating habits

Checklist

	Practice	In Place	Planned	Not Planned
1	Do children eat in small groups with a familiar carer?			
2	Do carers eat the same healthy food as the children?			
3	Is independence at mealtimes encouraged with children feeding themselves at an appropriate age?			
4	Are children provided with appropriate cutlery/crockery?			
5	Are children provided with regular drinks and food in appropriate quantities for their needs?			
6	Is praise given if a faddy eater consumes a reasonable amount of food?			
7	Are non-food rewards such as stickers offered instead of confectionery?			
8	Are children participating in at least 1 hour per day of physical activity/active play?			
9	Is fruit always available as a pudding?			
10	Are second helpings limited to fruit, vegetables and salad?			
11	Is water freely available between meals for children over 3?			
12	Are food based activities/play included in your setting?			

We strongly recommend you do not write on but photocopy this checklist.



5

Oral Health



5

- Management of oral health
- Toothbrushing in Early Years settings
- Use of fluoride tablets and drops
- Checklist



5. Oral health

Management of oral health

- Teeth should be brushed twice a day with fluoride toothpaste. If children brush their teeth in your setting, the toothpaste should contain at least 1000ppm of fluoride. Children's toothpaste is not suitable as it does not contain enough fluoride. Children aged 3-6 years should use a pea-sized amount of toothpaste containing 1,350-1,500ppm fluoride.
 - Children under 7 should be supervised when brushing their teeth.
 - It is the **frequency** of sugar consumption in addition to the amount that contributes to tooth decay. It is recommended that sugary foods and drinks are consumed only at mealtimes and not more than 4 times a day. The following are all forms of sugar and can increase the risk of tooth decay: sucrose, glucose, dextrose, maltose, fructose, honey, molasses, brown sugar, raw cane sugar and Demerara.
 - Sugar free drinks such as lemonade and squashes can be high in acid which can cause dental erosion and therefore should be avoided, especially between meals and before bed.
 - Fruit juices as well as providing vitamins are high in acid so should be kept to mealtimes and diluted (1 part juice to 10 parts water) and offered from a cup.
 - **The only safe drinks for teeth are milk and water.**
 - It is recommended that drinks other than milk be offered from a free flowing cup from the age of 6 months. From 12 months of age all drinks including milk should be taken from a cup. Constant use of a bottle containing high sugar/ acid drinks causes 'bottle caries' (decay in anterior teeth).³²
- Dental visits are usually the responsibility of the parents. Currently, it is recommended that children attend for regular checkups from as early an age as possible, and certainly before the age of two, so that:
- Parents can receive preventative advice.
 - Preventative treatments can be given if necessary, such as fissure sealants or fluoride gels or varnishes (these are protective coatings applied to teeth).
 - Dental disease can be identified and treated early, avoiding the need for teeth to be taken out.
 - The child can get used to the dental surgery.

5. Oral health

Early Years carers can help:

- Children accept visits to the dentist by explaining through stories, pictures and puzzles what can be expected during a visit to the dentist. Alternatively, a visit to a community dental service clinic may be arranged.
- The positive message that dentists help people to look after their teeth should be emphasised.
- The gloves and mask the dentists wears, the funny smells and noises, pink liquid to rinse with and spit out, bright lights, chair and equipment can all be made familiar and acceptable to children.
- Role play can be used to accustom children to being a patient.
- Procedures for polishing teeth and repairing holes in their teeth can be discussed.
- If staff are themselves nervous of dental treatment it's obviously best to try hard not to show it, as parents, too, may be anxious, and run the risk of communicating fear to their children.

Use of fluoride tablets and drops

Fluoride drops maybe useful for children to help tackle dental caries. They can be prescribed by a dentist/ GP and fluoride tablets are available over the counter. It is recognised that the use of fluoride tablets requires compliance by families and this may include under and over use. There is a risk of fluorosis if children under 6 years take over the advised dose. Tablets are available in 500 μg and 1 mg fluoride levels.

If tablets are given in the Early Years setting they should be given at a different time to tooth brushing and allowed to dissolve slowly in the mouth to maximise their effect.

For contact information, see Section 10.



5. Oral health



Tooth brushing in Early Years settings

Using fluoride toothpaste regularly helps to prevent dental decay in children - daily use reduces decay by up to half.

The strength of the fluoride is important and should be a minimum of 1000 ppm and teeth should be brushed twice a day. If this is not happening at home it may be recommended that your setting introduces brushing of teeth.

It is important for the children's brushing to be:

- Supervised.
- Use only a small pea-sized amount of toothpaste on the brush for 3-6 year olds and a smear for 0-3 year olds.
- Do not allow the toothpaste to be swallowed. The child should spit out, but not rinse their mouth with water, just rinse the brush.
- Toothbrushes are labelled with child's name.
- Have separate storage for individual toothbrushes.

' **Designed to Smile** - A National Child Oral Health Improvement Programme was launched in Wales in the spring of 2008 to address the significant inequalities in oral health experienced by Welsh children. The core programme, which is scheduled to run for three years in the first instance, consists of a supervised toothbrush / fluoride toothpaste scheme for 3-5 year olds, complemented by an oral health promotion programme for 6-11 year olds. It is envisaged that in the longer term an additional component will be developed promoting oral health from birth. Initially, the supervised tooth brushing programme will take place in primary schools targeted according to severity of deprivation and average decayed, missing and filled teeth scores.'

5. Oral health

Checklist

	Practice	In Place	Planned	Not Planned
1	Toothpaste used in your setting contains an adequate amount of fluoride			
2	Children are supervised while brushing teeth			
3	Fruit juices are kept to mealtimes			
4	All drinks are offered in a lidless or free flowing cup from 1 year of age e.g. Doidy cup			
5	Sugary drinks are avoided between meals			
6	Foods containing sugar are only offered at meal times.			
7	Parents and their children are advised to join a dental practice?			
8	Staff have had update sessions on oral health.			
9	Toothbrushes are labelled and stored separately.			
10	Staff are aware of the 'Designed to Smile' national Child Oral Health Improvement Programme.			

We strongly recommend you do not write on but photocopy this checklist.



6

Menu Planning



6

- Factors to consider when menu planning
- Food groups
- Purchasing food ingredients
- 3 week menu plan
- Healthy snacks and drinks
- Special diets
- Checklist



6. Menu Planning



Menu planning is essential to achieving a well-balanced and healthy diet for the children in your care. It will also help you to work towards providing the quality of service described in the National Minimum Standards - Standard 11, in particular 11.1 - 'The registered person ensures that children receive food and drink which is properly prepared, nutritious and adequate in quantity which complies with dietary and religious requirements.

Menu planning should be undertaken by a member of staff with the relevant knowledge and skills and an understanding of children's differing nutritional needs.

The menu planning guidance set out below can be used to help you produce a written menu covering all food provided i.e. meals, snacks and drinks.



Factors to consider when menuplanning

- When planning meals, remember to include foods from each of the four food groups, so the child will receive the variety of nutrients needed for health and growth. **A selection of foods from each food group is highlighted in Table 1.**
- The colour of foods that make up a meal is also important. Meals are much more interesting if they consist of a variety of colours. Use different colours of vegetables to make meals more appetising.
- The texture of foods adds to variety and makes meals more interesting. For example serve crunchy vegetables that require chewing with soft dishes such as Shepherd's Pie.
- Try to alternate a cold meal with a hot dessert and if you have an energy dense, high fat main course, have a light low fat dessert.
- Preparation time - look at what you are cooking each day, and avoid having a main course and dessert which will take a lot of time to prepare. Divide the food preparation so that it is equally spread throughout the day. You may find that you are limited by what you can fit in the oven and on the hob. Take this into account when planning your menu.

6. Menu Planning

Food groups

Fruit and Vegetables

How much to serve?	Healthy choices	Other points
<p>Offer different fruits and vegetables at meals and snacks.</p> <p>Aim for each day's menu for childcare settings to offer:</p> <p>1-2 types of fruit</p> <p>And</p> <p>2-3 types of vegetables.</p> <p>Children in full-day care should have the opportunity to try 4-5 different fruits and vegetables each day.</p>	<p>All types of fresh, frozen and canned vegetables - for example, broccoli, Brussels sprouts, cabbage, carrots, cauliflower, mushrooms, parsnips, peas, peppers, spinach, swede, turnip</p> <p>All types of salad vegetables - for example, lettuce, watercress, cucumber, tomato, raw carrot, raw pepper, radish and beetroot</p> <p>All types of fresh fruit - such as apples, bananas, pears, grapes, kiwi fruit, oranges, satsumas, plums, berries, melon or mango</p> <p>All types of canned fruit in juice - for example, peaches, pears, pineapple, mandarin oranges or apricots</p> <p>Stewed fruit such as stewed apple, stewed dried fruit, stewed plums or stewed rhubarb</p> <p>Dried fruit such as raisins, dried apricots, dates, dried figs, prunes</p>	<p>Avoid vegetables canned with added salt and sugar.</p> <p>Do not overcook fresh vegetables, or cut them up a long time before cooking and leave them in water, or cook them early and re-heat before serving - these practices all reduce the vitamin content.</p> <p>Sugar can be added to sweeten very sour fruit.</p> <p>Avoid dried fruit with added sugar and vegetable oil. Serve dried fruit with meals and not as snacks.</p>

6. Menu Planning



Starchy Foods:

Bread, other cereals and potatoes

How much to serve?	Healthy choices	Other points
<p>Foods from this group should be offered at every meal, and can be useful foods to offer as part of snacks.</p> <p>These foods should make up about a third of the foods served each day.</p>	<p>All types of bread - wholemeal, granary, brown, wheatgerm, white, multigrain, soda bread, potato bread, chapattis, naan bread, rolls, bagels, pitta bread, wraps, tortilla</p> <p>Potatoes or sweet potatoes - boiled, mashed, baked or wedges</p> <p>Yam, and other starchy root vegetables</p> <p>Pasta and noodles - wholewheat and white</p> <p>Rice - brown and white rice</p> <p>Other grains such as couscous or bulgur wheat, maize (polenta) and cornmeal</p> <p>Breakfast cereals - low-sugar, low-salt cereals such as porridge, puffed wheat, wheat bisks, crisped rice or flaked wheat. Fortified cereals are a good source of iron.</p>	<p>Look for lower-salt breads</p> <p>Processed potato products like waffles or smiley faces should be avoided.</p> <p>Avoid fried rice or flavoured dried rice in packets.</p> <p>Avoid sugary breakfast cereals particularly between meals. (If a food contains more than 15g of sugar per 100g, it is considered a high-sugar food).</p>

6. Menu Planning

Meat, Fish & Alternatives

How much to serve?	Healthy choices	Other points
<p>Main meals should always contain an item from this group.</p> <p>Foods in this group are high in iron.</p>	<p>Meat - all types including beef, lamb, pork, chicken and turkey</p> <p>Fish includes:</p> <ul style="list-style-type: none">• White fish such as cod, haddock, plaice and coley.• Oil-rich fish such as herring and mackerel, salmon, trout, fresh tuna, sardines or pilchards. Canned tuna does not count as an oil-rich fish but is a good source of nutrients. <p>Eggs - including boiled, scrambled or poached, or in an omelette</p>	<p>Avoid processed meat products which are high in fat and salt, such as crumb-coated chicken products, burgers, pies and canned meats. Some meat products such as sausages are popular with under-5s. Choose good quality varieties if you serve these foods, and serve them no more than once a week</p> <p>If you are buying fish from a supermarket, look for the blue and white logo of the Marine Stewardship Council, which guarantees sustainability.</p> <p>Aim to serve oily fish once a week</p> <p>Serve processed fish products such as fish fingers or fish bites no more than once a week.</p> <p>Make sure fish dishes are free of bones.</p> <p>All eggs should be well cooked.</p>



6. Menu Planning



Meat, Fish & Alternatives (continued)

How much to serve?	Healthy choices	Other points
<p>Main meals should always contain an item from this group.</p> <p>Foods in this group are high in iron.</p>	<p>Pulses - including all sorts of beans, lentils and peas such as butter beans, kidney beans, chick peas, lentils, processed peas or baked beans</p> <p>Meat alternatives - such as soya mince, textured vegetable protein, quorn or tofu</p>	<p>Look for canned pulses with no added salt and sugar.</p> <p>Dahl and other dishes made from pulses should be made without adding a lot of oil and salt.</p> <p>Choose lower-salt and low-sugar baked beans.</p> <p>Processed products made from meat alternatives (e.g. Vegetarian sausages, burgers and pies) can be high in fat or salt and should not be served more than once in a week.</p>

6. Menu Planning

Milk and Milk Products:

Milk, cheese & yoghurt

How much to serve?	Healthy choices	Other points
Foods from this group should be offered at 2-3 meals and snacks each day.	<p>Milk - Whole milk should be served for under-2s. Over-2s can have semi-skimmed milk if they are good eaters.</p> <p>Cheese</p> <p>Yoghurt and fromage frais</p>	<p>Avoid unpasteurised milk and milk drinks with added sugar.</p> <p>Avoid unpasteurised cheese and mould-ripened (blue-vein) cheeses.</p> <p>Vegetarian cheese should be used where appropriate.</p> <p>Limit yoghurts and fromage frais that have high sugar content (often those with added bits or mousse style). If the sugar content on a yoghurt or fromage frais label says it has more than 15g of sugar per 100g, it is a high sugar option. It is preferable to add fresh fruit to natural yoghurt or fromage frais. Do not offer as snacks between meals.</p>

6. Menu Planning



Involving children and parents in planning menus

When planning menus it is good practice to discuss the food likes and dislikes of children with parents so that the menu plan can be altered accordingly. Children's cultural background has to be respected and any special dietary requirements should be taken into account.

Children should be encouraged to try different food tastes on a regular basis. However, they may not accept meals containing too many different or new flavours so try and introduce new tastes to your menu, one at a time.

If children have made suggestions for the menu it will give them a sense of pride and may also encourage them to eat.

Healthy cooking guidelines

- Home-made dishes will generally be healthier than ready meals because you can select your ingredients carefully and the salt content is likely to be lower.
- Uses of salt - avoid adding salt in cooking and at the table. Restrict the use of packet soups, stock cubes, packet sauces and other processed foods as they often have a high salt content. A high salt intake is linked to high blood pressure later on in life.
- Use of fats - use monounsaturated oils (rapeseed/canola/olive) or polyunsaturated oils (sunflower/ safflower) in cooking, but try not to fry foods more than once a week. Bake or grill rather than frying or roasting.
- Trim visible fat from meat and skin from poultry before cooking.

Purchasing Food Ingredients

Getting a balance between 'value for money' and providing 'quality' food can be a challenge. When buying food consider the following:

- Pasta, rice and bread are economical; as are eggs, pulses and tinned fish. Lean meat is often better value than cheaper fattier varieties.
- Check the list of ingredients - the longer the list, the poorer the quality in general.
- The ingredient list on food labels starts with the main ingredient and is in weight order.
- Compare foods and choose those that are lower in salt or sugar.
- If salt, sugar, or additives come high on the list it may be best to avoid.
- 'Value food' may not be good value if it is not acceptable to children or not good nutritionally.
- Sugar may appear on labels under different names: sucrose, maltose, lactose, dextrose, fructose, glucose, glucose syrup, xylitol, sorbitol, mannitol, raw sugar, brown sugar, molasses, and honey.

For advice on understanding food labels refer to the leaflet, 'Food using traffic lights to make healthier choices'.
(See section 10)



6. Menu Planning

Using local food producers:

- May be more economical.
- Seasonal produce can be used. For more information see Appendix 3.
- A relationship with the supplier can be developed.
- Environmental benefits such as limiting food miles.
- There may be an opportunity to take the children to visit the producer or supplier.
- May have improved taste and freshness.
- If the food is organic, you know the food will be free from pesticides.

3 week menu plan

It is recommended that a minimum of a three week cycle is used in Early Years settings.

A suggested menu plan is shown in Table 2.

Nutrition analysis of the 3 week menu

The menus for 1-4 year olds were analysed using the Caroline Walker Trust package.

The protein content of the menu is higher than recommended but is in line with eating patterns in the UK population and helps provide sufficient iron and zinc in the diet.

The average salt requirement for a 1-4 year old is 2.3g/day. This is based on guidance on target average salt intakes for children set by The Scientific Advisory Committee on Nutrition (SACN).³³ The suggested menus in these guidelines do not meet these salt targets. This is as a result of many commonly consumed foods such as bread, pitta bread, bread sticks and foods such as cheese, meats and fish products and tinned foods being high in salt. Food companies have started to reduce the salt contents of some of their foods but there is still along way to go if we are to achieve the salt targets set by SACN.

The UK Reference nutrient Intake (RNI) for vitamin D for children aged 6 months to 3 years is 7 μg per day.³⁴ Based on current dietary choices, achieving this is unlikely without supplementation. (See section 3 for more information.)

6. Menu Planning



Table 2: Menu (Week 1)

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	Pure unsweetened orange juice diluted with water Porridge Toasted wholemeal bread with spread/jam	Pure unsweetened apple juice diluted with water Baked beans (low salt and low sugar) Toasted muffin with spread	Pure unsweetened orange juice diluted with water Low sugar cereal with milk Toasted wholemeal bread with spread	Pure unsweetened apple juice diluted with water Boiled Egg with wholemeal bread and butter	Pure unsweetened orange juice diluted with water Grilled bacon with sliced tomato Small slice of toasted wholemeal bread with spread
Mid Morning Snack	Pear and nectarine slices	Milk Breadsticks Cheese cubes and apple chunks	Milk Mini scotch pancake	Milk Apple with grapes	Milk Houmous with celery sticks
Lunch	Lamb burgers Bubble and Squeak, peas Steamed jam sponge with custard	Chicken korma with brown rice and Naan bread Framage Frais with pineapple	Cottage Pie with peas and carrots Rhubarb Crumble and Custard	Grilled pork sausage, jacket potato, green salad and sweetcorn Fresh Fruit Salad	Salmon Fishcakes with mixed vegetables, green beans and oven chips Lemon meringue pie
Water and diluted fruit juice available					
Mid Afternoon Snack	Milk Cucumber and carrot fingers	Milk Popcorn, grapes and pears	Milk Cream Cracker with mint and cucumber dip Kiwi	Milk Mini muffin toasted with spread Melon and grape salad	Milk Chopped banana
Tea	Tuna and sweetcorn pasta Cherry tomatoes and green peppers Mandarin oranges in juice Digestive biscuit	Sardines on toast Sliced tomato Crunchy apple and pear bake	Macaroni cheese, Lettuce and cherry tomatoes Fresh fruit jelly	Chicken risotto with broccoli Fruit yoghurt	Eggy Bread Tomato cucumber and carrot platter Apricots and custard
e.g. at 5.00 pm					
Water and diluted fruit juice available					

6. Menu Planning

Table 2: Menu (Week 2)

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	Pure unsweetened apple juice diluted with water Low sugar cereal with milk Toasted wholemeal bread with spread/jam	Pure unsweetened orange juice diluted with water Wheat cereal biscuit with milk Small slice wholemeal toast with spread and jam	Pure unsweetened apple juice diluted with water Scrambled egg on wholemeal toast with spread	Pure unsweetened orange juice diluted with water Low sugar cereal with milk Toasted muffin with spread	Pure unsweetened apple juice diluted with water Cornflakes with milk and raisins Small slice of toasted white bread with spread
Mid Morning Snack	Milk Pineapple Breadstick	Milk Carrot and cucumber sticks Wholemeal toast fingers	Milk Peaches	Milk Toasted tea loaf with spread	Milk Banana
Lunch	Beef Stew New potatoes and peas Gingerbread	Homemade ham, tomato and cheese pizza with coleslaw, Potato wedges Green salad, cherry tomatoes Bakewell tart and custard	Roast chicken, broccoli, carrots, mashed potatoes with spinach and gravy Pineapple upside down pudding with vanilla ice cream	Spaghetti Bolognese with added carrots Peach crumble with custard	Fisherman's Pie (Whiting and Mackerel) with peas and broccoli Fruit sponge and custard
Water and diluted fruit juice available					
Mid Afternoon Snack	Milk Toast finger platters with grapes and peppers	Milk Mixed fruit platter	Milk Breadsticks with sliced apple	Milk Mini scotch pancake with spread /sliced strawberries	Milk Cream crackers with soft cheese, carrot and cucumber fingers
Tea	Ham and tomato sandwich Mandarin oranges with vanilla ice-cream	Tuna and sweetcorn on wholemeal toast Flagjack	Egg and Cress sandwiches Somerset apple cake with crème fraiche	Savoury pancakes with turkey and mushroom sauce Fruit cocktail in juice	Tortilla wrap with ham, lettuce and cucumber. Chocolate cereal cake
e.g. at 5.00 pm					
Water and diluted fruit juice available					



6. Menu Planning



Table 2: Menu (Week 3)

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	Pure unsweetened orange juice diluted with water Porridge Toasted wholemeal bread with spread/jam	Pure unsweetened apple juice diluted with water Low sugar cereal with milk Small slice wholemeal toast with spread and jam	Pure unsweetened orange juice diluted with water Scrambled egg on wholemeal toast with spread	Pure unsweetened apple juice diluted with water Low sugar cereal with milk Toasted muffin with spread	Pure unsweetened orange juice diluted with water Cornflakes with milk and raisins Small slice of toasted white bread with spread
Mid Morning Snack	Milk Breadsticks Kiw	Milk Banana	Milk Popcorn and sliced pears	Milk Apple chunks and sliced grapes	Strawberry and banana milkshake
Lunch	Steak and mushroom pie Croquette potatoes and peas Milk jelly with chopped pineapple	Baked salmon basted with olive oil New potatoes and green beans Fruit fromage frais served with strawberries	Boiled ham with baton carrots and cheesy cauliflower and broccoli bake Boiled new potatoes Fruit Flan	Fish pie (cod) made with peas and carrots, Potato wedges and mushrooms Rock bun and blancmange	Homemade chicken nuggets, oven chips, mixed vegetables Chocolate fudge pudding with custard
Mid Afternoon Snack	Milk Mini fruit scone with spread and a plum (or alternative seasonal fruit)	Milk Mini scotch pancake	Milk Apricot oat bar	Milk Small banana	Milk Finger food selection e.g. banana, apple and oatcake
Tea e.g. at 5.00 pm	Vegetable quiche served with carrot and cucumber sticks Peaches and custard	Baked beans with wholemeal toast squares Rice Pudding with stewed apple	Homous and pitta bread with tomatoes and oranges Raspberries	Quorn burger in a bun with lettuce and tomato Orange and lemon rice pudding	Sliced hard boiled egg with wholemeal bread soldiers with spread Fruit Yoghurt
Water and diluted fruit juice available					

6. Menu Planning

Healthy snacks and drinks

Pre-school children often have small appetites and need regular meals together with 2-3 snacks per day. Snacks are important to help meet the energy needs of children. Snacks should be healthy, taste good and should have a clear nutritional benefit in that they should provide essential nutrients rather than just calories. The best snacks to serve are fresh fruit and vegetables and those free of added sugars. For further suggestions, see figure 1.

To Avoid

Sugary snacks to avoid in the Early Years setting include biscuits, sugary pastries, and sugary desserts including yoghurts, dried fruit, sugary breakfast cereals and confectionery. These can damage teeth if served too often throughout the day. Foods such as yoghurts are best kept to mealtimes.

Foods such as crisps and savoury snacks are very high in salt and are not recommended.

Nuts- whole nuts can cause choking. Some children may suffer from nut allergies when even small amounts can cause serious and sometimes fatal reactions to sufferers. It is probably best therefore to ban nuts altogether. (See appendix 5 for more information).

Dried fruit- fine to eat as part of a pudding after a meal but can be bad for teeth if eaten as a snack. This is because of their sugary and sticky consistency.

For healthy snack suggestions see Figure 1.

General snack time rules

- We talk about the food
- We look at the food
- We feel the food
- We smell the food
- We taste the food
- We do not have to eat the whole snack
- We can say whether we like the food or not
- We only take a snack if there is enough for everyone to have a piece.

J Clarke, *Snack time*. 2005

Drinks

Infants

- Breastfed babies do not require any additional fluids other than breast-milk until they start to eat solid food.
- Bottle fed babies less than 6 months of age should only be given cooled boiled water if additional fluid is required.
- Breast milk or infant formula and water are the only suitable drinks for the first year of life.



6. Menu Planning



Figure 1: Snack ideas for Early Years settings

Mint and cucumber dip with cream crackers and kiwi	Finger food selection of apple, banana and oatcake	Mini muffin toasted with spread. Melon and grape salad	Mini scotch pancakes/ Mini pancakes and milk
Rice cakes and celery sticks filled with soft cheese. Fruit smoothies made with milk	Crackers served with soft cheese and sliced cherry tomatoes	Popcorn (unsalted and unsweetened). Grapes and pear slices	Fruit snack: peach, nectarine, kiwi, apple and plum segments
Sliced banana on toast	Wholemeal pitta served with houmous, cucumber and carrot sticks	Kiwi fruit and milk	Breadsticks, carrot and cucumber sticks and milk
Finger food selection: carrot, cucumber and baby sweetcorn with bread sticks and houmous	Tuna pâté on wholemeal toast. Sliced apple	Crumpet toasted with fat spread. Orange and grape salad	Soldiers of toast, apple slices and thin cheddar slices
Fruit platter and milk. Satsuma segments	Fresh fruit salad and milk	Oatcakes with cottage cheese. Apple	Mini scotch pancake with low fat spread and sliced strawberries

Adapted from aroline Walker Trust, Eating well for under 5's in childcare. 2nd edition 2006

6. Menu Planning

Pre-school children

- Water should be available to drink at any time of the day. Water quenches thirst, does not spoil the appetite and does not harm teeth. (See National Minimum Standards 11.2 'Fresh drinking water is available to children at all times')
- The only drinks that should be offered between meals are milk and water. Full fat milk should be the main milk drink until at least two years old, but semi-skimmed milk can be introduced from this age providing the child is a good eater and a variety of foods are taken. Skimmed milk is not suitable as the main drink for children under five years of age. When only one type of milk is provided in an early years setting it should be whole milk.
- Fresh fruit juice is an excellent source of vitamin C and it is best given with breakfast or a main meal as vitamin C helps iron to be absorbed. Juices are also acidic and can cause dental erosion and therefore should only be given at mealtimes and in a cup.
- Sugary drinks such as lemonade, colas and squashes contain added sugars and citric acid and are not necessary in a child's diet. They should not be offered at snack times and definitely not given in a bottle. They are a poor source of nutrients and contribute to dental caries/ dental erosion especially if sipped continuously from a bottle.
- Low calorie squashes/lemonade contains citric acid and can contribute to enamel erosion, therefore should be restricted to meal-times.
- Tea and coffee are not advised for under 5's as they contain caffeine and tannins. Caffeine acts as a stimulant and tannins interfere with the absorption of iron.

Birthdays and celebrations

Birthdays and celebrations are an important part of Early Years settings. In some, a tradition of lavish celebrations develops with cakes, biscuits, fizzy drinks and goody bags full of sweets. This may not be very healthy for children in large settings where there are lots of birthday to celebrate. It may be worth including information on birthdays to new parents in your healthy eating policy, see section 8.

It can include:

- How and when the cake will be served and who will provide it. Ideally it should be eaten as part of a meal, alongside nutritious savoury options.
- What kind of treats, if any, can be brought in by parents for other children?

Some settings may opt for a pretend cake with real candles which the children can blow out.



6. Menu Planning



Special Diets

The parent/guardian should inform the Early Years manager if their child requires a special diet, so that arrangements can be made to accommodate the child's requirements. Children can be on a special diet for a number of reasons. Children with special needs may require the texture of the food to be modified in a way that makes it easier to eat e.g. pureed or mashed. Children may also include or exclude foods according to their religious and/or other beliefs.

For children on a therapeutic diet, the parent/guardian or Dietitian will provide details of the children's diet in a form of a diet sheet. These diets can include gluten-free (Coeliac), diabetic, nut-free or milk-free diets. Therapeutic diets for food allergies are not uncommon in young children. Common food allergies include milk, egg, wheat, peanuts, nuts, seeds, soya, shellfish, fish and citrus fruits. A wide range of symptoms can occur when a child is exposed to an allergy such as milk protein in food, ranging from a mild reaction such as a rash to a very rapid and severe response where breathing becomes difficult (anaphylaxis).

A management plan should include:

- The child's details.
- Information on foods the child can and cannot eat.
- The emergency contact details for the parents or guardians.
- The emergency procedure to use if an allergic reaction occurs.
- The medication that the child can be given.
- Any staff training required.
- Any precautionary measures that are needed. (For example, for outings or special occasions)
- Review the diet on a regular basis, for example twice a year.

In Early Years settings it is useful for a photograph of any children with allergies to be put up in the food preparation area with details of the food they are allergic to, and a mention of where to find their management plan, to help new or temporary staff.

Sharing information with parents

If parents are informed of what the child has throughout the day it will help parents to plan for the evening meal and will give them an overall picture of how well their child is eating.

6. Menu Planning

Guidelines for caterers:

- Always wash your hands before and after preparing food.
- Never use cutlery for more than one dish without washing it first.
- Mop up spillages quickly.
- Avoid cross contamination.
- Use separate utensils for allergy diets.
- Aim for special diets to look like regular choices.

For information on peanut allergy, milk allergy and gluten free diets see Appendix 5.

Vegetarianism

Vegetarianism can be divided into four main groups:

- Partial vegetarian - red meat and offal are excluded but may still eat chicken and/or fish.
- Lacto-ovo vegetarian - red meat, offal, poultry, and fish are excluded. Children will eat milk and eggs.
- Lacto-vegetarian - red meat, offal, poultry, fish and eggs are excluded. Children will eat milk containing foods but not eggs.
- Vegans - all animal products are avoided.

Vegetarian diets

Babies and young children can obtain a nutritionally adequate vegetarian diet if a wide variety of foods are eaten. Remember to include foods from the four main food groups each day. However, the greater the degree of dietary restriction, the greater the risk of nutritional deficiency.

To ensure a healthy diet:

- Encourage regular meals and snacks.
- Choose alternative sources of protein to meat and fish such as eggs, soya products (e.g. soya mince, tofu), beans including baked beans, chick peas, lentils, chopped nuts and nut spreads. All these foods contain iron, which is the main nutrient at risk in a vegetarian diet.
- Other sources of iron containing foods to include are fortified breakfast cereals, bread, especially wholemeal, green leafy vegetables and dried fruit.
- Fruit, fruit juice and vegetables should be included, as they are rich in vitamin C, which enhances the uptake of iron from non meat sources in the body.
- Include energy dense foods e.g. spreading fats and cooking oils, seed and nut butters, cheese, avocados, dried fruit and houmous.
- Ensure an adequate calcium intake by offering milk, cheese, yoghurt and fromage frais on the menu.
- If cheese is served at the main course at lunchtime include a protein containing iron at the other main meal, for example beans, lentils or eggs.



6. Menu Planning



Vegan diets

Vegans do not eat any foods of animal origin. This includes meat, fish and dairy foods, and also honey. Vegan diets may be low in a number of nutrients such as energy, protein, vitamins B2 and B12, calcium, zinc and iron.

These diets need careful planning and vitamin supplements may be necessary to complement the menu. The Vegan Society recommends that vegans take supplements of Vitamin B12, Vitamin D and calcium.

When cooking food for vegetarians/vegans, who exclude food items for religious or ethical reasons, it is important that food given is not compromised in any way. For example, picking meat out of a dish already cooked is not appropriate. The vegetarian/vegan dish should be prepared first and the meat added later for other children.

Work in partnership with parents/carers/dietitian to devise a suitable menu for the child including foods the child is familiar with at home, and which particular foods are to be avoided e.g. gelatine and rennet.

Food customs of different cultures

Some groups in the community may have different food customs from those of your staff. The food customs may involve what foods are eaten, how the foods are prepared, what combinations of foods are used or when particular foods are eaten. Also periods of celebration and celebration foods may bring new events to the Early Years setting. It is important not to make assumptions about what a child eats from their name, religion or appearance. Always ask for specific information from parents. See Appendix 5 for more information.

Adapting Menus

In many cases, dishes that are provided for children with special dietary requirements are suitable for all children. This is especially the case with vegetarian dishes and cultural variations. However, where an alternative is provided, e.g. in milk-free diets, it is really important to ensure that the alternative looks similar to the regular choice.

Children from an early age want to feel part of the group and not be excluded. For example, using soya milk for custard or white sauce can enable the child on a milk-free diet to enjoy custard or fish pie alongside other children. It may be possible to make up a batch of the alternative food and freeze individual portions to save time later on.

It is also important that whatever foods need to be excluded they are replaced with a food from the same group wherever possible so the nutritional content of the meal is not affected.

Some settings highlight a child with an allergy by using a different coloured plate or specially marked placement. Whilst this could potentially cause the child to feel different, the settings have not seen this to be the case, and it means that all staff are aware of the allergy whichever room they work in.

6. Menu Planning

Checklist

	Practice	In Place	Planned	Not Planned
1	Are menus planned in advance?			
2	Is oily fish on the menu once a week?			
3	Is the menu cycle at least 3 weeks?			
4	Are bread/cereals/potatoes available at each meal?			
5	Are children offered 3/4 portions of fruit/veg a day?			
6	Are foods/drinks from the milk group available twice a day?			
7	Is there at least 1 item from the meat group on the daily menu?			
8	Is there sufficient variety of flavours and textures offered daily?			
9	Are snacks low in sugar?			
10	Is the menu low in salt?			
11	Is food waste monitored and recorded?			
12	Do qualified staff prepare meals?			
13	Do alternatives for special diets look like regular choices?			
14	Is local seasonal food purchased?			
15	Are copies of the menu made available to the parents and/or displayed in a prominent area in your setting?			
16	Is one person responsible for food and nutrition issues?			
17	Are religious /cultural/special diet requests observed?			
18	Are parents given the opportunity to provide suggestions for the menu?			

We strongly recommend you do not write on but photocopy this checklist.



7

Food Hygiene and Safety



7

- Food hygiene
- Personal hygiene
- Food preparation
- Cooking and chilling
- Kitchen hygiene
- Checklist



7. Food hygiene and safety



Food hygiene

Children are more vulnerable to food poisoning than adults and so it is particularly important for extra care to be taken when preparing food in Early Years settings. Food poisoning can be a serious illness for infants and young children. It is essential to store, prepare and present food in a safe, hygienic environment to help prevent harmful bacteria spreading and growing and to avoid food poisoning.

Food poisoning occurs when the food consumed contains harmful bacteria, viruses or other microbes, collectively known as germs.

Germs are very hard to detect since they do not usually affect the taste, appearance or smell of food. The most serious types of food poisoning are due to bacteria. The more bacteria present, the more likely you are to become ill. Bacteria multiply very quickly and to do so need moisture, food, warmth and time.

All settings that regularly serve snacks or meals on the premises should be registered as a food business with their local Environmental Health Department.

Most food poisoning is preventable.

Children may bring food from home to eat while they are in childcare. It is helpful if the childcare setting has its own food and nutrition policy (see Section 8). This can be given to parents to help them choose and prepare food which is sent from home. For further information see Appendix 6.

General safety issues

- All food handlers must have completed a recognised Food Hygiene course, for example, Level 2 Food Hygiene Certificate, before providing food. It is recommended that training be repeated at least once every 3 years.
- Children under 5 should never be left alone while they are eating in case they choke.
- All highchairs should be fitted with a safety harness which should be used at all times when children are in their chairs.
- Children should never be left unsupervised while in a highchair.
- Whole pieces of nut should not be given to under-5s in case of choking.
- Insulated cool boxes, or a cool box with cool packs, should be used for carrying food when taking children on trips or outings.



7. Food hygiene and safety

Personal hygiene

Regular hand washing is important for personal cleanliness. All staff should be reminded of the need for this prior to starting or returning to work.

Hands should be washed regularly throughout the day and especially:

- **BEFORE:** preparing food; eating; helping children to eat; attending to babies
- **BETWEEN:** handling raw foods (meat, fish, poultry and eggs) and touching any other food or kitchen utensils
- **AFTER:** preparing food, especially raw foods; visiting the toilet; toileting children; emptying rubbish/ waste bins; changing nappies; caring for sick children, especially those with gastro-intestinal disorders; coughing or sneezing, especially if you are unwell; handling and stroking animals; taking a break; smoking
- Always use warm water. Its better to wet hands before applying soap as this prevents irritation. (Use anti-bacterial liquid soap)
- Rub hands together vigorously for about 15 seconds, making sure both sides of the hands are washed fully, around the thumbs, between each finger and around and under nails.
- Rinse with clean water
- Dry hands thoroughly - 1000 times as many germs spread from damp hands than dry hands. Use a clean dry towel, paper towel or air dryer.

It is also important that children are taught basic hygiene themselves - for example washing their hands with soap and water before eating meals or snacks and after going to the toilet or handling animals and not eating food that has fallen on the floor.

See section 10 for personal hygiene and food safety contact information.



7. Food hygiene and safety



Food preparation

To help stop bacteria from spreading:

- Don't allow raw meat to touch other foods. Store raw meat/poultry in clean containers on the bottom shelf of the fridge, so it can't touch or drip onto other foods.
- Use separate boards and utensils for raw meat and fish and wash thoroughly between uses
- Always wash your hands thoroughly after touching raw meat and before touching anything else.
- Root vegetables such as carrots and parsnips should always be peeled and topped and tailed. Fruit and vegetables to be eaten raw should be peeled for very young children and washed well.
- Do not use unpasteurised milk or milk based products, such as cheese and yogurt made from unpasteurised milk
- Food stocks should be rotated and food beyond its use-by date discarded.
- Do not leave food around the kitchen uncovered
- Thaw frozen food completely before cooking unless instructions state "cook from frozen". Thaw in fridge rather than at room temperature.

Cooking and chilling

Bacteria multiply best between 5 and 63°C but are killed at temperatures of 75°C and above for 30 seconds. At temperatures below 5°C, most bacteria remains dormant but can start to multiply again if warm conditions return. That is why proper cooking and chilling of food can help reduce the risk of food poisoning.

Cooking food properly will help make sure that any harmful germs are killed.

- Cook food until it is 'piping hot' all the way through.
- Hot food should be kept above 63°C and reheated only once to above 75°C (stirring during re-heating to ensure all parts are heated
- Eggs given to babies or toddlers should be cooked until both the yolk and white are solid.
- Chill foods in a fridge below 5°C. Freeze foods below -18°C.
- Leftover food should be cooled as quickly as possible (ideally within one to two hours) and then stored in the fridge. Leftovers should not be kept for longer than two days.
- Do not leave perishable food at room temperature for more than two hours. Perishable food brought from home, including sandwiches, should be kept in a fridge or cool place below 5°C.



7. Food hygiene and safety

Other foods that need to be stored in the fridge include:

- Eggs should be kept in the fridge, in their box. (Ensure that the eggs have a Lion Quality Mark).
- Keep prepared cold foods in the fridge until it's time to eat them. Dairy products should be stored in the fridge too.
- Many foods now need to go in the fridge once they've been opened - check the labels to see which ones.
- Never put open cans in the fridge - transfer contents into a storage container or covered bowl, and remember to use within two days (date the container to avoid using the food after this time).
- Store foods in separate covered containers. Cover dishes and other open containers with foil or film. Don't re-use foil or film to wrap other foods.
- Food stocks should be rotated and food beyond its 'use-by' date discarded.

Kitchen Hygiene

- Detergents or degreasers are required to clean items or areas that are greasy or oily e.g. grills. These materials do not kill bacteria.
- Disinfectants should be used on surfaces that come into contact with food or hands after using a detergent (to kill bacteria)
- Sanitisers are chemicals that have detergent and disinfectant properties. When used in food preparation areas they must be suitable for use in a food environment.

It's very important to keep worktops and chopping boards clean to prevent cross-contamination:

- Spilt food needs to be wiped up straight away.
- Worktops should always be washed thoroughly and sanitised with antibacterial cleaner after they have been touched by raw meat, including poultry, or raw eggs.
- Ready-to-eat food, such as salad, bread or fruit, must not be put on a worktop or chopping board that has been touched by raw meat, unless it has been washed and sanitised thoroughly first.
- Ideally, it's better to have separate chopping boards and knives for raw meat and for ready-to-eat food, colour coding equipment is useful.
- Kitchen cloths and sponges should be washed and disinfected regularly and left to dry before using them again. Dirty, damp cloths are the perfect place for bacteria to breed.

7. Food hygiene and safety



- Disposable kitchen towels are ideal for wiping worktops and chopping boards. The kitchen towel must be thrown away after it has been used once.
- Wash and sanitise knives, spatulas, tongs, etc to prevent bacteria spreading to food. Wash them thoroughly after using them with raw meat.
- Waste - There must be adequate arrangements in place for the disposal of food waste and other refuse. Lidded, readily cleansable bins must be provided and the waste should be regularly removed from the kitchen and stored so as to not attract pests.
- Pest control - To prevent the contamination of food stuffs, all reasonable precautions must be taken to prevent food pests namely rats, birds, mice, cockroaches and flying insects gaining entry into food storage and preparation areas, e.g. 'fly screens and electric fly killer.



7. Food hygiene and safety

Checklist

	Practice	In Place	Planned	Not Planned
1	Do all food handlers thoroughly wash and dry their hands with antibacterial liquid soap before and after handling food?			
2	Are foods that are prepared in advance kept in the fridge?			
3	Are work surfaces, chopping boards and equipment cleaned thoroughly (sanitised) before the preparation of raw food?			
4	Are 'ready to eat' foods kept away from raw meat, eggs and unwashed vegetables?			
5	Is equipment cleaned and washed as you go?			
6	Are foods checked regularly to ensure they are within the use by date?			
7	Is perishable food placed in a fridge as soon as possible after purchase?			
8	Do all kitchen areas have a hand wash facility with liquid antibacterial soap, hot and cold water and suitable hand drying facilities?			
9	Are all fridges kept at a temperature of 0-5°C indicated by a fridge thermometer?			
10	Do all food handlers have a current food hygiene certificate?			
11	Do children wash their hands before meals and snacks?			
12	Is all food at meals and snacks served on plates or bowls?			

We strongly recommend you do not write on but photocopy this checklist.

8

Developing a Healthy Eating Policy



8

- Advantages of having a healthy eating policy
- Sample Healthy Eating Policy
- Checklist



8. Developing a Healthy Eating Policy

Advantages of having a Healthy Eating Policy

A successful healthy eating policy is one that is written in consultation with the parents as well as listening to the children in your care. It is vital to include some parents in the group developing the policy as together you have the potential to influence the eating habits of your children. Good communication is the key to ensuring that your written policy is endorsed by all, including staff, children and their parents.

As a childcare setting you may well have a lot of 'unwritten' rules about food and eating, and formulating them into a written policy ensures that everyone has a chance to agree these ideas. In addition, they provide information to new parents about your approach to healthy eating.

Another advantage of having a written policy is that it helps to ensure that the food sent with the children by their parents to the Early Years setting complies with your healthy eating policy as the manager is responsible for all the food eaten within the Early Years setting.

Monitor the policy regularly and address any aspects that are not being adhered to. When the policy is written, provide a copy for all parents and staff. Give new parents and new staff a copy when they start and explain how the policy relates to them.

Factors to consider when writing a policy

- How you will communicate the policy and work in partnership with parents?
- Types of food and drink you will provide.
- How you will encourage eating well?
- How you will deal with problem eaters?
- What food can parents bring from home?
- How you will celebrate special events?
- How you will encourage active play?
- How you will ensure food safety?
- How will staff be trained and updated?
- How you will care for the environment e.g. waste, sourcing local food?

How to involve parents and carers

- make menus available to parents
- ensure all staff are willing to work with the policy
- provision of training as to ensure staff are confident in implementing the policy.



8. Developing a Healthy Eating Policy

Sample Early Years Healthy Eating Policy

Statement of intent

We regard snack and meal times as an important part of the day. Eating represents a social time for children and adults and helps children to learn about healthy eating.

Aim

At snack and meal times, we aim to provide nutritious food, which meets the children's individual dietary needs. We aim to meet the full requirements of The Care Standards Inspectorate Wales on Food and Drink.

Other considerations

- Mothers will be supported to continue breastfeeding their children.
- Babies will be held upright while bottle feeding. No bottles will be propped.
- Our weekly menu will be on display in advance.
- Recipes will be available to parents upon request.
- Parents are encouraged to offer menu suggestions or comments on the nutrition policy.
- All children will have suitable food available depending on their age, development and needs, using the recommended servings table as a guide. This will include children with special dietary requirements.
- Breakfast will be available for children not having it at home. Parents are responsible to inform the Early Years if their child needs breakfast on arrival.
- Full fat milk will be served as a drink for children under 2. A low-fat or semi-skimmed milk option will be available at parents' request for children over 2 years of age, who eat a varied diet.
- Water will be available at all times.
- Fizzy drinks and squash will not be provided.
- Diluted pure unsweetened fruit juice, milk or water will be served with main meals.
- Children will be allowed to have dessert if they do not eat their main course.
- Parents will be advised if their child is not eating well.
- Parents of children on special diets will be asked to provide as much information as possible about suitable foods. In some cases, parents may be asked to provide food themselves.
- Carers will sit with the children when they eat and encourage good eating habits and table manners.
- Children will be given plenty of time to eat.

8. Developing a Healthy Eating Policy

- Children will sit when eating or having a drink.
- Withholding food will not be used as a form of punishment.
- Parents are asked not to send sweets, crisps and other snack foods to the Early Years setting.
- Birthday party food should be discussed in advance with the staff.
- All food in the Early Years setting will be stored, prepared and served using good food safety practices.
- Staff will receive training in relation to healthy eating and food safety.
- Children will be encouraged to play outside every day, weather permitting, to ensure they receive sunlight which helps their bodies to make vitamin D.
- This policy will be displayed in the reception area. It will be reviewed annually.
- A specific allergy plan will be in place to deal with any child having an allergic reaction.

(Adapted from, 'Eating well for under 5's in Childcare'. Caroline Walker Trust 2006)



8. Developing a Healthy Eating Policy

Checklist

	Practice	In Place	Planned	Not Planned
1	Do you have a healthy eating policy?			
2	Are activities promoting healthy eating provided?			
3	Have you involved parents in developing your healthy eating policy?			
4	Have staff been trained in implementing the policy?			
5	Have all staff been provided with a copy of the healthy eating policy?			
6	Are all new parents given a copy of the healthy eating policy?			
7	Is there a procedure in place to monitor the policy?			
8	Is a copy of the policy visible for staff and parents to easily see in your setting?			
9	Are supporting posters on display?			
10	Are supporting leaflets available to parents?			

We strongly recommend you do not write on but photocopy this checklist.

9

Implementation and training



9

- Implementation
- Training courses
- Checklist



9. Implementation and Training



Implementation

We hope that all Early Years childcare settings will implement the guidelines, in particular those childcare settings offering full day provision.

Training Courses

Basic Food Hygiene courses are available for a minimal cost locally. NVQ level training is available from local colleges in food handling and preparation skills.

Open College Network courses in 'Food and Nutrition Skills' and 'Practical Cookery Skills' are being delivered by dietitians across Wales. These are available at levels 1, 2 and 3. To access these courses mail to: lifestyles@wales.gsi.gov.uk



9. Implementation and Training

Checklist

	Practice	In Place	Planned	Not Planned
1	Do you have a nutrition and oral health training policy?			
2	Have all food handlers received food hygiene training?			
3	Have staff had advice and guidance on nutrition in Early Years?			
4	Have staff had advice and guidance on oral health?			
5	Have catering staff had advice and guidance on menu planning?			

We strongly recommend you do not write on but photocopy this checklist.



10

Further information



10

- Who to contact
- Useful addressess
- Resources



10. Further information



Who to Contact?

- For local breastfeeding support contact your Maternity and Health Visiting Services or the National Breastfeeding Helpline: 0845 209 0920
- Healthy Start Scheme. Details of entitlement and how to access the scheme can be found on the Healthy Start website: www.healthystart.nhs.uk
- The Anaphylaxis Campaign publishes food lists and campaigns for better labelling on food. You can contact them at:

The Anaphylaxis Campaign
PO BOX 275
Farnborough,
Hampshire
GU14 6SX

- Further information in relation to special diets for children can be obtained from the Paediatric Dietitians at your new Local Health Board.
- For further information on food hygiene see the Foods Standards Agency advice at www.food.gov.uk/safereating/hyg or contact your Local Authority Environmental Health Department
- Personal hygiene and food safety information and activity ideas for children can be found at: www.foodlink.org.uk
- For further information on standard recipes and portion sizes, see the Caerphilly Early Years website - www.caerphilly.gov.uk/earlyyears/english/earlyyears.htm
- Help and advice on finding a dentist can be obtained from the following phone number: 0845 601 028



10. Further information

Useful addresses

Association of Breastfeeding Mothers

P.O. Box 207
Bridgwater
Somerset, TA6 7YT
Tel: 0844 412 2949
www.abm.me.uk

BLISS - the premature baby charity

9 Holyroad Street
London Bridge
London
SE1 2EL
Freephone: 0500 618 140
www.bliss.org.uk

Breastfeeding Network

P O Box 11126
Paisley
PA2 8YB
Tel: 0844 412 4664
www.breastfeedingnetwork.org.uk
Helpline Tel. 0844 412 4664

Child Growth Foundation

2 Mayfield Avenue
Chiswick
London
W4 1PW
Tel: 020 8995 0257
www.heightmatters.org.uk

Food Standards Agency

11th Floor
Southgate House
Wood Street
Cardiff
CF10 1EW
www.foodstandards.gov.uk/wales

La Leche League

P.O. Box 29
West Bridgford
Nottingham
NG2 7NP
Tel: 0845 1202918 (24hr helpline)
www.laleche.org.uk

Midirs

Midwives Information & Resource Service
9 Elmdale Road
Clifton Bristol
BS8 1SL
Tel: 0800 581009
www.midirs.org

National Breastfeeding Helpline

0844 209 0920

National Childbirth Trust

Alexandra House
Oldham Terrace
London
W3 6NH
Tel: 0300 3300 770 (enquiry line)
0300 3300 771 (breastfeeding
helpline 8.00a.m-10.00p.m)
www.nctpregnancyandbabycare.com

The British Dietetic Association

5th Floor
Charles House
148/9 Greet Charles Street Queensway
Birmingham
B3 3HT
Tel: 0121 2008080

Maternity Action

The Grayston Centre
28 Charles Square
London
N1 6HT
www.maternityaction.org



10. Further information



Lactation Consultants of Great Britain

PO BOX 56
Virginia Water
GU25 4WB
www.lcgb.org

Baby Milk Action

34 Trumpington Street
Cambridge
CB2 1QY
Tel: 01223 464420
www.babymilkaction.org

UNICEF/Baby Friendly Initiative

30a Great Sutton Street
London
EC1V 0DU
Tel: 0207 375 6052

Hiring of a breast pump:

Ameda Egnell Ltd
Unit 1
Belvedere Trading Est, Taunton
Somerset
TA1 1BH
Tel: 01823 336362

British Dental Association Wales

Floor 4
2 Caspian Point
Cardiff Bay
CF10 4DQ
Tel: 02020 496174
www.bda.org

The Caroline Walker Trust

PO Box 61
St Austell
PL26 6YC
www.cwt.org.uk

Wales Pre-school Playgroups Association

Unit 1
The Lofts
Hunter Street
Butetown
Cardiff
CF10 5GX
Tel: 02920 451242
Email: info@walesppa.org

British Nutrition Foundation

High Holborn House
51-54 High Holborn
London
WCV1 6RQ
Tel: 020 74046504
www.nutrition.org.uk

The Vegetarian Society of the UK

Parkdale, Dunham Road
Altrincham, Cheshire, England
WA14 4QG
Tel: 0161 925 2000
www.vegsoc.org

Mudiad Ysgolion Meithrin

Boulevard De Saint-Brievc
Aberystwyth
SY23 1PDF
Tel: 01970 639639



10. Further information

Resources

Cookery Books

Feed Me! (Gerrie Hawes)
The fresh daisy cookbook for babies and toddlers. Kyle Cathie Ltd. London. 2005
ISBN 185626615X

Cooking tasty, healthy food
Hope Education
Chester
www.ndma.org.uk

New complete baby and toddler meal planner. (Annabel Karmel)
Ebury press. London.
ISBN 0 0924 8 55

Big Book of Recipes for babies, toddlers and children: 365 quick, easy and healthy dishes. (Bridget Wardley)
Duncan Baird. London.
ISBN 1 8448 3 0365

Other books

Handa's Surprise (Eileen Browne)
Walker books.
ISBN 0 7445 5473 X

Eating the Alphabet (Lois Ehlert)
Harcourt Brace Big Books.
ISBN 0 15 200902 7

It's fun to eat fruit (Sandra Passmore and Naomi Molesworth)
Birmingham Health Education Unit.
ISBN 1 903693 08 X

It's fun to eat vegetables (Sandra Passmore and Naomi Molesworth)
Birmingham Health Education Unit.
ISBN 1-903693-12-8

Cool as a cucumber (Sally Smallwood)
Zero to Ten.
ISBN 1 84089 227 7

Sweet as a strawberry (Sally Smallwood)
Zero to Ten.
ISBN 1 84089 228 5

I love food
Reading aloud.
ISBN 0 7496 4842 2

Vegetables
Moonlight Publishing/First Discovery.
ISBN 1-85103-086-7

Fruit
Moonlight Publishing/First Discovery.
ISBN 1 85103 081 6

Food and Farming (Rob Bowden)
Sustainable world. Hodden Childrens books.
ISBN 0 7502 3987 5

Set of books in series
Apples ISBN 0431 127182
Bananas ISBN 0431 12775 1
Carrots ISBN 0431 12776X
Oranges ISBN 0431 127778

'Food' Heinemann First library

Vegetables
Hodder Wayland.
ISBN 0 7502 3456 3

Fruit
Hodder Wayland.
ISBN 0 7502 3461 X

The Very Hungry Caterpillar (Eric Carle)
Puffin.
ISBN 0 14 138032 2

I Eat Vegetables (Hannah Tofts)
Zero to Ten.
ISBN 1 84089 163 7

10. Further information



Pancakes, Pancakes (Eric Carlis)
Simon and Schuster

Oliver's Vegetables (Vivian French)
Hodder Children's Books

Eat your Peas (Kes Gray and Nick Sharrott),
Bodley Head Children's Books,
Random House

Having a Picnic (Sarah Garland)
Bodley Head Children's Books

The Tiger Who Came to Tea (Judith Kerr)
Harper-Collins

The Tale of Squirrel Nutkin (Beatrix Potter)
Penguin

Molly at the Dentist (Angie Sage) David
and Charles Children's Books (Flap Book)

Green Eggs and Ham (Dr Seuss) Picture
Lions

Don't Put Your Finger in the Jelly, Nelly (Nick Sharrat)
Scholastic

Harry Starts to Enjoy His Food (Sarah, Duchess of York).
Lloyds Pharmacy
Activities

FOOD Themes for Early Years
Scholastic.
ISBN 0 590 53719 9

Posters

Various food posters available from:
Comic Company
www.comiccompany.co.uk

Leaflets

Eating for breastfeeding.
FSA 2005

Safer bottle feeding
Welsh Assembly Government 2006

Easy to cook family food for your baby
set of 3 magnetic leaflets
Welsh Assembly Government 2009

Help ... my child is fussy with food
Welsh Assembly Government 2009

Feeding the toddler.
FSA. 2007

Food for the growing years. Advice for feeding 1-5 year olds.
The British Dietetic Association Paediatric Group. 2006

Baby Nosh. A five minute guide to introducing your baby to food.
The National Dairy Council. 2007

Tiny Tums! A five minute guide to healthy eating for the under-fives.
The National Dairy Council. 2007

My child still won't eat.
Feeding matters The Children's Society 2000

Preventing Skin Cancer
How to be sunsmart
Welsh Assembly Government 2007



10. Further information

Food using traffic lights to make healthier choices

FSA 2007

Birth to Five: Your Complete Guide to Parenthood and the First Five Years of Your Child's Life

Welsh Assembly Government 2008

Videos

Food for life - a parents guide to weaning

Trafford North Primary Care Trust. 2005

Breast feeding - The Best Start

Newport Sure Start 2001

Training Materials

Eating Well for Under 5's in Childcare: Training Materials for People working with under 5's in Childcare

2nd Edition 2006 Caroline Walker Trust
ISBN 1 897820224

Adventures in Foodland

Nutrition resource aimed at carers of pre-school children

Welsh Assembly Government 2009



11

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11

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12

Appendices



12

- Appendix 1** How to make up infant formula
- Appendix 2** Guide to introducing babies to food
- Appendix 3** Seasonal fruit and vegetables
- Appendix 4** Table 1 Diet reference values for the UK
Table 2 Nutrient-based standards for food prepared for 1-4-year olds in childcare: Summary of Recommendations
Table 3 Nutrient-based standards for food prepared for 1-4-year olds in childcare. This table provides figures for the recommended nutrient content of an average day's food and drink intake over a period of one week or more
- Appendix 5** Special diets



12. Appendices



Appendix 1

How to make up Infant formula

Bottles should be made up freshly for each feed (Welsh Assembly Government, 2008). Food poisoning bacteria can multiply if formula is stored above 5°C. Storing made up formula feeds may increase the chance of a baby becoming ill and should be avoided.

- Before making up a feed, clean the surface you are going to use.
- It is really important that you WASH YOUR HANDS.
- If you are using a cold water steriliser, shake off any excess solution from the bottle and the teat or rinse the bottles with cooled boiled water from the kettle.
- Stand the bottle on clean surface.
- Keep the teat and cap on the upturned lid of the steriliser. Avoid putting them on the work surface.
- Use fresh tap water to fill the kettle.
- After it has boiled let the water cool for no more than half an hour.
- Always put the cooled, boiled water in the bottle first.
- Always check the water level is correct. Failure to follow the manufacturer's guidelines may increase the chance of the baby becoming ill.
- Loosely fill the scoop with formula powder and level it off without compacting it. Follow manufacturers instructions and only use the scoop supplied with formula.
- ADD THE FORMULA POWDER TO THE WATER.
- Making up a feed with too much powder can give the baby constipation.
- Holding the edge of the teat put it on the bottle.
- Screw the retaining ring onto the bottle.
- Cover the teat with a cap. Shake the bottle until the powder is dissolved.
- If you want to cool the baby's milk, hold the bottle, with the cap covering the teat, under cold running water.
- Test the temperature of the feed by dropping a little onto the inside of your wrist.
- THROW AWAY ANY LEFTOVER MILK.



12. Appendices



12. Appendices



Appendix 2

Guide to introducing babies to food

Fluid	No solids before 6 months	6 months (26 weeks)	6-9 months	9-12 months	12 months
Exclusive Breast Feeding	WHO 2001 WAG 2008	Continue breastfeeding Start solids	Continue breastfeeding Offer solids	Continue breastfeeding Cooled boiled water Offer solids (breastfeeds will gradually decrease as solid intake increases)	Continue breast feeding Whole cow's milk may be offered as a drink from a cup If weaned from the breast OR if formula fed a minimum 350mls of formula milk or whole cow's milk daily OR 2 servings of dairy products (eg. Yoghurt, cheese, cheese sauce) Discourage large volumes of cow's milk (No more than 600mls/day)
Formula Fed	No solids before 6 months WHO 2001 WAG 2008 May need small amount of additional cooled boiled water DoH 2004	Infant formula Cooled boiled water Start solids	500-600mls Breast milk/ Infant formula Cooled boiled water Offer solids	500-600mls Breast milk/ Infant formula Cooled boiled water Offer solids	Offer water to drink Offer 3 meals /day. Unsweetened fruit juice may be offered with meals (not as main drink)
Breastfed & Formula Fed	No solids before 6 months. WHO 2001 DoH 2003 May need small amount of additional cooled boiled water	Breast milk/ Infant formula Cooled boiled water Start solids	Breast milk/ Infant formula Cooled boiled water Offer solids	Breast milk/ Infant formula Cooled boiled water Offer solids	

12. Appendices

Food	Recommend wait until 6 months	6 months (26 weeks)	6-9 months	9-12 months	12 months
Starchy Foods	Smooth cereals e.g. rice based, potatoes	Smooth cereals e.g. rice based, potatoes 1-2 Servings per day	Start to introduce more cereals including wholemeal bread, 'lumpier texture' 'finger foods' e.g. Toast	Starchy foods of normal adult texture 3-4 Servings per day	Starchy foods of normal adult texture Discourage high fat foods, savoury snacks and pastry 1 serving at each meal
Veg & Fruit	Recommend wait until 6 months Soft-cooked vegetables and fruit as a smooth puree	Soft-cooked vegetables and fruit as a smooth puree 1-2 Servings per day	Raw soft fruit & vegetables (as finger foods) Cooked fruit + vegetables can be a coarser/ mashed texture 2 Servings per day	Lightly cooked or raw foods. Chopped finger foods Vitamin C containing foods e.g. tomatoes/ unsweetened orange juice, if diet is meat free 3-4 Servings per day	Adult texture for fruit and vegetables 5 tastes (child size portions) per day
Meat & Meat Alternatives e.g. fish, pulse, eggs	Recommend wait until 6 months Use soft cooked meat and pulses as a puree	Use soft cooked meat and pulses as a puree At least 1 Serving per day	Soft cooked minced or puree meat/fish/pulses Hard boiled egg can be used as a finger food. 1 Serving per day	Minced/chopped cooked meats/fish/pulses Minimum 1 servings per day from animal source or 2 from vegetable sources	Encourage lean meat and oily fish Minimum 1 serving per day from animal source or 2 from vegetable sources
Other advise	Recommend wait until 6 months Encourage savoury foods rather than sweet ones No gluten containing foods	Encourage savoury foods rather than sweet ones Introduce cup or beaker Avoid adding salt and sugar to foods.	Can have gluten containing foods Full fat cheese & yoghurt can be included Introduce cup or beaker Limit salty foods	Limit salty foods	Limit crisps and savoury snacks Do not add sugar to drinks Encourage three meals a day Discourage snacking on foods high in fat, salt and sugar



12. Appendices



Appendix 3

Seasonal Fruit and Vegetables

Fruit and vegetables in season have the best flavour and do not have to be transported hundreds or thousands of miles.

January

Jerusalem artichokes, Brussels sprouts, cabbage, carrots, cauliflower, celeriac, curly kale, endive, garlic, leeks, mushrooms, onions, parsnips, main crop potatoes, salsify, shallots, swede, turnip.

February

Jerusalem artichokes, Brussels sprouts, cabbage, carrots, cauliflower, celeriac, chard, chicory, garlic, kohlrabi, leeks, mushrooms, onions, parsnips, main crop potatoes, purple sprouting broccoli, swede, turnip.

March

Jerusalem artichokes, asparagus, cabbage, carrots, cauliflower, garlic, leeks, parsnip, purple sprouting broccoli, radishes, rhubarb, mushrooms, onions, parsnips, main crop potatoes, sorrel, spring onions.

April

Jerusalem artichokes, asparagus, broad beans, cabbage, carrots, cauliflower, kale, leeks, mushrooms, spring onions, new potatoes, purple sprouting broccoli, rhubarb, spinach.

May

Asparagus, broad beans, cabbage, carrots, cauliflower, French beans, lettuce, mushrooms, new potatoes, rhubarb, spinach, strawberries, watercress.

June

Globe artichokes, asparagus, aubergines, broad beans, runner beans, beetroot, calabrese, cabbage and carrots, early summer cauliflower, courgettes, cucumber, wet garlic, gooseberries, kohlrabi, lettuce, mangetouts, mushrooms, spring onions, new potatoes, peas, peppers, red currants, raspberries, red currants, rhubarb, Scottish earlies, spinach, strawberries, sweetcorn, tomatoes, turnip, watercress.

July

Globe artichokes, aubergines, blackberries, broad beans, French beans, runner beans, beetroot, blackcurrants, calabrese, carrots, cauliflower, celery, courgettes, cucumber, fennel, garlic, gooseberries, kohlrabi, lettuce, loganberries, mangetout, mushrooms, new potatoes, spring onions, peas, peppers, raspberries, red currants, Scottish earlies, spinach, strawberries, sweetcorn, tomatoes, turnip, watercress.

August

English Apples (Discovery), globe artichokes, aubergines, broad beans, runner beans, beetroot, blackberries, blackcurrants, calabrese, carrots, cauliflower, celery, cherries, courgettes, cucumber, fennel, garlic, greengages, kohlrabi, leeks, loganberries, mangetout, marrow, mushrooms, new potatoes, onions, spring onions, peas, peppers, plums, main crop potatoes, pumpkins, raspberries, shallots, spinach, strawberries, sweetcorn, tomatoes, turnip, watercress.

12. Appendices

September

English Apples (Katy, Worcester Pearmain, Blenheim Orange, James Grieve), globe artichokes, aubergines, beetroot, blackberries, white cabbage, calabrese, carrots, cauliflower, celeriac, celery, courgettes, cucumber, damsons, elderberries, fennel, figs, garlic, greengages, kohlrabi, leeks, lettuce, mangetout, marrows, mushrooms, new potatoes, onions, spring onions, pears, peppers, plums, main crop potatoes, pumpkins, raspberries, sweetcorn, tomatoes, turnip, watercress.

October

Apples (Spartan, Cox's Orange Pippin, Egremont Russet), beetroot, British sprouts, calabrese, carrots, cauliflower, celeriac, celery, garlic, kale, leeks, lettuce, marrows, mushrooms, onions, pickling onions, spring onions, parsnips, pears, peppers, main crop potatoes, pumpkins, squash, swede, sweetcorn, turnip, watercress.

November

Apples, beetroot, British sprouts, cabbage, calabrese, carrots, cauliflower, celeriac, celery, garlic, leeks, mushrooms, onions, spring onions, parsnips, peppers, pears, main crop potatoes, pumpkins, quince, swede, turnip.

December

Apples, British sprouts, green cabbage, red cabbage, carrots, cauliflower, celeriac, celery, garlic, curly kale, leeks, mushrooms, onions, parsnips, main crop potatoes, swede, turnip.



12. Appendices



Appendix 4

Table 1: Dietary Reference Values for children in the UK³⁵

Nutrient		1-2 year olds	3-4 year olds	1-4 year olds
Energy	kcal	1,100	1,480	1,290
	MJ	4.6	6.2	5.4
Total fat	g	42.8	57.6	50.2
Carbohydrate	g	146.7	197.3	172.0
Non-milk extrinsic sugars (NME sugars)	g	32.3	43.4	37.8
Protein	g	14.5	17.1	15.8
Iron	mg	6.9	6.5	6.7
Zinc	mg	5.0	5.8	5.4
Calcium	mg	50	400	375
Vitamin A	μg	400	450	425
Vitamin C	mg	30	30	30
Sodium	mg	800	1,000	900
Salt	.g	2	2.5	2.3

12. Appendices

Table 2: Nutrient-based standards for food prepared for 1-4 year olds in child care

Summary of Recommendations

Nutrient		Full-day care*	Morning session: Snack & Lunch	Afternoon session: Snack & Tea	Snack only	Lunch only	Tea only
Energy % of the Estimated Average Requirement (EAR)		70%	40%	30%	10%	30%	20%
Fat % of food energy		about 35%	about 35%	about 35%	about 35%	about 35%	about 35%
Total carbohydrate % of food energy		about 50%	about 50%	about 50%	about 50%	about 50%	about 50%
Non-milk extrinsic sugars % of food energy	MAX	11%	11%	11%	11%	11%	11%
Protein % of the Reference Nutrient Intake	MIN	70%	40%	30%	10%	30%	20%
Iron % of the RNI	MIN	80%	45%	35%	10%	35%	25%
Zinc % of the RNI	MIN	80%	45%	35%	10%	35%	25%
Calcium % of the RNI	MIN	70%	40%	30%	10%	30%	20%
Vitamin A % of the RNI	MIN	70%	40%	30%	10%	30%	20%
Vitamin C % of the RNI	MIN	70%	40%	30%	10%	30%	20%
Sodium % of the SACN target average	MAX	70%	40%	30%	10%	30%	20%
Salt % of the SACN target average	MAX	70%	40%	30%	10%	30%	20%
Fruit & vegetable		Aim to offer 4-5 different types	During the day carers should offer children 4-5 different types of fruits and vegetables at meals and snacks				
* Full-day care includes a morning snack, lunch, afternoon snack and tea. It does not include breakfast							
% of food energy = Percentage of calories consumed EAR = Estimated Average Requirement				RNI = Reference Nutrient Intake SACN = Scientific Advisory Committee on Nutrition ³			



12. Appendices



Table 3: Nutrient-based standards for food prepared for 1-4 year olds in child care

This table provides figures for the recommended nutrient content of an average day's food and drink over a period of one week or more.

Nutrient		Full-day care*	Morning session: Snack & Lunch	Afternoon session: Snack & Tea	Snack only	Lunch only	Tea only
Energy % of the Estimated Average Requirement (EAR)		903	516	30%	10%	30%	20%
Fat % of food energy		35.0	20	about 35%	about 35%	about 35%	about 35%
Total carbohydrate % of food energy		120.4	68.8	about 50%	about 50%	about 50%	about 50%
Non-milk extrinsic sugars % of food energy	MAX	26.6	15.2	11.4	3.8	11.4	7.6
Protein	MIN	11.0	6.3	4.7	1.6	4.7	3.1
Iron	MIN	5.5	3.1	2.4	0.7	2.4	1.7
Zinc	MIN	4.3	2.4	1.9	0.5	1.9	1.4
Calcium	MIN	260	150	110	40	110	70
Vitamin A	MIN	300	170	130	40	130	90
Vitamin C	MIN	21	12	9	3	9	6
Sodium	MAX	630	360	270	90	270	180
Salt	MAX	1.6	0.9	0.7	0.2	0.7	0.5
Fruit & vegetable		Aim to offer 4-5 different types	During the day carers should offer children 4-5 different types of fruits and vegetables at meals and snacks				
Drinking water should be available throughout the day							
Numbers have been rounded up or down where necessary, to ensure that figures for different periods of a child care add up appropriately							
* Full-day care includes a morning snack, lunch, afternoon snack and tea. It does not include breakfast							

12. Appendices



12. Appendices



Appendix 5

Special Diets

Peanut Allergy

Peanut allergy usually produces a severe reaction. Care must be taken to prevent accidental consumption of food containing nut products or food that has come into contact with them. Preparing food for peanut allergy sufferers in a designated area may help. Peanut butter should be avoided and many prepared foods can contain nuts or nut flour. Careful checking of food labels is necessary. People with peanut allergy should avoid peanuts and food containing peanuts.

There are many lists of products containing peanuts but as a general guide you should check the ingredients list of:

- Baked products, like cakes and biscuits
- Cereals
- Oriental dishes
- Crackers
- Ice creams
- Health bars
- Pastry

Children with severe food allergies are advised to carry identification. Children with a nut allergy should have been seen by a Dietitian.

Dairy-free diets

These may be necessary for children who are cow's milk protein intolerant and/or lactose intolerant. (Lactose is the sugar naturally occurring in milk and all milk-based foods). Lactose intolerance is commonly found in some Asian and African populations, and is caused by a deficiency of lactase, the enzyme required to digest lactose. Lactose intolerance causes unpleasant digestive symptoms including diarrhoea.

Milk and other dairy foods provide a substantial amount of calcium and riboflavin in the diets of children. Infants and children up to 2 years who do not have milk or dairy products should continue on the infant formula recommended to them by a doctor or dietitian. After the age of 2, if soya products are acceptable, children can be given a soya drink that has been fortified with calcium (found by checking the label). Children need to avoid all foods containing milk and milk containing foods.

12. Appendices

Gluten-free diets

Some children may be diagnosed with a condition called coeliac disease that means they must follow a gluten-free diet. Gluten is the protein found in wheat, rye and barley and therefore all foods which contain these cereals must be avoided. There are a good variety of gluten-free foods available and advice on foods to choose and avoid can be given by a dietitian. Coeliac UK also provides help and advice as well as booklets outlining gluten-free foods. It is worth noting that play-dough is made from flour as are home-made play material often used in childcare settings and the pasta shapes sometimes used for collages. It is important that children with Coeliac Disease are supervised when using these materials to stop small children putting these in their mouth.

Food customs of different cultures

Some ethnic communities may have different food customs from those you are used to. The food customs may involve what foods are eaten, how the foods are prepared, what combinations of foods are used or when particular foods are eaten. Periods of celebration and celebration foods may bring new events to your pre-school setting.

There may be periods of fasting, though very young children do not normally fast. However, the meals eaten at home may be different during fasting periods, such as a main meal late at night or breakfast very early. Check with parents if the child's food intake at the pre-school needs to be adjusted during this time. Always consult with the parents of the child so that their individual food preferences and customs can be catered for.

A guide to some of the differences in food choice commonly observed by those from different religious and cultural groups is shown over the page. "It varies" means that some people within a group would find these foods acceptable.



12. Appendices



A guide to food choices in various religious and cultural groups

	Jewish	Sikh	Muslim	Hindu ¹	Buddhist	Rastafarian ²
Eggs	No Bloodspots	Yes	Yes	It varies	It varies	It varies
Milk/Yogurt	Not with meat	Yes	Yes	Yes	Yes	It varies
Cheese	Not with meat	Yes	It varies	Yes	Yes	It varies
Chicken	Kosher	It varies	Halal	It varies	No	It varies
Lamb/Mutton	Kosher	It varies	Halal	It varies	No	It varies
Beef	Kosher	No	Halal	No	No	It varies
Pork	No	Rarely	No	Rarely	No	No
Fish	With scales, fins and back bone	It varies	It varies	With fins and scales	It varies	Yes
Shellfish	No	It varies	It varies	It varies	No	No
Butter/Ghee	Kosher	Yes	Yes	Yes	No	It varies
Lard	No	No	No	No	No	No
Cereal foods	Yes	Yes	Yes	Yes	Yes	Yes
Nuts/Pulses	Yes	Yes	Yes	Yes	Yes	Yes
Fruit/ Vegetables ³	Yes	Yes	Yes	Yes	Yes	Yes
Fasting ⁴	Yes	Yes	Yes	Yes	Yes	Yes

¹ Strict Hindus and Sikhs will not eat eggs, meat, fish and some fats

² Some Rastafarians are vegan

³ Jains have restrictions on some vegetable foods. Check with the individuals

⁴ Fasting is unlikely to apply to young children

(Eating well for under-5's in Childcare, Training Materials, Caroline Walker Trust)



12. Appendices

