



Region of Waterloo
PUBLIC HEALTH AND
EMERGENCY SERVICES

Safe and Healthy Children: A Public Health Resource Manual for Child Care Providers





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Nutrition



Chapter 4: Nutrition

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Glossary

Allergen: An allergen is a substance that can cause an allergic reaction. Health Canada has identified ten substances most frequently associated with food allergies. These are referred to as the **priority food allergens** and include eggs, milk, mustard, peanuts, seafood (including fish, crustaceans and shellfish), sulphites, sesame, soy, tree nuts and wheat.

Anaphylaxis: This is a severe allergic reaction that can happen very quickly (within minutes) after exposure to an allergen and may cause death. Common symptoms are low blood pressure and trouble breathing, but symptoms may vary. Develop an anaphylactic emergency plan for every child with a diagnosed allergy. In the event of an anaphylactic reaction, follow the instructions in the plan.

Artificial baby milk: Another term for infant formula, it should only be offered to infants with written instructions from the parent.

Baby-Friendly Initiative: The Baby-Friendly Initiative (BFI) is a global campaign developed by the World Health Organization (WHO) and UNICEF to protect, promote, and support breastfeeding. Being baby friendly means supporting families to make the best decision about feeding their child, without the commercial influence of artificial baby milk (formula) marketing and creating a supportive environment regardless of the feeding method.

Botulism: Infant botulism is a disease that can affect infants less than a year old. When an infant swallows spores from the *Clostridium botulinum* bacterium, the spores can grow and produce a poison in the baby's intestine. After one year of age, most children have developed bacteria in their intestines that can act against these spores. As these spores can be found in honey, even if it is pasteurized, it is recommended that infants less than a year old not be given honey or food made with honey.

Celiac disease: People with this auto-immune disease cannot eat any gluten, which is found in wheat and other grain products, such as barley and rye. The gluten damages the small intestine, interfering with the absorption of nutrients. Complete avoidance of gluten is the only way to manage this disease. Care must be taken to avoid cross-contamination with foods containing gluten.

Choking: Occurs when a foreign object becomes lodged in the throat or windpipe, blocking the flow of air. Infants and young children may choke on pieces of food, or small objects. Some foods are more likely to cause a child to choke than others. Children under four years of age should **not** be given foods that are choking risks, such as: popcorn; whole peanuts, nuts or seeds; raisins; hard raw vegetables or fruit; fish or meat with bones; and hard, round and sticky foods. All food for infants and children should be prepared in a way to lower risk of choking.

Division of Responsibility in Feeding: This is a responsive way of feeding children developed by Ellyn Satter and is promoted by the Canadian Paediatric Society and Dietitians of Canada. It outlines the different roles of the adult and the child in a healthy

feeding relationship. Developing a good feeding relationship is important for the growth and development of children. When the relationship does not go well, children can be either overfed or underfed. Caregivers need to do their job in feeding according to the age of the child, and allow the child to do their job in eating, which is to eat according to their appetite by deciding whether or not to eat and how much to eat.

Epinephrine auto-injector: Epinephrine helps to reverse the symptoms of a severe allergic reaction. The auto-injector holds a dose of epinephrine that can be injected quickly into the person showing signs of an anaphylactic reaction.

Expressed breast milk: Breast milk may be expressed by the mother and stored in a clean container to feed to the child. When a parent provides expressed breast milk for a child, it must be provided in a closed container and be labelled with the child's name and the date it was brought to the child care setting.

Family style meals: Children sit together at a table with supervising adults to share a meal together. When food is placed on the table, children are allowed to serve themselves. This allows children to choose the food and the amount they want to eat. It provides many benefits for children, such as helping the development of motor, language and social skills.

Feeding plan: This is a written record that outlines the instructions from the parent in regards to feeding an infant or a child with special feeding needs. It should be reviewed and updated regularly.

Food allergy: Food allergy is a sensitivity caused by a reaction of the body's immune system to a specific food allergen. Signs of food allergy include: red itchy skin, rash, or hives; swollen eyes, lips, or tongue; trouble breathing, speaking or swallowing; wheezing, coughing; abdominal (stomach) pain, cramping, diarrhea or vomiting; shock or complete collapse (anaphylactic shock). Anyone can develop a food allergy, but allergic conditions usually run in families. A child is at higher risk of food allergy if they have a parent, brother or sister with allergies, asthma or eczema. Children may outgrow a food allergy to cow's milk, wheat, soy and eggs; however, allergies to peanuts, tree nuts, fish and shellfish are more likely to last a lifetime.

Food borne illness: Commonly known as food poisoning, is caused by eating food that has been contaminated by bacteria, viruses or parasites. Food may be contaminated at any time before it is eaten, such as during handling, storing and cooking. Children five years of age and under are more likely to get sick from contaminated foods as their immune system is still developing, and they have less stomach acid to kill harmful bacteria. Symptoms can start within hours or days after eating the food. The most common signs of food poisoning are: nausea, vomiting, diarrhea, stomach pain, fever and chills.

Food policy: Is a set of practices that when followed, can help to provide nutritious foods and drinks to children and creates an environment that helps in the development of healthy eating habits.

Food Guide Serving (FGS): A FGS is a specific (reference) amount of food outlined in the 2007 Canada's Food Guide, that is used to guide how much food to eat from each of the four food groups each day. For example, a FGS of milk is 250 millilitres (1 cup). A FGS is different from a portion of food. A FGS, or part of a FGS, is often used to define a portion of food to offer. For example, a portion of milk for a child could be: one quarter of a FGS (60 millilitres) for a toddler; one half of a FGS (125 millilitres) for a preschooler; and one FGS (250 millilitres) for an older child. The 2019 food guide does not provide specific recommendations for the amount of food to eat; therefore, it does not refer to Food Guide Servings. Instead, using a plate, it recommends the proportions of food to eat from three food groupings. See the updated [food guide](#).

Food intolerance: Is a food sensitivity that does not involve the immune system. It is usually caused by an inability to digest or absorb certain foods, and in some cases can be mistaken for a food allergy.

Infant: Health Canada defines an infant as being a child from birth to 12 months of age.

Iron: Infants and children need iron for their bodies and brains to develop normally. Iron is needed for the body to make hemoglobin, which takes the oxygen in the blood to all the cells in the body. Hemoglobin is what gives the red blood cells their colour. When there is not enough iron, the red blood cells become small and pale and they are not able to carry enough oxygen to the body's organs and muscles; this is called anemia. Most infants are born with enough iron in their body to meet their needs until they are about six months old, and then they need to get iron from foods. That is why iron rich foods are recommended as the first solid foods at six months of age, when the infant is showing the signs of readiness for solid foods.

Lactose intolerance: This is an example of food intolerance where the body does not have enough of the enzyme lactase that is needed to break down lactose, a sugar in milk. Symptoms can include abdominal pain, gas, bloating and diarrhea. It can be confused with milk allergy, as the symptoms can be similar.

Picky eater: When a child is fussy about their food, they are often called a picky eater. This may include when a child: does not want to eat certain foods; will only eat small amounts of a food; does not want to try a new food; or will only eat their favourite foods. Parents and caregivers should be reassured that this kind of behaviour is normal for young children; they should not be concerned as long as the child is following their normal growth curve. Ways to help promote healthy eating include: offering a variety of nutritious foods; offering a food at many different times and in different ways; having more frequent meal and snack times and serving smaller amounts; adults modeling healthy eating; and removing distractions at mealtimes. Actions which have **not** been shown to promote healthy eating in children include: pressuring children to eat certain foods; preparing separate meals for children; or rewarding children for eating a food. Studies show that it helps to provide education to parents and caregivers about managing children's eating behaviours.

Portion of food: A portion is the amount of food that is served at one time; it can be any amount of food. It is suggested that children be given small portions of food and be allowed to have more if they are still hungry. A child-size portion can range from one quarter to one full adult-size portion, depending on the age and appetite of the child.

Responsive feeding: Refers to the way a parent or caregiver feeds a child from birth, and occurs when the parent recognizes and responds to signs that the child is feeling hungry or full. When talking about feeding infants, this has also been called baby-led feeding, or feeding on demand. Ellyn Satter's [Division of Responsibility in Feeding](#) method of feeding children is a type of responsive feeding.

Signs of readiness for solid foods: At six months of age, most infants are developmentally ready for solid foods and need the extra iron that they provide. Signs that show an infant is ready for solid foods include when the infant is able to: control their head and neck well and lean forward; sit upright with little or no support; open their mouth, take food off a spoon and swallow food without pushing it out of their mouth; and turn their head or body away when they are full.

Safe food handling procedures: These are things that should be done to make sure that food is stored, handled and prepared safely to prevent contamination and lower the risk of food borne illness/food poisoning. See the food safety chapter in this manual.

Solid foods: Also called complementary foods, these are foods that are added to an infant's diet in addition to breast milk, to make sure that the infant gets all the nutrients and energy they need to grow and develop properly. It is recommended that iron rich solid foods be given at around six months of age when a child shows signs of readiness.

Special diet: When a child is not able to eat all the foods listed on the child care menu and must have an individualized diet plan. Special arrangements must be made to make sure the child gets foods that will provide them with the nutrients they need. Details about the special diet should be written in a feeding plan and be kept up-to-date.

Tree nuts: Health Canada considers tree nuts as being priority food allergens. Examples are: almonds, Brazil nuts, cashews, hazelnuts, macadamia nuts, pecans, pine nuts, pistachios and walnuts.

Vegetarian diet: A vegetarian diet is a plant-based diet. There are many different types of vegetarian diets. It is important to find out what foods the child is not allowed to eat and to make appropriate substitutions to the menu when necessary. Refer to [Unlock Food](#) for information about planning meals for vegetarian diets.

Weaning: Weaning is the process of gradually introducing other foods to an infant's diet while continuing to breastfeed.

Weaning from artificial baby milk (formula): Weaning is the process of gradually introducing other foods to an infant's diet while continuing to feed artificial baby milk.

Nutrition

Nutrition affects physical and mental health throughout life. It is important to get children off to a good start by offering healthy foods and a good feeding environment.

Healthy foods provide the energy and nutrients that young children need for good health and for growth and development. Healthy eating also helps children:

- Develop their sense of taste and acceptance for a wide variety of foods.
- Develop a healthy attitude towards food.
- Maintain a healthy weight.
- Lower their risk for health problems such as diabetes, obesity, high blood pressure and some cancers.
- Learn and succeed in school.
- Feel good about themselves.
- Play and be active.

The child care setting is an ideal place for children to learn about and eat healthy foods. Child care providers can play a role in teaching children about the importance of eating healthy foods and creating healthy eating habits by providing:

- nutritious and safe foods and drinks to children
- environments that support healthy food choices
- support for families in feeding children

The Child Care and Early Years Act, 2014 (CCEYA) regulations provide some guidance on feeding children for licensed child care centres and home child care providers. The information in this chapter helps child care providers to follow the Act and to provide nutritious foods to infants and children in a positive feeding environment.

You can use the information, links to resources and suggestions provided in this chapter to plan nutritious meals for children. You can also create a setting that will help children develop lifelong healthy eating habits.

Legislation and guiding documents

Ministry of Education: Ontario Child Care and Early Years Act, 2014

When feeding children in the child care setting, licensed child care centres and home child care providers must follow the nutrition requirements outlined in the [Child Care and Early Years Act, 2014 Ontario Regulation 137/15](#) (CCEYA). The requirements aim to ensure that, while in the child care setting, children receive the right nutrition for their health, growth, development and well-being.

According to the CCEYA, children over one year of age must be given food and drinks that meet the recommendations in the most current versions of the Health Canada documents “Eating Well with Canada’s Food Guide”, “Eating Well with Canada’s Food Guide – First Nations, Inuit, and Métis” or “Nutrition for Healthy Term Infants”.

Visit the Ministry of Education website for the complete [Ontario Child Care and Early Years Act, 2014](#)

Ministry of Education Child Care Licensing Manuals

The [Ministry of Education licensing manuals](#) provide information to help meet the licensing requirements for child care settings as set out in the CCEYA. The manual contents describe the intent of the regulations and how compliance can be demonstrated. They also refer to the [nutrition recommendations and supportive documents](#) on the Ontario Dietitians in Public Health (ODPH) website to help support interpretation and implementation of Canada’s food guide in the child care setting.

Nutrition for Healthy Term Infants

The Nutrition for Healthy Term Infants documents are joint statements developed by Health Canada, Canadian Paediatric Society, Dietitians of Canada, and Breastfeeding Committee for Canada. Written as a resource for health professionals they give advice for feeding infants and young children from birth to two years of age.

Recommendations from birth to six months: provides information on feeding infants in the first six months of life, including the importance of breastfeeding and how to feed infants responsively.

See [Nutrition for Healthy Term Infants: Recommendations from birth to six months](#) for more information.

Recommendations from six to 24 months: provides guidelines for introducing solids to older infants (six to 12 months) and feeding children during the second year of life (12 to 24 months).

It recommends that infants be fed according to their signs of hunger and fullness and, at one year of age, they should begin to have a regular schedule of meals and snacks and generally follow Canada’s Food Guide.

See [Nutrition for Healthy Term Infants: Recommendations from six to 24 months](#) for more information.

Canada's Food Guide

Eating Well with Canada's Food Guide was updated in 2019 and is now called Canada's Food Guide. The new food guide reflects up-to-date scientific evidence on food and nutrition and provides guidance on healthy eating for Canadians two years of age and older. It can also be used as a guide for foods to offer younger children. Following the recommendations of Canada's Food Guide helps to support the growth and development of children.

[Canada's Food Guide](#) is a suite of online resources and a mobile friendly web application that includes information on what to eat and provides advice on how to eat. Key messages include:

- Make it a habit to eat a variety of healthy foods each day
 - Eat plenty of vegetables and fruits, whole grain foods and protein foods
 - Choose protein foods that come from plants more often
 - Limit highly processed foods. If you choose these foods, eat them less often and in small amounts
 - Make water your drink of choice
 - Use food labels
 - Be aware that food marketing can influence your choices
- Healthy eating is more than the foods you eat
 - Be mindful of your eating habits
 - Cook more often
 - Enjoy your food
 - Eat meals with others

Instead of food guide servings to show the recommended amounts of foods to eat each day, the new food guide uses a plate to show the recommended proportion of foods from three food groupings to eat each day:

- Vegetables and fruits should make up half of the plate.
- Whole grain foods should make up a quarter of the plate.
- Protein foods should make up a quarter of the plate.



The [Food guide snapshot](#) provides an at-a-glance presentation of food choices and eating habits recommended by Canada's Food Guide. It is available in 28 languages. See the new [food guide](#).

For information on how Canada's Food Guide applies to children, visit the [Health Canada website](#).

Eating Well with Canada's Food Guide – First Nations, Inuit and Métis



This Health Canada resource is based on **Eating Well with Canada's Food Guide** (2007) and is available in four translations in addition to English and French:

- Inuktitut
- Ojibwa
- Plains Cree
- Woods Cree

This resource reflects the values, traditions and food choices of Aboriginal peoples. It talks about Canada's Food Guide in a way that honours the importance of traditional and store-bought foods for First Nations, Inuit and Métis.

It includes examples of traditional foods for each food group, and examples of store-bought foods that are generally available, affordable and accessible in remote and urban locations. See the [Eating Well with Canada's Food Guide – First Nations, Inuit and Métis](#) resource for more information.

For a copy of **Eating Well with Canada's Food Guide - First Nations, Inuit and Métis**, call Region of Waterloo Public Health and Emergency Services at: 519-575-4400.

Note: The 2019 food guide includes the consideration of the importance of traditional foods for Indigenous Peoples, and the [food guide snapshot translations](#) include multiple Indigenous languages.

Feeding children in the child care setting

Feeding infants (birth to 12 months) in the child care setting

For detailed information about feeding infants, supporting breastfeeding, handling and storing breast milk, handling and storing artificial baby milk (formula) and a sample infant feeding plan, [see Appendix A: Infant feeding](#).

Child care providers have an important role in making sure that infants in their care receive the nutrients needed for healthy growth and development in a supportive and caring environment. It is important to support parents in their infant feeding decisions and to handle, store and feed the food safely (as per the CCEYA).

1. Obtain and follow written instructions of the parent for what to feed a child under one year old (as per the CCEYA). Develop an individual [feeding plan](#) for each child and keep it up-to-date.
 - It is suggested that parents introduce new foods and textures at home and tell the child care provider so that the feeding plan can be updated as new foods and textures are offered.
2. Unless otherwise specified in the feeding plan, serve meals and snacks based on the child care menu. The caregiver is responsible for offering food at the right texture for the child's stage of development:

For information about appropriate textures, how to prepare food safely for infants, and how to feed solid foods, see the resource [Feeding your baby and young child](#) or for a copy of the resource, call Public Health at: 519-575-4400.

3. Label all food and drinks provided by the parent with the child's name and store food and drinks in a way that maximizes the nutritive value and minimizes risk of contamination (as per the CCEYA). It is also good practice to label food and drinks with the date it was brought.
 4. Always stay with children and watch them when they are eating or drinking.
 - Make sure the child can handle the textures being offered and watch for signs of choking or swallowing difficulties.
 - Watch for signs of food allergy and stop feeding the food if there are any signs of allergy, such as skin rash, hives, runny nose, itchy and watery eyes, vomiting or swelling of the mouth or face. **Call 911 if the child has trouble breathing.** [See the food allergy section](#) in this chapter for more information.
 5. Feed children responsively, according to their hunger and fullness cues and trust that they will eat the right amount of food. Ellyn Satter's [Division of Responsibility in Feeding](#) is a way of feeding children promoted by the Canadian Paediatric Society and Dietitians of Canada. It outlines the different roles of the adult and the child in a healthy feeding relationship.
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When feeding infants, it is the role of the parent or caregiver to decide what the child is fed. It is up to the child to decide when to eat and how much to eat.

- Watch the child for signs of hunger and feed the child as instructed by the parent. An infant shows they are hungry by fussing, sucking on their hands, leaning forward and opening their mouth for food.
- Stop feeding when the child has had enough; they may turn away, push the food away or close their lips when they are finished eating.

When a child is eating solid foods, the caregiver gradually starts to be more responsible for when and where the child is fed. Solid foods may be offered either before or after a feeding, once or twice a day depending on the time of day and length of time the child is in child care. Discuss this with the parent and put it on the feeding plan.

- Offer small portions at first and offer more if the child is still hungry.
- If the child does not want to eat, try at another time. Never force a child to eat.

Feeding young children in the child care setting

Children learn eating habits early in life; the types of food and beverages offered and how they are offered will help children to develop a healthy attitude towards food as well as to learn lifelong healthy eating habits. Child care providers play an important part in helping children eat nutritious foods and develop healthy eating habits.

A healthy feeding relationship develops when caregivers do their job in feeding and trust children to do their job in eating. By following Ellyn Satter's [Division of Responsibility in Feeding](#):

- Caregivers do not need to worry if the child does not eat at any one time.
- The child will eat according to their appetite.
- The child will learn healthy eating habits.
- The child will be more likely to grow to the size that is right for them.
- Meal times will be enjoyable.

When feeding children (one year and older) it is the role of the parent or caregiver to decide:

- What food to offer:
 - A variety of foods from the three food groupings of Canada's Food Guide.
 - A vegetable or fruit at every meal and snack.
 - Healthy beverages at meals and snacks such as milk or water.
 - Water for thirst between meals and snacks (the CCEYA requires that children have access to drinking water at all times).
 - [See the menu planning section](#) of this chapter for information about what food to offer.
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- When to offer food:
 - Every two and a half to three hours, at about the same time each day; At regularly scheduled meal and snack times.
 - Try to serve meals and snacks at least two hours before the next eating occasion.
 - Follow the guidelines provided in the [menu planning section](#) of this manual for scheduling meals and snacks.
- Where to offer food:
 - Children eat best sitting down at a table with an adult present, eating the same food as the children.
 - There should be no distractions at the table, such as screens, toys or books.

It is up to the child to decide:

- Which foods to eat, if any, from those offered:
 - Let each child choose what to eat from what is offered.
 - If a child does not want to try a new food, that is okay, they may need to see a food many times before they will try it.
 - Do **not** pressure, coax or bribe a child to taste or eat a food.
 - Do **not** have a 'one bite' rule.
 - **Never** force a child to eat (as per the CCEYA).
- How much to eat:
 - Allow children to eat according to their appetite; some days they will not want to eat very much and other days they will eat a lot.
 - Skipping one meal or snack will not harm a child; it is what a child eats on average over time that is important.
 - Offer small portions and let them have more if they are still hungry.
 - Do **not** make a child finish what is on their plate.
 - Do **not** discipline a child for not finishing a food (as per the CCEYA).
 - Provide many chances for children to be physically active between meals and snacks. This will help them to be hungry for the next meal or snack. Physical activity is also important for a child's development and helps them to stay healthy, build social skills, improve behaviour and be ready to learn.

For more information about feeding children according to the **Division of Responsibility in Feeding**, see [the Ellyn Satter website](#).

Create an environment that supports healthy eating habits:

- Let children help to prepare their own food sometimes; they may be more likely to eat and enjoy the food.
 - Offer family style meals where children can serve themselves. This gives children the chance to choose what food and the amount of food they want to eat from what is offered.
 - Give children enough time to eat.
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- Provide developmentally-appropriate utensils and dishes and encourage children to feed themselves according to their stage of development.
- Have child care staff eat the same food with the children when possible.
- Use non-food rewards for children. Reward children with time doing a favourite activity, or give stickers.

The resource [Healthy and Safe Eating in the Child Care Setting](#) has tips on how to involve children in food preparation in the child care setting and provides information about family style meals. See a sample of the [Healthy and Safe Eating in the Child Care Setting](#) resource.

TIP: Young children can seem to be picky eaters, but even if a child does not want to eat certain foods or only eats very small amounts ('picks' at their food), research shows that they usually get the nutrients they need over a few days. Avoid preparing special food for a child unless the parent has requested special food arrangements in writing. See the information below for information about common eating challenges.

Common eating challenges

Table 1. Common eating challenges and suggestions for what to do

Child's Behaviour	What to do
Refuses to eat: <ul style="list-style-type: none"> • One or more foods • A snack • A meal 	<p>Continue to offer the healthy menu choices from Canada's Food Guide and let the child decide whether or not to eat and how much to eat.</p> <p>Remove the food after a reasonable length of time.</p> <p>Let the parent know what the child does not eat; if concerned, they should talk to their health care provider.</p>
Only wants to eat one food	<p>This is normal and will pass if there is no fuss. Continue to offer foods on the menu; do not make special food.</p> <p>Tell the parent; suggest the parent offer the food once a day at home along with a variety of healthy food options.</p>
Dislikes new foods	<p>Serve new foods along with foods that are familiar and that the children like.</p> <p>Do not make a fuss. Some children need to see a food many times before they will even taste it.</p> <p>Staff can model enjoying the food by eating with children.</p>

Child's Behaviour	What to do
Food aversion – child had a bad experience with a food and will not eat it	<p>Sometimes if a child has a bad experience with a food they will not eat it. For example, if a child drinks sour milk they may refuse to drink milk, or feel ill when they smell it.</p> <p>Often a food will be accepted again if they are allowed to avoid the food for a while with no fuss.</p> <p>Talk to the parent about substituting the food with another food with similar nutrients.</p>
Eating a lot of food	Trust the child to eat according to their appetite. Restricting food can cause them to stop following their hunger and fullness cues and may lead to overeating. Have enough of one food available for when a child is really hungry.

The resource [Help Your Child Become a Healthy Eater](#) provides tips for feeding children.

The following resources provide some ideas for when a child does not like certain foods:

- [When your child does not eat meat](#)
- [When your child does not drink milk](#)
- [When your child does not eat vegetables](#)

Build healthy eating into child care activities and lesson plans

Child care providers can help children learn to make healthy lifestyle choices and to develop healthy habits by including nutrition and food based themes in lesson plans and activities. The following are some examples of ways to do this:

- Teach children about different foods and how their nutrients help them to have a healthy body.
 - Read books about food and where it comes from.
 - Read stories about children and families enjoying different foods.
 - Sing songs about food.
 - Have puzzles with food themes that children can play with.
 - Provide plastic food and a kitchen set where children can pretend to cook.
 - Have children sort and count different vegetables and fruit by type, colour and how they grow.
 - Plant vegetable seeds and have each child water their seed and watch it grow.
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Support families in the child care setting

Child care providers can work with families and support them to provide nutritious foods at home and to help their child develop healthy eating habits:

- If there is a concern about a child's eating, the parent should be encouraged to talk to their health care provider or to a registered dietitian. Suggest the parent talk to their health care provider when:
 - The child has difficulty chewing or swallowing.
 - There is a concern with the child's growth or weight.
 - The child eats only two or three foods or does not eat any food at all from one food grouping.
 - The child refuses to eat.

If the child does not have a health care provider, the parent may call Health Care Connect at 1-800-445-1822 or go to [Health Care Connect website](#) to register (translation services are available).

- Suggest families consult with a registered dietitian (RD) when the parent has concerns about the child's eating habits, or wants general information about healthy eating and planning meals and snacks.
 1. Provide Telehealth Ontario contact information as a source of reliable nutrition information. Dietitian services are available by phone, weekdays 9 am to 5 pm by calling 1-866-797-0000. Translation services are available.
 2. In-store dietitian services are available in some grocery stores. While services and fees may vary in each location, registered dietitians may provide tips for making healthier food choices and planning meals, as well as offering individual nutrition advice, store tours and food demonstrations. To find locations of services, families may contact their local grocery stores.

Planning child care menus

Planning menus will help children get a variety of different foods every day, and to meet their nutrient needs for healthy growth and development. It also helps provide children with meals and snacks they enjoy and promotes a healthy attitude towards food.

According to the [Child Care and Early Years Act \(CCEYA\)](#), children over one year of age must be given meals and snacks that meet the recommendations in the most current versions of "[Eating Well with Canada's Food Guide](#)" (CFG), "[Eating Well with Canada's Food Guide – First Nations, Inuit, and Métis](#)", or "[Nutrition for Healthy Term Infants](#)". The CCEYA also states that:

- Menus for both the current and upcoming week must be posted in an obvious and visible (conspicuous) location for parents to refer to.
 - Any food substitutions must be noted on the posted menu.
 - Each menu must be kept for 30 days following the last day that it was applicable.
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Parents of children with special dietary requirements must identify any special feeding arrangements in writing as per the CCEYA. See [Managing Special Diets](#) in this chapter.

The Ontario Dietitians in Public Health (ODPH) have developed nutrition recommendations to help child care settings provide food and beverages that meet the nutrition requirements outlined in the CCEYA. The menu planning information in this chapter reflects the nutrition recommendations in the [Menu Planning & Supportive Nutrition Environments in Child Care Settings - Practical Guide](#) (December 2017). This will be referred to as the **Practical Guide**.

Note: The [Practical Guide](#) and other supportive documents on the ODPH website were developed to help support interpretation and implementation of the 2007 CFG in the child care setting. Plans are underway to update the Practical Guide to reflect the wording in the new food guide. In the meantime, the Practical Guide already includes many of the key messages in the new food guide, such as limiting processed foods and is endorsed in the Ministry of Education's [Child Care Licensing Manuals](#).

See the [ODPH child care resource webpage](#) for resources and tools that can be used to help plan menus in the child care setting.

Consider developing a food policy to guide menu development. See the [Food Policy information](#) in this chapter.

Make healthy food choices

Canada's Food Guide and the nutrition recommendations in the **Practical Guide** can be used to plan menus. The Practical Guide groups food and beverage choices into three categories:

Serve most often: These foods and beverages naturally contain or are prepared with little or no added fat, sugar or salt as per CFG. These foods and beverages should be offered most often at meals and snacks. Aim to only offer choices from this category.

Serve sometimes: These foods and beverages have higher amounts of fat, sugar or salt than choices in the Serve Most Often category. **Up to three** food and beverage choices from this category may be offered each week.

Do not serve: These foods and beverages are low in nutrients or have high amounts of fat, sugar or salt and should **not** be offered in the child care setting. This category also includes foods that are choking risks, or that have food safety concerns for young children. See [Choking Risks and Food-borne illness](#) in this chapter.

Minor ingredients: These foods generally do not belong to a food group in CFG, but may be offered in small amounts (one teaspoon to one tablespoon). Serve on the side when possible. Examples include:

- Condiments such as ketchup, mustard, relish, salsa, soy sauce, sour cream
 - Jam, jelly, marmalade, syrup
 - Honey (for children over one year of age)
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- Toppings such as shredded coconut, sliced olives, sliced/chopped pickles and Parmesan cheese
- Dried fruit such as raisins when in baked goods or as part of a recipe

Tips for making healthy food and beverage choices

The following tips will help child care settings choose foods and beverages:

- Serve a variety of different colours of vegetables and fruits, including dark green vegetables and orange vegetables and fruits
 - Serve whole grains most often:
 - The word “whole” appears before the type of grain, such as **whole grain whole wheat**.
 - Multigrain does not mean it is whole grain – only that the product has multiple grains, but they may be refined.
 - Examples of whole grains: whole oats, whole grain rye, barley, cracked wheat, whole grain brown rice, wild rice, quinoa, bulgur, amaranth, millet, buckwheat, triticale, and whole grain couscous.
 - Serve plant-based protein foods more often, such as legumes and tofu
 - Choose to serve fish low in mercury (see the resource [A Guide to Eating Fish](#))
 - Choose foods lower in sodium when possible:
 - Avoid using processed, packaged and ready-to-eat foods.
 - Buy unsalted and lower sodium foods (sodium free; low sodium; reduced sodium; no added salt).
 - Look at the sodium content on the Nutrition Facts table and choose:
 - The product with the lowest amount of sodium per serving.
 - Canned tomatoes and tomato sauce with 140 mg sodium or less per reference amount.
 - Grain products with 240 mg or less sodium per 30 g serving.
 - Use dried beans, peas and lentils or rinse and drain canned legumes.
 - If serving canned vegetables, rinse and drain before serving.
 - Buy unseasoned meat, poultry, fish and tofu.
 - Avoid serving processed luncheon meats, deli meats, bacon, wieners (hot dogs), sausages and ham.
 - Do not serve foods with monosodium glutamate (MSG).
 - Choose foods with less sugar:
 - Look at the ingredient list; if any sugar is listed as the first or second ingredient on a food label, it is likely high in sugar. Look for words such as glucose, sucrose, maltose, dextrose, fructose, cane sugar, invert sugar, beet sugar, honey, molasses, maple syrup, honey, corn sweeteners.
 - Look at the sugar content on the Nutrition Facts table and choose:
 - The product with the lowest amount of sugar per serving.
 - Grain products with eight grams or less sugar per 30 g serving.
 - Avoid offering sweet and sticky foods that may stick to teeth, such as dried fruit and fruit leathers.
-

- Avoid offering foods made with artificial sweeteners/sugar substitutes, as these foods may replace healthier food and beverage choices.
- Whole nuts and seeds are a choking risk; do not offer these to children under four years of age, unless chopped or finely ground.
- Offer a variety of raw and cooked vegetables (prepare hard raw vegetables safely for children who might be at risk of choking).
- Offer water at all meals and snacks (and in between).

More tips for choosing food and beverages for menus

- Plan the menus with children in mind; keep them simple and tasty.
- Be creative and try not to assume children's likes and dislikes.
- Provide a variety of:
 - Flavours
 - Colours
 - Shapes
 - Textures
 - Temperatures.
- Consider children's cultural preferences and include foods from different cultures.
- When choosing foods consider:
 - Choking risks
 - Risk of foodborne illness
 - Food allergies, intolerances and other food restrictions
 - Dental health - avoid offering sweet and sticky foods
- When choosing recipes consider time, budget and equipment limitations.
- Include local foods when available and affordable.

Prepare food in a healthy way

Canada's food guide recommends that food be prepared in a healthy way. The following are tips to help prepare food in a healthier way:

- Cook food in a way that requires little or no added fat or salt, such as: baking, broiling, boiling, grilling, roasting, steaming, poaching or stir-frying.
 - Choose unsaturated fat for cooking and baking, such as canola, olive or soybean oil. Try using canola oil in baked goods and olive oil for:
 - Salad dressings
 - Stir-frying vegetables and meat
 - Browning meat
 - Do not add sugar, salt or unhealthy fat to food.
 - Reduce the amount of sodium:
 - Do not add salt to water when cooking pasta, rice and hot cereals.
 - Make your own soups and salad dressings with little or no added salt.
 - Use less salt than what the recipe calls for.
 - Add flavor without adding sodium by using herbs and spices.
 - Rinse canned foods such as vegetables, fruits and legumes.
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- Reduce the amount of saturated and trans fats:
 - Do **not** deep fry foods.
 - Avoid cooking with shortening, hard margarine and lard.
- Reduce the amount of sugar:
 - Drain and rinse canned fruit.
 - Prepare baked goods with less sugar:
 - Use cinnamon instead of extra sugar for flavor.
 - In recipes for muffins, quick breads and cookies:
 - Reduce the amount of sugar by a third. If this works, try to reduce it even more.
 - Replace some or all of the sugar with applesauce. It may be necessary to reduce the liquid in the recipe by a quarter cup (60 millilitres) per one cup (250 millilitres) of applesauce used. It may take a few tries to find the amount that works best for a specific recipe.
- Use whole grains in baked goods:
 - Replace white flour with whole wheat flour. Start with half of the amount and adjust the amount until you find the maximum amount that will work for the recipe.
- Add ground flaxseed, oatmeal or bran to foods to add more fibre.

Mixed dishes and baked goods

Mixed dishes such as casseroles, soups and stir-fries and some recipes for baked goods have ingredients from one or more food groups.

- Baked goods should meet the nutrient criteria for salt/sodium and sugar outlined in the [nutrition recommendations](#). **Use the Nutrition Facts table** to check:
 - Recommendation for sugar (8 g or less per 30 g serving)
 - Recommendation for sodium (240 mg or less per 30 g serving)
 If the serving size on the Nutrition Facts table is not 30 g:
 - Divide the amount of sugar (g) or sodium (mg) by the serving size
 - Multiply this number by 30 (g)

See the [Practical Guide](#) for detailed information about what foods and beverages are in each of the food and beverage choice categories and how to count food choices for mixed dishes and baked goods.

Menu cycle

A menu cycle with four to six weeks of menus is a good way to provide a variety of foods to children. The menu should be different for each week.

- Consider planning several menu cycles for more variety.
 - Avoid serving the same food on the same days from week to week.
 - Try to include at least one new food in a menu cycle. Offer it several times over the course of the cycle and serve it with familiar foods.
-

- Consider the seasons when planning each menu cycle and include seasonal foods when possible.

Scheduling meals and snacks

Serve meals and snacks at about the same time every day. Plan the menu so that a meal or snack is offered every two and a half to three hours. The number of meals and snacks to offer a child depends on the amount of time a child attends child care.

Table 2. Number of meals and snacks to offer according to amount of time in care

Hours in child care	Suggested number of meals and snacks to offer
Less than 6 hours	1 snack
Less than 6 hours and child is present at meal time	1 meal
6 to 9 hours	1 meal AND 2 snacks

From: [Menu Planning & Supportive Nutrition Environments in Child Care Settings \(2017\)](#).

According to the CCEYA:

- Snacks must be provided between meals.*
- Children in attendance at a meal time must be given a meal.*
- Children one year and older attending child care for six hours or more must be provided with two snacks in addition to any meals.

*Some exceptions may apply with approval of a Director (see the CCEYA).

Most children will be in attendance for six to nine hours, and will need a minimum of two snacks and a lunch. Children arriving very early in the morning may need an extra early morning snack; those staying later in the afternoon may need to eat again after the afternoon snack. Always talk to the parent to determine what meals and snacks are needed; every situation will be different.

How to plan a weekly menu

When planning a menu cycle, plan the meal and snacks for each day, one week at a time. The steps below show how to plan a meal pattern of a child attending child care for six to nine hours, receiving a meal and two snacks.

Steps for planning a weekly menu with a meal and two snacks

1. Plan the meal for each day of the week.
 2. Plan the two snacks for each day of the week to complement the meal.
 3. Plan the beverages for the meal and two snacks.
 4. Include healthy fats and oils.
 5. Review the menu for choking risks, risk of food-borne illness, food allergies and other food restrictions (refer to parent's written instructions).
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6. Review the menu to make sure that it meets the requirements of the CCEYA and the nutrition recommendations. Make changes as needed.

See the [Practical Guide](#) for more details about what foods and beverages to offer when planning menus and for a menu planning template.

For snack ideas, see Appendix B in this chapter

Use the ODPH **Menu Assessment Checklist** to assess the food and beverage choices on your weekly menu(s). Consider what changes are needed to meet the criteria and make changes to the menu as needed. See the [Menu and Nutrition Environment Self-Assessment Tool for Child Care Settings](#).

Considerations for choosing food and beverages

Beverages in the child care setting

Follow the written instructions from the parent for feeding infants from birth to 12 months. For detailed information about feeding infants, [see Appendix A: Infant feeding](#).

Offer water regularly and have it available throughout the day (as per the CCEYA).

- Offer water at all meals and snacks.
- Offer water more often in hot weather and when children are active.
- Flavoured water and vitamin water are **not** suitable for children.

Offer age-appropriate plain, unflavoured milk at meals. It is recommended to limit intake to 250 millilitres (1 cup) per child at each meal or snack, so that children do not fill up on milk.

- Continue to offer breast milk as long as the parent provides it for the child. For information on storage and handling of breast milk, [see Appendix A: Infant feeding](#).
- If a child is being given cow's milk, offer pasteurized homogenized milk (3.25 per cent MF) until the child is 24 months of age.
- Children over 24 months of age can be offered lower fat milk such as two per cent, one per cent or skim milk.
- Children over 24 months of age can be offered plain, unsweetened fortified soy beverage.
- Unless written in a special diet plan for a child, plant-based beverages such as rice, almond, or coconut milk should not be offered as a main beverage to young children. They are low in nutrients such as protein and iron, and also usually have added sugar.

Juice is **not** recommended as a beverage; offer water instead. Other beverages to avoid are those with added sugar, caffeine, or artificial sweeteners, such as pop/diet pop, fruit flavoured drinks/punches/cocktails, sports drinks, energy drinks, lemonade, iced tea, tea or coffee.

See [When your child asks for juice](#) resource.

Choking prevention

When preparing food for infants and young children always consider each child's chewing and swallowing ability and prepare food so that it is safe to eat. Always supervise children when they are eating.

Foods that are hard, small and round, or smooth and sticky are more likely to cause choking. Children under four years of age should **not** be given foods such as: popcorn; marshmallows; hard candies; whole peanuts, nuts or seeds; raisins; hard raw vegetables or fruit; fish or meat with bones and food with toothpicks or skewers.

Prepare food in ways to lower risk of choking for young children, for example:

- Peel fruit and remove pits and seeds.
- Grate or thinly slice hard vegetables and fruit or cook until soft and cut into small pieces.
- Cut grapes and other foods with a round or cylinder shape in half or quarters.

See the resource Choking Prevention Tips for suggestions for preparing food safely for young children. See the [Choking Prevention Tips](#) resource.

Food-borne illness (food safety risk)

Children under five years old are at higher risk of food borne illness. Do **not** serve:

- Honey or food made with honey to children until after they are one year old.
- Raw or undercooked meat, poultry and fish.
- Raw or undercooked eggs or food made with raw or undercooked egg.
- Unpasteurized milk or dairy products made from unpasteurized milk, such as yogurt and cheese.
- Unpasteurized juice or cider (even when pasteurized).

For detailed information about food-borne illness and foods to avoid offering children five years and under, see the [Health Canada website](#).

How much food to offer

Children eat different amounts depending on their age, size, stage of growth and activity level. A child's appetite may also change when excited or overly tired. When feeding children, start by offering small amounts; if a child is still hungry, allow them to have more.

Examples of portion sizes for food and beverage choices according to age group can be found in the [Practical Guide](#).

TIP: Plan to prepare more than one portion per child of some foods to make sure there is enough for children with big appetites.

To calculate how much food to prepare, see information in the [Practical Guide](#).

NOTE: Some children drink a lot of milk and may not be hungry for foods offered at a meal or snack; therefore, it is recommended to **limit fluid milk intake for a child to 250 millilitres (1 cup) at each meal and snack.**

Let children decide whether or not to eat a food and how much to eat. See the [Division of Responsibility in Feeding information](#) at the beginning of this chapter for more information about allowing children to eat according to their appetite.

According to the [CCEYA](#):

- A child must never be deprived of food and drink.
- Children should never be made to eat or drink against their will.

Managing special diets and food restrictions

According to the CCEYA, special dietary instructions and feeding arrangements must be made in writing by a parent of the child. This would apply to children with food sensitivities or for medical reasons, as well as those with cultural or religious restrictions on food intake.

The CCEYA also requires that if the parent brings in special food for a child, it must be labelled with the child's name and stored in a manner to retain maximum nutritive value and prevent contamination. It is also good practice to label it with the date it was brought in.

When a food or beverage needs to be substituted on the menu for a special diet/food restriction, the substitution should be similar to that being served to the other children. It should also provide similar nutrients to the food or beverage being replaced. All substitutions must be marked on the menu as required by the CCEYA.

Vegetarian diets

Some children may eat a vegetarian diet. There are different types of vegetarian diets and it is important to find out from the parents (in writing) what foods are to be avoided in the child's diet and to substitute them with foods that provide similar nutrients.

With good planning, the 2019 Canada's food guide can be used as the basis for a vegetarian diet. The food guide recommends that we choose plant-based protein foods more often. Plant-based protein foods can provide more fibre and less saturated fat than other types of protein foods. Include plant-based protein foods on the menu more often. Ask parents for ideas of foods to offer, or recipes that the child likes.

- Serve the menu items that do not contain the restricted foods to the child.
 - Replace the restricted foods with foods that provide similar nutrients. For example, replace the meat choice with a plant-based alternative such as legumes (lentils, beans, and peas), soybeans and soy products (tofu). If allowed, eggs could also be used as a meat substitute.
 - Check recipes of mixed dishes for restricted ingredients and replace as necessary. For example, if a child does not eat any dairy products and there is milk in the recipe, it could be substituted with plain, unsweetened soy beverage.
-

- Parents of children who do not eat any animal products (vegan diet), may want to consult with a registered dietitian to make sure that the child gets all the nutrients they need for growth and development.

For more information about feeding children on a vegetarian diet, see the [Unlock Food website](#) or call Telehealth Ontario to talk to a Registered Dietitian at 1-866-797-0000.

Celiac disease

Celiac disease is an auto-immune disease, in which any source of gluten damages the small intestine and interferes with the absorption of nutrients. Gluten is found in wheat and wheat products as well as other grains, such as rye and barley. Celiac disease differs from wheat allergy or wheat sensitivity, where someone cannot eat wheat or wheat products, but they can eat other grains that contain gluten. For information, resources and recipes related to celiac disease see the [Canadian Celiac Association](#).

Food intolerance

Food intolerance is a food sensitivity that does not involve the immune system. It is usually caused by an inability to digest or absorb certain foods.

Symptoms of food intolerance vary and can be mistaken for a food allergy. For example, **lactose intolerance** is when the body does not have the enzyme lactase and cannot break down lactose, the sugar found in milk. This is different than a milk allergy, which is caused by an immune reaction to the protein in cow's milk. Symptoms of lactose intolerance may include abdominal pain, bloating, diarrhea and gas.

If someone has food intolerance they may be able to tolerate a small amount of the problem food. Find out from the parent if the child is able to tolerate a small amount of the food, or if the food needs to be completely avoided.

Food allergy

Food allergies are sensitivities caused by a reaction of the body's immune system to specific proteins in a food. According to Health Canada, up to six per cent of young children and four per cent of adults are estimated to have a physician-diagnosed food allergy. Not all food allergies are life-long. Some food allergies that develop in infancy such as milk, soy and egg, may be outgrown by three years of age.

All allergies involve the immune system, the same system which defends us from viruses and germs. An allergic reaction to a food occurs when the body mistakes that food for an enemy. The body creates antibodies which release chemicals that try to destroy the food particles.

These chemicals also affect other parts of the body, causing the symptoms of an allergic reaction. The part of the food that sets off the chain of allergic events is called an **allergen**. Most allergens are proteins. Almost all foods contain some protein, and have the potential for triggering an allergic reaction. However, most allergic reactions to food are triggered by these ten priority food allergens:

- Eggs
- Milk
- Mustard
- Peanuts
- Tree nuts (such as walnuts, almonds, hazelnuts, cashews, pecans)
- Seafood (including fish, crustaceans and shellfish)
- Sesame
- Soy
- Sulphites
- Wheat

Signs and symptoms of food allergy can be grouped according to the body system affected:

- **Skin:** itching, rashes, hives, eczema, swelling of tissues (face, lips, tongue), redness
- **Digestive system:** nausea, diarrhea, vomiting, stomach pain or cramps
- **Respiratory system:** coughing, wheezing, sneezing, runny nose, itchy and watery eyes
- **Cardiovascular system:** paler than normal skin colour/blue colour, weak pulse
- **Nervous system:** headache, hyperactivity, irritability, lack of concentration, dizziness

The signs and symptoms of an allergic reaction are different for each person and can:

- Range in severity from uncomfortable to life-threatening.
- Happen alone or together with other symptoms.
- Happen within minutes of eating the problem food, or may take an hour or more to appear (foods do not usually cause reactions many hours or days later).

The CCEYA requires that all child care centres maintain a list with the names of children with their respective food allergies or other food restrictions posted in each:

- Cooking and serving area
- Play area or play room
- Area where children may be present.

This list must be kept up-to-date and reflect the most current information available.

For more information on food allergies, see the [Health Canada website](#).

Some things to consider when a child has a confirmed food allergy:

- Unlike food intolerance, any amount of the food allergen can trigger a reaction.
 - Food allergy must be managed by avoiding the problem food allergen (problem food or ingredient).
 - Ensure the person planning the menus and the cook/caterer are aware of what foods need to be avoided on the menu or need to be substituted.
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- Substitute the problem food in recipes with safe alternatives; it should offer similar nutrients as the food being replaced. Indicate in writing on the menu what food will be used as a substitute for the problem food (as per the CCEYA).
- Become familiar with ingredients and associated terms to make sure the child is not given food with the food allergen.
- When buying food, always read food labels. Ingredients in processed foods do change over time. Develop a process to check food labels for a food allergen on all food products at each of these times:
 - Before buying it, at the store or online
 - When it is stored at the child care setting
 - Before using it in a recipe or serving it
- Call the food manufacturer if uncertain about a particular food.
- Avoid buying bulk foods that do not carry a label.
- Prevent cross-contamination:
 - Keep the allergic child's food separate from other food and label it with the child's name.
 - Avoid buying bulk foods that may have been cross-contaminated with a food allergen.
 - Always prepare foods intended for an allergic child separately from those foods intended for the larger group.
 - Never remove the problem food from a dish that has been prepared for others; traces of the food may be left behind and could cause problems in the child with allergies.
 - Keep separate utensils and cookware for the allergic child's food preparation.

For more information on food allergy, see the [Food Allergy Canada website](#).

The Government of Canada has developed a series of pamphlets with information on each of the priority food allergens, including lists of other names for each allergen, foods and products that may contain them and non-food sources of that allergen. To see the pamphlet series, visit the [Health Canada website](#).

Other websites with information about food allergies include:

- [Kids with Food Allergies](#)
- [Sick Kids Hospital](#)

Check the [ODPH Child Care Resources page](#) for a **Food Allergy Substitution Chart** coming soon.

Reading food labels and food allergens

Packaged food labels must indicate if there is one of the priority food allergens or gluten in the product, using the common name for the allergen. For instance, it must list "milk" when there is "hydrolyzed casein" in a product. The rules require listing allergens if they

are in any ingredient of the product. Packaged foods must either list the allergen (X) in the list of ingredients, or add a line with the word "Contains X."

For information about individual food allergens and reading food labels, see the [Canadian Food Inspection Association \(CFIA\) website](#).

There is also a link to information about food recalls and allergy alerts for food products at the above CFIA website link. Sign up to get email alerts.

Anaphylaxis

Anaphylaxis is the most severe type of allergic reaction and may be life-threatening. The CCEYA defines anaphylaxis as a "severe systemic allergic reaction which can be fatal, resulting in circulatory collapse or shock." An anaphylactic reaction can be triggered by food, insect stings and medications; however, food accounts for most of the cases in children.

Anaphylactic reactions may occur after eating very small amounts of the problem food. Some people may react upon touching a food, or even to particles of the food in the air. Those with asthma and other allergies are at greater risk of having an anaphylactic reaction to food.

While almost any food can cause an anaphylactic reaction, the most common foods are peanuts, tree nuts, cow's milk, eggs, fish, shellfish, sesame and soy.

An anaphylactic reaction may start with mild symptoms and progress to more severe symptoms very quickly, as follows:

- Itching, widespread hives and swelling of the mouth, throat or tongue
- Difficulty swallowing
- Wheezing, difficulty breathing
- Feeling faint (drop in blood pressure), rapid heart beat, flushed face
- Loss of consciousness, cyanosis (turning blue)
- Coma and death

The [Food Allergy Canada](#) website has information and resources for child care providers and parents. Online training is also available: [Anaphylaxis in Child Care Settings: What Staff/Caregivers Need to Know](#)

Anaphylactic policy

The CCEYA requires that every child care centre and home child care setting have an anaphylactic policy. This includes having an individualized plan for each child with an anaphylactic allergy. Each child's plan must be developed in consultation with the child's parent and any regulated health professional involved in the child's health care that the parent wants included. Each child's plan must include a description of the procedures to be followed in the event of an allergic reaction or other medical emergency and must be reviewed with all staff, volunteers and students working in the child care setting.

Anaphylactic reactions can progress very rapidly. It is important that caregivers have immediate access to an **epinephrine auto-injector (epi-pen)**, when a child has a reaction.

[For a sample emergency plan and instructions on how to use an epinephrine auto-injector.](#)

For more information on the CCEYA requirements around food allergy and anaphylaxis policy, see the [CCEYA](#) and the [Ministry of Education's Child Care Licensing Manual](#).

Nutrition and food policy

A food policy can help provide a healthy eating environment for children by making sure that children are offered nutritious foods and given the opportunity to learn healthy eating habits. A nutrition policy could include items related to:

- Food and beverage choices offered.
- How, when and where food is offered, considering the roles of the caregiver and child.
- Providing a supportive feeding environment, such as staff acting as role models.
- Including nutrition themes in play and daily lesson plans.
- Involving children in growing, preparing and cooking foods.
- Use of foods in fundraising such as not using food, or only using nutritious foods.
- How food allergies, intolerances and restrictions will be handled and communicated.
- Procedures around the development of individual feeding plans for infants and children with special needs.
- How parents will be engaged, educated and supported.
- Staff education and training on topics such as:
 - Infant and child nutrition and how to promote healthy eating habits in children.
 - Food allergy information and the requirements for an 'Anaphylactic Policy'.
 - How to incorporate food and nutrition themes in child care programming and activities.
- How the policy will be monitored. Develop a procedure to check on how the policy is working. It is suggested that the policy be reviewed at least once a year.

When drafting the policy consult with staff and parent groups as well as other identified stakeholders. Have them review the final draft policy and adjust the policy as needed based on the feedback.

Once the policy is developed, communicate the policy to staff and parents. Educate staff on how to implement the policy.

- Start with small, simple changes to help get buy-in with larger changes later.
 - Keep a written copy of the policy in a location where it can be referred to easily.
 - Include an orientation to the policy for new parents and staff.
-

As outlined in the policy, regularly review the policy to determine what is working and what needs to be changed to improve the policy. Communicate any changes made to the policy to staff and parents and re-post it where it is accessible to staff and parents.

For a sample policy to guide parents/caregivers bringing in outside food to the child care setting, see the ODPH [Child Care Resources](#) page. Additional examples of policies such as Promoting Vegetables and Fruit can also be found at this ODPH web page in the [Paint Your Plate Toolkit](#).

Nutrition information and resources

The following website links and resources have information that may be useful when planning menus, training staff or sharing information with families.

Menu planning and healthy eating

The [Unlock Food website](#) has information about healthy eating and menu planning.

Health Canada has food and nutrition information, tools and resources:

- [Canada's Food Guide](#) –This website has information and resources that can be used to learn about making healthy food choices and healthy eating practices.
- [Nutrition labeling](#)
- [Reading Nutrition labels](#)

[Healthy Canadians website](#) has information on nutrition, healthy eating, reading nutrition labels, food safety and food recalls.

- Find healthy eating tips such as:
 - Cooking, meal planning and grocery shopping tips
 - Making healthy food choices and healthy eating tips for children
- Use the Nutrition Facts table - [Focus on the facts resource](#) – learn how to use serving size and per cent Daily Value

The ODPH [Paint your plate with vegetables and fruit toolkit](#) has resources and recipes to make it easier for young children to enjoy vegetables and fruit.

Region of Waterloo Public Health and Emergency Services has resources and information about feeding children.

- The [Public Health website](#) has information and links to resources.
- The [Region of Waterloo Library](#) loans out teaching kits, DVDs, posters, and books free of charge. To search the catalogue of resources.
- The [Better Foods to Buy: a guide for choosing healthier packaged food](#) resource lists foods that meet or exceed the nutrition criteria of the Ministry of [Education school food and beverage policy](#) (PPM150).

The [Nutrition Connections website](#) has links to nutrition resources and tools.

- The [Packaged Food Database](#) helps program providers determine whether a food or beverage product meets one or more of the nutrition standards that
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govern foods sold or served in childcare, schools, workplaces, and recreation settings in Ontario.

Feeding children

The [Unlock Food website](#) has information about feeding children

The [Ellyn Satter website](#) has information and videos about the **Division of Responsibility in Feeding**.

[Raising Our Healthy Kids videos](#) are 90 second videos on a variety of healthy eating topics relevant for preschoolers that can be shared with staff and parents:

The Feeding Relationship:

- [How and What to Feed Children is Important](#)
- [Enjoy More Vegetables and Fruit](#)
- [Find Out if Your Child is a Healthy Eater](#)
- [Healthy Drinks, Healthy Kids](#)
- [Role Model Healthy Eating](#)
- [Patience Works Better than Pressure](#)
- [Eating Together](#)
- [Make Meals and Memories Together](#)
- [Offer Healthy Meals and Snacks](#)
- [Food Skills](#)
- [Healthy beverages: choose water](#)
- [Enjoying Breakfast: Start the Habit Early](#)
- [Enjoy vegetables and fruit for active kids](#)

Make meals happen:

- [Involve family members in meal planning](#)
- [Plan ahead and make meals happen](#)
- [Regular meals that kids can count on](#)
- [Well stocked fridge and kitchen cupboard for quick and easy meals](#)

[Eat Right Be Active: A Guide for Parents and Caregivers of Toddlers 12-36 months](#) has healthy eating and physical activity messages for parents/caregivers of toddlers.

[Eat Right Be Active: A Guide for Parents and Caregivers of Preschoolers ages 3-5](#) has healthy eating and physical activity messages for parents/caregivers of preschoolers.

[How to Build a Healthy Toddler](#) provides information on feeding children 12 to 36 months, such as: how much a toddler should eat; snack ideas; meal planning tips; and healthy eating tips.

[How to Build a Healthy Preschooler](#) provides information on feeding children ages three to five years. This resource has snack ideas, meal planning tips and healthy eating tips.

[How to Feed Your Growing Child Ages 2-5](#) resource has information about feeding young children that is easy to read.

The following resources can be downloaded using the hyperlinks below, or they can be ordered by calling Public Health at 519-575-4400.

- [A Guide to Eating Fish](#)
- [Breastfeeding Your Baby](#)
- [Choking Prevention Tips](#)
- [Feeding your baby and young child](#)
- [Formula feeding your baby](#)
- [Help Your Child Become a Healthy Eater](#)
- [When your child asks for juice](#)
- [When your child does not eat meat](#)
- [When your child does not drink milk](#)
- [When your child does not eat vegetables](#)

Cookbooks and recipes

There are many cookbooks and recipes available that can be used to plan menus or to share with families. Keep in mind the nutrition recommendations for food and beverage choices when choosing recipes for the child care setting. These are outlined in the [Practical Guide](#). Make changes to a recipe to meet the recommendations as needed.

[Dietitians of Canada recipes](#)

[Unlock Food](#) has recipes, including vegetarian recipes. There are also recipe cards which offer healthy eating tips and easy ways to prepare affordable foods such as beans, carrots, potatoes, salmon, tuna and skim milk powder (search 'budget-friendly recipe cards').

[Foodland Ontario recipes](#)

The ODPH [Paint Your Plate with Vegetables and Fruit Toolkit](#) has recipes that highlight vegetables and fruits.

The [Region of Waterloo Library](#) has some cookbooks that can be borrowed (see examples below).

- **Sesame Street – Let's Cook!** has recipes for healthy meals and snacks, as well as tips for getting kids helping in the kitchen.
 - The **Basic Shelf** cookbook has easy to make recipes using common ingredients; great for when cooking on a budget.
 - **Simply Great Food**; 250 Quick, Easy & Delicious Recipes is a cookbook that contains recipes provided by registered dietitians.
 - **Suppertime Survival** is a cookbook with recipes for busy families written by registered dietitians.
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Appendix A: Infant feeding

The World Health Organization (WHO), Health Canada and the Canadian Paediatric Society recommend exclusive breastfeeding for the first six months of life, and continued breastfeeding with the introduction of solids for up to two years and beyond.

The Baby-Friendly Initiative (BFI) is a global campaign developed by the World Health Organization (WHO) and UNICEF to protect, promote, and support breastfeeding. Being baby friendly means supporting families to make the best decision about feeding their infant without the commercial influence of artificial baby milk (formula) marketing and creating a supportive environment for infant feeding, regardless of the feeding method.

As a BFI accredited organization, Public Health has developed a policy to support, promote and protect breastfeeding and has made a commitment to:

- Support informed decision making about infant feeding.
- Support mothers to breastfeed their infants exclusively for the first six months of life and to continue breastfeeding, with the addition of iron-rich complementary foods, for up to two years and beyond.
- Work with community partners to provide consistent and seamless care that supports breastfeeding.
- Support community agencies and workplaces to develop their own breastfeeding policy.

Breastfeeding

Breastfeeding provides many benefits to children. Breast milk promotes optimal growth and development of an infant's brain and immune system, and research shows that breast milk is an important factor in decreasing a child's risk for respiratory and ear infections. Evidence also suggests breastfeeding may decrease risk of obesity, diabetes and some childhood cancers.

Mothers who breastfeed have a lower risk of breast and ovarian cancer, and breastfeeding may decrease risk of their developing Type 2 diabetes later in life.

Breastfeeding also benefits employers. Employers who support employees to breastfeed have lower rates of absenteeism, better retention of employees and more satisfied workers.

Health Canada recommends exclusive breastfeeding for the first six months of life and continued breastfeeding for up to two years or longer, with appropriate complementary foods. This means that some women will continue to breastfeed after returning to work or school; a supportive environment can help mothers to maintain breastfeeding.

Breastfeeding anytime, anywhere is protected under the Ontario Human Rights Commission:

- A breastfeeding woman cannot be asked to cover up, move or stop breastfeeding.
-

- An employer has an obligation to accommodate the needs of breastfeeding employees.

Provide a supportive environment for breastfeeding

Child care centres and home child care providers have an important role in supporting continued breastfeeding. Mothers may wish to breastfeed their child before leaving their child at the centre, or when they arrive at the centre to pick up their child. Families may also request that expressed breast milk be stored and served to the child while in care.

The following examples are ways child care settings can support breastfeeding:

- Develop an individual [feeding plan](#) in writing to meet the needs of each infant and family. The plan could include:
 - How the breast milk will be transported to the child care setting and stored.
 - How the breast milk will be offered to the infant.
 - Whether the mother intends to breastfeed the infant at drop-off, pick-up and/or other times during the day.
 - What to do if the mother is late coming for an arranged feeding time.
 - What to do if the supply of expressed breast milk is used up.
 - Provide a supportive environment for breastfeeding families by developing a breastfeeding policy with guidelines that ensure:
 - The breastfeeding policy is communicated to all new families and staff.
 - All employees are aware of, understand and follow the policy.
 - Fathers are included in the development of the breastfeeding plan (including discussions about storing and transporting breast milk).
 - Families and employees know that they are welcome to breastfeed in the centre, anywhere, anytime.
 - There is access to a clean, comfortable area for mothers to breastfeed or to express breast milk, if requested.
 - Provide space in a refrigerator to store expressed breast milk.
 - Train staff on how to store, handle and feed expressed breast milk safely.
 - Provide appropriate learning experiences and activities for children to normalize breastfeeding, for example:
 - Do not discourage breastfeeding play (child pretending to breastfeed their doll).
 - Have books that contain pictures of breastfeeding.
 - When talking about animals, include the concept that animals care for their babies, such as feeding them.
 - Ensure staff knows the benefits of breastfeeding and where to refer parents for breastfeeding support.
 - **Refer families who need breastfeeding support to:**
 - Public Health: 519-575-4400
 - Telehealth Ontario: 1-866-797-0000 (24 hours, seven days a week)
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- Establish a supportive workplace policy for staff members who are breastfeeding:
 - Consider flexible work hours and allow for break times to accommodate breastfeeding or for them to express breast milk.
 - Provide a clean, comfortable place to breastfeed or express breast milk.
 - Provide space in a refrigerator to store expressed breast milk.

For more information on how to provide a supportive breastfeeding environment for families see: [Supporting Breastfeeding in Child Care](#).

For information on how to provide a supportive breastfeeding workplace environment for employees and a sample policy, see: [Creating a Breastfeeding Friendly Workplace Strategy](#).

Refer to the [Breastfeeding page](#) on the Region of Waterloo website for information and resources.

Recommendations for handling expressed breast milk

- Breast milk should be **provided daily** by parents in tightly sealed glass or hard plastic (BPA free) containers with lids.
- Each container **must be clearly labeled with the child's name**. The date it arrives at the centre should also be clearly labeled on the container.
- Empty breast milk containers and lids should be rinsed after use and sent home at the end of the day for parents to clean and sanitize.
- Breast milk that has been out of the refrigerator (at room temperature) for two hours or more must be discarded.
- Unused breast milk that has been in the refrigerator should be discarded or may be returned to the parent at the end of the day.

Transporting breast milk

- Breast milk should remain cold while being transported to the child care centre. Parents can use a cooler bag with ice packs to keep the breast milk cold during transport.
- Breast milk should be placed in the refrigerator on arrival. A separate refrigerator to store breast milk is not necessary. Transported breast milk should be used within 24 hours.
- If the breast milk is frozen, it may be left in the refrigerator to thaw for up to 24 hours.

Storing expressed breast milk in the refrigerator

- Breast milk should be placed in the refrigerator on the upper shelves above any raw or hazardous foods to prevent contamination.
 - Refrigerators used to store breast milk should be equipped with an accurate thermometer and the temperature should be monitored and recorded at least once a day.
-

- Freshly expressed breast milk (that has not been transported) can be stored for five days in a refrigerator at 4° C (40° F) or less.
- Breast milk that was kept cold while being transported can be stored in a refrigerator at 4° C (40° F) or less for 24 hours.

Using breast milk

- Check the container for the child's name to ensure that the correct breast milk is being given to the child.
- Check the container for the date. Use the container with the earliest date first.
- Frozen breast milk may be thawed by:
 - Leaving it in the refrigerator for up to 24 hours.
 - Placing the container under cool running water. Once it has begun to thaw, run warm water to finish thawing and use immediately.
 - Do **not** thaw breast milk at room temperature.
 - **Never** thaw breast milk in the microwave.
- When breast milk is left standing, fluid and milk solids separate. The fat particles rise to the top and the liquid portion is at the bottom. It is normal for the colour of breast milk to vary from blue to yellow or brown. As long as it has been stored appropriately, there is no reason to worry about its appearance.
- **Never refreeze** thawed breast milk.

Warming breast milk

- Warm the breast milk by placing the container of breast milk in a bowl of very warm water for no more than 15 minutes.
- **Never heat breast milk in the microwave.**
- Shake the container of warmed breast milk well. Check the temperature on your wrist. Let cool if too hot.

Feeding breast milk using a bottle

- If the infant is fed expressed breast milk with a bottle, hold the infant close in an upright position. **Never leave an infant alone with a bottle.**
 - Make feedings an enjoyable time for you and the infant. Talk to the infant and give lots of smiles.
 - Watch the infant swallow and allow the infant to rest when needed.
 - Burp the infant as needed.
 - Stop feeding when the infant shows signs of being finished, even if the bottle is not empty; such as when the infant:
 - Looks sleepy and calm
 - Let's go of the nipple
 - Closes their mouth
 - Turns away from the bottle
 - Does not look for more. The infant may still have a small suckling movement; this is a reflex and does not mean the infant is hungry.
 - Throw away what the infant does not drink within two hours.
-

- Do not put the infant to bed with a bottle and never add cereal to a bottle.

Weaning

The World Health Organization and Health Canada recommend that breastfeeding continue for two years or longer, as long as the mother and baby want to breastfeed. However, if a parent chooses to stop feeding their baby breast milk, the baby will need to be fed commercial artificial baby milk (formula) until they are nine to 12 months of age and eating a variety of foods, including iron-rich foods, every day.

For more information about weaning, call Public Health at 519-575-4400 and ask to speak to a Public Health Nurse.

Artificial baby milk (formula)

When breast milk is not available, or when supplemental feeding is needed, commercial (store-bought) artificial baby milk (formula) may be used to feed a baby. Artificial baby milk should never be replaced with cow or goat milk; soy or other plant-based beverages; evaporated milk or homemade artificial baby milk recipes. They do not have all the nutrients that a baby needs.

Role of child care provider in feeding artificial baby milk

When a parent has made an informed decision to feed artificial baby milk, it is important to support them in that decision and to handle, store and feed it safely.

Develop an individual [feeding plan](#) in writing to meet the needs of each infant and family. The plan could include:

- How the artificial baby milk will be transported to the child care setting and stored.
- When the baby should be fed artificial baby milk if it is being used to supplement breast milk.
- How the artificial baby milk will be offered to the infant.
- Whether the infant will be fed by a parent at drop-off, or at pick-up times.
- What to do if a parent is late coming to pick up the infant.
- What to do if the supply of artificial baby milk is used up.

Recommendations for handling artificial baby milk

- Artificial baby milk should be **provided daily** by parents in tightly sealed glass or hard plastic (BPA free) containers with lids.
 - Each container **must be clearly labeled with the child's name and date** the artificial baby milk was prepared. **The date it arrives at the centre should be clearly labeled** on the container.
 - Empty containers and lids should be rinsed after use and sent home at the end of the day for parents to clean and sterilize.
 - Artificial baby milk that has **been out of the refrigerator (at room temperature) for 2 hours or more must be discarded**.
-

- Unused artificial baby milk that has been in the refrigerator may be returned to the parent at the end of the day to be transported safely or discarded.

Transporting artificial baby milk

- Make sure the artificial baby milk is cold before transporting. Artificial baby milk should remain cold while being transported. Parents can use a cooler bag with ice packs to keep it cold during transport.
- Place in the refrigerator on arrival and use within 24 hours.

Storing artificial baby milk in the refrigerator

- Place prepared artificial baby milk on the upper shelves above any raw or hazardous foods to prevent contamination.
- Refrigerators used to store artificial baby milk should be equipped with an accurate thermometer and the temperature should be monitored and recorded at least once a day.
- Artificial baby milk kept cold while being transported can be stored for 24 hours in a refrigerator at 4° C (40° F) or less.
- Freshly prepared artificial baby milk (has not been transported) can be stored for 24 hours in a refrigerator at 4° C (40° F) or less.

Using artificial baby milk

- Check the container for the child's name to ensure that the correct artificial baby milk is being given to the child.
- Check the container for the current day's date.

Preparing artificial baby milk

- If it is necessary to prepare artificial baby milk in the child care setting, follow the preparation instructions in the [Formula Feeding Your Baby](#) resource.
- All equipment and water used to make artificial baby milk must be sterilized.
- Take special care when preparing powdered artificial baby milk, it is not a sterile product and may contain germs that may make a baby sick. Use boiled water that has cooled for no longer than 30 minutes, unless the parent provides different instructions.
- For the [Formula feeding your baby](#) resource, see the [Public Health website](#).
- To get a print copy of the **Formula Feeding Your Baby** resource, call Public Health at: 519-575-4400.

Warming artificial baby milk

- Warm by placing the container of artificial baby milk in a bowl of very warm water for no more than 15 minutes.
 - **Never heat artificial baby milk in the microwave.**
 - Shake the container of warmed artificial baby milk well. Check the temperature on your wrist. Cool if too hot.
-

Feeding artificial baby milk using a bottle

- If the infant is fed with a bottle, hold the infant close in an upright position.
- **Never** leave an infant alone with a bottle.
- Make feedings an enjoyable time; talk to the infant and give lots of smiles.
- Watch the infant swallow and allow the infant to rest when needed.
- Burp the infant as needed.
- **Stop feeding when the infant shows signs of being finished, even if the bottle is not empty.** Signs of fullness include when the infant:
 - Looks sleepy and calm
 - Let's go of the nipple
 - Closes their mouth
 - Turns away from the bottle
 - Does not look for more. The infant may still have a small suckling movement; this is a reflex and does not mean the infant is hungry
- Throw away what the infant does not drink after a feeding.
- Throw away any artificial baby milk that has been out of the refrigerator for two hours or more.
- Do **not** put the infant to bed with a bottle and **never** add cereal to a bottle.

For important information about how to prepare and feed artificial baby milk, see the [Public Health website](#).

To get a print copy of the [Formula feeding your baby](#) resource, call Public Health at: 519-575-4400.

Feeding infants with a cup

- Infants can start taking sips from an open cup starting at six months.
- Health Canada recommends that infants use a cup by 12 months of age and should not be drinking out of a bottle after 18 months of age.
- Encouraging use of an open cup helps in the development of mature drinking skills and lowers the risk of early childhood dental caries.
- Use of a sippy or training cup should be avoided or limited.

Introducing solids

From birth to six months, all a baby needs is breast milk. A baby should be six months old and showing developmental signs of being ready, before being offered solid foods in addition to breast milk. Signs of readiness include:

- Controls head and neck well
 - Sits in a highchair
 - Shows interest in food and in eating
 - Opens mouth for food
 - Closes lips over spoon
 - Swallows food in mouth
 - Turns body or head away when they do not want to eat or have had enough to eat
-

Detailed information about introducing and feeding solid foods and beverages safely can be found in the resource [Feeding your baby and young child](#)

To get a copy of the **Feeding your baby and young child** resource, call Public Health at: 519-575-4400.

Ensure that the foods and textures the infant is eating are outlined on the infant's individual feeding plan and that the plan is updated regularly by the parent as new foods and textures are offered.

Infant feeding plan and infant feeding record

Infant feeding plan

An infant feeding plan helps child care providers meet the requirement of the [Child Care and Early Years Act, 2014 \(CCEYA\)](#) that children under one year of age be fed according to written instructions from a parent. The infant feeding plan may also be used to outline the individual breastfeeding plans of a family.

See the sample [Infant Feeding Plan](#). Please note that the principles on the first page of the feeding plan are based on best practice and may be modified or removed to individualize the plan according to the practices/policies of each child care setting. Other sections of the form may be modified as required to meet individual needs.

Infant feeding record

Children's appetites change from day to day and meal to meal. Parents may find it helpful to know what their infant has eaten in the child care setting to inform feedings at home.

To help child care providers record what a child has eaten in the child care setting, a sample infant feeding record is provided and may be modified to meet the needs of each setting. See the sample [Infant Feeding Record](#).

Appendix B: Snack ideas

Each snack includes food from two food groupings (from the 2019 Canada's Food Guide), one of which is a vegetable or fruit. All food must be chosen and prepared in a way that reduces choking risks for children.

- Whole wheat pita with blueberry salsa
 - Quinoa salad and fruit
 - Whole grain crackers with sliced apple
 - Whole wheat tortilla spread with grated cheese and salsa – top with another tortilla and grill until cheese is melted. Slice into triangles and serve with chopped tomato and cucumber salad
 - Fruit smoothie made with milk, yogurt and fruit with strawberries on the side
 - Yogurt dip and broccoli or other vegetable prepared safely for dipping
 - Assorted cheese cubes and fruit
 - Cottage cheese or plain yogurt and fruit
 - Chicken fingers (homemade) and baked zucchini wedges
 - Cut up pieces of roast chicken, beef, or pork with apple sauce
 - Meat roll-up with veggies – slice cooked meat thinly and roll on its own or in a whole grain tortilla and slice (avoid luncheon and deli meats)
 - Mini hamburger with tomato slice
 - Mini salmon patties with steamed and cubed carrots
 - Mini sweet and sour pineapple meatballs with extra pepper strips and pineapple on the side
 - Tuna melt with cheese on whole wheat English muffin
 - Bean and cheese quesadilla – sliced with veggies or fruit
 - Egg and spinach frittata with tomato slices
 - Egg salad (use plain yogurt instead of mayonnaise) with celery sticks
 - Hard-boiled egg (sliced) on whole grain crackers with kiwi slices
 - Hummus (or other legume-based dip) and assorted vegetables or whole wheat pita wedges served with orange slices
 - Mini crustless quiche with steamed broccoli
 - Three/four bean salad with apple slices
 - Tofu slices (slice tofu and bake) served with vegetables or fruit
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Factsheets and resources

1. [Division of Responsibility in Feeding](#)
2. [CCEYA regulation 137/15](#)
3. [Ontario Child Care and Early Years Act, 2014](#)
4. [Nutrition for Healthy Term Infants: Recommendations from birth to six months](#)
5. [Nutrition for Healthy Term Infants: Recommendations from six to 24 months](#)
6. [Canada's Food Guide](#)
7. [Eating Well with Canada's Food Guide – First Nations, Inuit and Métis](#)
8. [Feeding your baby and young child](#)
9. [Healthy and Safe Eating in the Child Care Setting](#)
10. [Help Your Child Become a Healthy Eater](#)
11. [When your child does not eat meat](#)
12. [When your child does not drink milk](#)
13. [When your child does not eat vegetables](#)
14. [Choking Prevention Tips](#)
15. [When your child asks for juice](#)
16. [Eat Right Be Active: A Guide for Parents and Caregivers of Toddlers 12-36 months](#)
17. [Eat Right Be Active: A Guide for Parents and Caregivers of Preschoolers ages 3-5](#)
18. [How to Build a Healthy Toddler](#)
19. [How to Build a Healthy Preschooler](#)
20. [How to Feed Your Growing Child Ages 2-5](#)
21. [A Guide to Eating Fish](#)
22. [Breastfeeding Your Baby](#)
23. [Formula feeding your baby](#)
24. [Is My Child Growing Well?](#)
25. [Sample Infant Feeding Plan](#)
26. [Sample Infant Feeding Record](#)