

Allergies and Individual Food Needs

Slide #1 Welcome

Welcome to this course titled, ***“Allergies and Individual Food Needs”***.

This course is developed as part of the Washington State Department of Children, Youth, and Families (or DCYF) alignment process, to prepare providers and licensors in their understanding of the “why”, the “what” and the “how” of complying with the updated Foundational Quality Standards for Early Learning Programs (referred to in each course as the Foundational Quality Standards).

Slide #2 Helpful Hints

WA DCYF is pleased to present this e-Learning course! To help provide a positive learning experience for you, please take a moment to review the following “Helpful Hints” summary, detailing what you can expect from this course. A complete listing of Helpful Hints has been added to the Resources section of your learner’s screen for reference.

- If you would like to access and review the full course text, please visit the Resources section of your learner’s screen. You can view, print, or download a full version of the course text that is narrated within each module. The full text will be included in each course and listed as the first resource in the Resources section of your course frame.
- The time to complete the course will depend on the course topic and the pace at which you advance through the slides.
- To help you get the most out of the course, settings are in place to prevent users from skipping ahead through the slides. You can advance through the course when the narration for each slide concludes by selecting the “Next” button, or, go back to review material already presented by selecting the “Previous” button.
- Web links and additional resources will be utilized in some of the courses to enhance your learning experience. We hope you will take the time to explore them to further develop your knowledge about the topics being presented.

Slide #3 Introduction

This course is designed to introduce you to the updated Washington Administrative Code or WAC, as well as outline strategies and examples of WAC compliance. Updated WACs will be detailed in each course as a reference and a full listing of the WAC is included in the Resources section of your learner’s screen. You can print or download this resource at any time, either as a reference while you complete this course, or as a resource after the course is completed.

Slide #4 Learning Outcomes

This course will help early learning professionals understand how to meet, assess for, and demonstrate ongoing compliance with the Foundational Quality Standards.

Upon completion of this course, participants will:

- Identify components of an individual care plan and written food plan
- Describe how to respond to a child's allergic reaction while in care
- Determine when and what types of outside food may be shared with children in the early learning program

Slide #5 Guiding Principles

As we cover the material in this course, please keep in mind the following Guiding Principles. We will revisit these at the end of the course to "check in" with you and give you an opportunity to assess your understanding and application of the course content.

Guiding Principles:

- Every child comes to an early learning program with unique needs, which may include dietary restrictions or modifications.
- Developing and following a care plan outlining dietary restrictions and/or modifications is a critical practice in protecting a child's health and safety.
- When early learning professionals partner with parents to establish a mutual understanding of a child's individual food needs and how to meet those needs, everyone benefits.

Slide #6 Terms and Definitions

Take a moment to review and familiarize yourself with the following terms and definitions. For reference, a listing of these terms has been added to the Resources section of your learner's screen. You can access the list at any time by visiting the Resources section of your learner's screen. You can download the file to keep as a future reference or print as a desk guide.

Allergy or allergies refers to an overreaction of the immune system to a substance that is harmless to most people. During an allergic reaction, the body's immune system treats the substance or "allergen" as an invader. The body overreacts by releasing chemicals that may cause symptoms ranging from mildly annoying to life threatening. Common allergens include certain foods (milk, eggs, fish, shellfish, common tree nuts, peanuts, wheat, and soybeans) pollen, mold, or medication.

Anaphylaxis is the result of a release of chemicals causing one's body to go into shock; a person's blood pressure drops and their airway narrows, blocking breathing.

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CACFP means the Child and Adult Care Food Program established by Congress and funded by the United States Department of Agriculture (USDA).

Early learning professionals are all early learning providers, child care licensing staff, and other professionals in the early learning field.

Individual care plan means a specific plan to meet the individual needs of a child with a food allergy, special dietary requirement due to a health condition, other special needs, or circumstances.

Parent or guardian means birth parent, custodial parent, foster parent, legal guardian or those authorized by the parent or entity legally responsible for the welfare of the child.

RCW means Revised Code of Washington.

USDA means the U.S. Department of Agriculture.

WAC means Washington Administrative Code.

Written food plan is a document designed to give alternative food to a child in care because of a child's medical needs or special diet, or to accommodate a religious, cultural, or family preference. A parent or guardian and the early learning provider must sign a written food plan.

Slide #7 Course Introduction

Millions of children in the United States live with a dietary restriction or modification as part of their everyday life. For many of these children, their individual food need is the result of a food allergy.

Did you know:

- One in every 13 children under 18 years old have a food allergy
- More than 40 percent of children with food allergies have experienced severe reactions, including a release of chemicals causing them to go into shock, known as anaphylaxis
- The majority of allergic reactions, 87 percent, are caused by accidental ingestions, including situations where a product was not checked for the allergen, a food label was read improperly, cross-contamination was present, or there was an error in food preparation¹

¹ Food Allergy Research & Education. (N.D.) *Symptoms of an Allergic Reaction to Food*. Retrieved from <https://www.foodallergy.org/life-with-food-allergies/food-allergy-101/symptoms-of-an-allergic-reaction-to-food>

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There is no cure for food allergies. Avoiding exposure to the known allergen is the primary method for reducing the possibility of a food reaction and keeping children with food allergies safe.

Avoiding food allergens extends into every environment the child enters, including early learning programs.

Slide #8 Course Introduction

As explored in a previous module, nutritious food is essential for the healthy growth and development of young children. However, when a child has a dietary restriction or requires dietary modifications, exposure to some types of food may ultimately harm the child's health and safety. To protect against this, the following WACs in the Foundational Quality Standards will be reviewed in this module:

- WAC 110-300-0186 Food allergies and special dietary needs
- WAC 110-300-0190 Parent or guardian provided food and written food plans

These sections are found in the "Environment" section of the Foundational Quality Standards, in the subsection called "Food and Nutrition".

Slide #9 Course Introduction

This course will cover two documents related to individual food needs: individual care plans and written food plans.

An individual care plan is a specific plan to meet the needs of a child with a food allergy, dietary requirement due to a health condition, other special needs, or circumstances. It is outlined in WAC 110-300-0300. Among other information, this document must include the child's diagnosis, symptoms, and any treatment or necessary accommodation plans to meet the child's needs. For example, in the case of a medically documented food allergy, the individual care plan would list the food or foods to which the child is allergic, the symptoms they exhibit if they eat or come into contact with the food, and what medication or steps the early learning provider must take to treat an allergic reaction. The individual care plan related to a food allergy or dietary requirement will be in addition to a written food plan.

A written food plan is a document designed to give alternative food to a child in care, and may be due to the child's medical needs. The written food plan must describe in detail modifications regarding how food may be prepared, stored and served to eliminate contact with allergens.

Children with a medically documented food allergy will have both an individual care plan and a written food plan.

However, a child does not need a medically documented food allergy to have a written food plan. Written food plans must also be utilized to accommodate children who have dietary restrictions or modifications based on religious practices, cultural practices, or

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family preference. An early learning provider may choose to include a written food plan form in their enrollment paperwork.

Slide #10 Course Introduction

Both the individual care plan and the written food plan provide valuable documentation which:

1. **Provides the basis for mutual understanding between parents and early learning professionals.** The written document allows for both parents and early learning professionals to access the same essential information related to a child's health and care.
2. **Provides guidance for early learning professionals.** This is especially important in programs who utilize substitute or part-time staff, during times of staff turnover, and in early learning program settings where children are too young to advocate for themselves or refuse a known allergen.
3. **Provides a common system for early learning professionals to monitor and protect the health and safety of the children in their care.**

Slide #11 WAC 110-300-0186

WAC 110-300-0186 focuses on children whose special dietary needs require an individual care plan. This may include children with food allergies or intolerances, or children whose medical diagnosis impacts their diet. For example, a child may have difficulty swallowing, diabetes, a metabolic disorder, or a food aversion which necessitates special dietary requirements.

WAC 110-300-0186 Food allergies and special dietary needs.

(1) An early learning provider must obtain written instructions (the individual care plan) from the child's health care provider and parent or guardian when caring for a child with a known food allergy or special dietary requirement due to a health condition. The individual care plan pursuant to WAC [110-300-0300](#) must:

- (a) Identify foods that must not be consumed by the child and steps to take in the case of an unintended allergic reaction;**
- (b) Identify foods that can substitute for allergenic foods;**

This requirement aligns with *Caring for Our Children*, Standard 4.2.0.2. It references, WAC 110-300-0300, which outlines additional requirements of an individual care plan. WAC 110-300-0300 and may be reviewed at the following link: [WAC 110-300-0300](#)

Slide #12 WAC 110-300-0186

Allergic reactions can vary based on the severity of the child's allergy and the amount of the allergen to which the child is exposed.

Allergic reaction symptoms can range from mild to severe. Mild symptoms may include itchy mouth, itchy or runny nose, sneezing, mild itchy skin or a few hives, or mild nausea.

Severe symptoms may include widespread hives, vomiting, or anaphylaxis.

Anaphylaxis is the result of a release of chemicals causing one's body to go into shock. When this happens, a person's blood pressure drops and their airway narrows, which blocks breathing. It is severe and life-threatening.

Allergic reactions may have sudden onset, occurring within minutes of exposure, while some reactions may appear after several hours after exposure.

Given the wide range of possible symptoms and their severity, it is essential for an early learning professional to understand a child's typical reaction and be prepared to respond in case of reaction.

Slide #13 WAC 110-300-0186

WAC 110-300-0186 Food allergies and special dietary needs.

(c) Provide a specific treatment plan for the early learning provider to follow in response to an allergic reaction. The specific treatment plan must include the:

- (i) Names of all medication to be administered;**
- (ii) Directions for how to administer the medication;**
- (iii) Directions related to medication dosage amounts; and**
- (iv) Description of allergic reactions and symptoms associated with the child's particular allergies.**

To review common symptoms of allergic reaction, review the printable Common Symptoms poster PDF in the Resources section of your learner's screen. This resource comes from foodallergy.org

For assistance in writing treatment plans, please visit the resources and sample plans located in the resources section of your course frame.

Slide #14 WAC 110-300-0186

In addition to documenting the response plan to an allergic reaction, it is equally important for early learning providers to understand how to administer necessary medication or lifesaving treatments.

WAC 110-300-0186 Food allergies and special dietary needs.

(2) An early learning provider must arrange with the parents or guardians of a child in care to ensure the early learning program has the necessary medication, training, and equipment to properly manage a child's food allergies.

Consider this example of compliance: A new child enrolls in an early learning program and parents disclose the child has an allergy to tree nuts, which requires the use of an Epi-Pen if exposed to the allergen.

During the program orientation meeting, the early learning provider reviews the parent handbook and program expectations with the parents and requests the parents train program staff how to use the Epi-Pen as outlined in the child's written individual care plan.

For this portion of the meeting, the early learning provider requests the lead teacher and aides who will be working with the child to be present to better understand the needs of the child in their class. This meeting takes place prior to the child's first day attending the program.

Slide #15 WAC 110-300-0186

Every three minutes, a person is treated by emergency services for a food allergy reaction². When a child has an allergic reaction, the actions of the early learning professionals are critical, especially where reactions may be life-threatening. The intent of subsection (3) is to ensure the child has the necessary support during an allergic reaction to safely recover and the early learning professional has the necessary support to help the child.

² Food Allergy Research & Education. (N.D.) *Symptoms of an Allergic Reaction to Food*. Retrieved from <https://www.foodallergy.org/life-with-food-allergies/food-allergy-101/symptoms-of-an-allergic-reaction-to-food>

WAC 110-300-0186 Food allergies and special dietary needs.

(3) If a child suffers from an allergic reaction, the early learning provider must immediately:

- (a) Administer medication pursuant to the instructions in that child's individual care plan;**
- (b) Contact 911 whenever epinephrine or other lifesaving medication has been administered;**

Slide #16 WAC 110-300-0186

Contacting 911 provides the crucial support of trained medical professionals to aid the child in a potentially critical situation.

911 must be called in the event that Epinephrine (or Epi-Pen) or other lifesaving medication is administered, because the effects of epinephrine may wear off or a child may have a second reaction requiring additional treatment³.

When in doubt whether an allergic reaction warrants lifesaving medication or a response from emergency medical services, it is important for the early learning professionals to err on the side of caution. Remember, “there is no embarrassment or inconvenience if an emergency medical service team responds to a non-life-threatening occurrence⁴”. It is better to err on the side of caution where a child’s health and safety is at stake.

Slide #17 WAC 110-300-0186

WAC 110-300-0186 Food allergies and special dietary needs.

(c) Notify the parents or guardians of a child if it is suspected or appears that any of the following occurred, or is occurring:

- (i) The child is having an allergic reaction; or**
- (ii) The child consumed or came in contact with a food identified by the parents or guardians that must not be consumed by the child, even if the child is not having or did not have an allergic reaction.**

³ Nationwide Children’s Hospital. (N.D.). *How to Use An EpiPen*. Retrieved from <https://www.nationwidechildrens.org/family-resources-education/health-wellness-and-safety-resources/resources-for-parents-and-kids/how-to-use-an-epipen>; Pfizer Canada. (2018). *How to use an epi-pen*. Retrieved from <https://www.epipen.ca/en/about-epipen/how-to-use>

⁴ CPR Seattle. (June 2013). *Severe Allergic reactions: How to know when to call for help*. Retrieved from <https://www.cprseattle.com/blog/severe-allergic-reactions-how-to-know-when-to-call-for-help>

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While the majority of allergic reactions are the result of unintentional food exposures⁵, early learning providers may still experience anxiety or fear when notifying parents of a suspected or apparent allergic reaction.

Open and honest communication, however, is the responsibility of all early learning professionals. It is not only in the best interest of the child but can also build or strengthen a trusting relationship between a parent and early learning provider. Over time, providers may grow more confident in their skills and ability to respond to an individual child's needs, and more broadly, to serve all children with food allergies in their care.

Slide #18 WAC 110-300-0186

Let's review a potential scenario.

An early learning provider sees a child reach over to another child's plate and pick up a food that he is allergic to.

The early learning provider responds quickly, reminding the child they can eat the food from their own plate, while taking the food the child took from their friend's plate. The provider, though, is unsure if the child ate any of the food.

The early learning provider communicates the incident with coworkers, and they actively monitor the child for symptoms until the parent picks the child up a few hours later.

During pick up, the early learning provider tells the parent about the situation, their efforts to monitor for reaction and that no allergy symptoms appeared while in care.

The parent thanks the early learning provider and tells them their child's symptoms to the allergens can often take a couple hours to appear, so they will continue to monitor for symptoms while they are at home.

Slide #19 WAC 110-300-0186

How common or serious are food related allergic reactions?

One study found over the course of three years, 72 percent of children with food allergies were exposed to the allergen, causing a significant reaction.

In more than half the cases, the food was offered by a non-parent adult, such as a caregiver or teacher⁶.

⁵ Swanson, W. (June 2012). *Don't be shy about food allergies*. Retrieved from <https://seattlemamadoc.seattlechildrens.org/dont-be-shy-about-food-allergies/>

As the Centers for Disease Control and Prevention states, “allergies can generally not be prevented but allergic reactions can⁷”.

In short, early learning professionals hold a critical role in protecting children from specified allergens. A plan must be in place when a parent specifies their child has an allergy or special dietary need.

Slide #20 WAC 110-300-0186

WAC 110-300-0186 Food allergies and special dietary needs.

(4) Early learning providers must review each child's individual care plan information for food allergies prior to serving food to children.

An ongoing and coordinated effort by all those involved in a child’s food preparation must be in place to ensure children with individual food needs receive food meeting their requirements.

The early learning provider serving food is the final line of defense to ensure the food being served is safe and appropriate for the child.

For example, a lead teacher brings a tray with snacks for the children. The snack consists of bananas, crackers, and milk.

After setting the tray down the lead teacher observes an interaction between two children is escalating and becoming physical. While the lead teacher intervenes and guides problem solving, the assistant teacher continues to guide the remaining children through the family style snack process.

Prior to setting the food on the table for the children to serve themselves, the assistant reviews the individual care plans posted near the eating area. The assistant is reminded that one child’s individual care plan notes that bananas have been known to trigger allergic reactions and must not be consumed.

The assistant communicates the child’s special food needs to the lead teacher, who explains the small covered bowl on the tray contains blueberries intended to be served to the child as an alternate for the bananas.

While the practice of reviewing individual care plans is especially important for new or substitute staff, it is essential that all early learning providers serving food to children

⁶ Swanson, W. (June 2012). *Don't be shy about food allergies*. Retrieved from <https://seattlemamadoc.seattlechildrens.org/dont-be-shy-about-food-allergies/>

⁷ Centers for Disease Control and Prevention. (September 2017). *Allergies*. Retrieved from <https://www.cdc.gov/healthcommunication/toolstemplates/entertainmented/tips/Allergies.html>

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review each child's individual care plan prior to serving food, to ensure it is safe and appropriate for the child.

Slide #21 Test Your Learning!

Before we continue, Let's test your learning. Review the question and select the best response.

Which of the following is NOT required to be included in an individual care plan for a child with a food allergy?

- A. Date of last allergenic reaction or exposure to allergenic food
- B. Specific treatment plan to be followed in case of allergic reaction
- C. Food that must not be consumed by the child
- D. Foods that may be substituted for allergenic foods

Slide #22 Test Your Learning!

Review the scenario and select the best response.

An early learning provider is monitoring a child after they may have been exposed to an allergen during morning snack time. By the end of the day, no symptoms have appeared. What should the early learning provider do?

- A. Since no symptoms appear, there is no need to follow the treatment plan or notify parents.
- B. Even if no symptoms appear, the early learning provider should notify parents of the event.

Slide #23 WAC 110-300-0190

Children may have restricted or modified diets for a variety of reasons. A child may have a medical diagnosis which affects their individual food needs, such as diabetes, autism, or food allergy.

Another child may have a food sensitivity or intolerance. A child may keep kosher or keep halal as part of their religious practices, indicating the way Jewish and Muslim families refer to maintaining a kosher or halal diet. Some families may request their child eat a vegetarian or vegan diet due to cultural practices or family preference.

Allergies and Individual Food Needs

To accommodate a child's individual food needs, a written food plan will establish a mutual understanding of what foods may be eaten while in care.

WAC 110-300-0190 Parent or guardian provided food and written food plans.

(1) A written food plan must be developed by the provider and a child's parent or guardian, signed by all parties, and followed when accommodating a child's:

- (a) Special feeding needs;**
- (b) Special diets;**
- (c) Religious or cultural preferences;**
- (d) Family preference; or**
- (e) Other needs.**

Because the written food plan is mutually developed by both the early learning professional and the parent, both parties should have a clear understanding of the food a child will be served while in care.

Slide #24 WAC 110-300-0190

Subsection (2) continues:

WAC 110-300-0190 Parent or guardian provided food and written food plans.

(2) An early learning provider may allow or require parents or guardians to bring food for their child.

While this requirement may apply to all children in care, it is especially important where written food plans require specific food or preparation techniques that may not be consistently or practically provided by an early learning program.

This allowance is at the discretion of the early learning program. For example, one early learning program may decide to require all parents to provide meals for their children while in care and include this requirement in their parent handbook, while another early learning program may decide to allow parents to bring food if desired. Still another early learning program may decide to provide all snacks and meals that are served for all children in the program.

Slide #25 WAC 110-300-0190

Standard 4.6.0.2. in Caring for Our Children recommends early learning programs provide parents with written guidelines for how the early learning program and parents can meet the nutritional needs of children in care. Similarly, the Foundational Quality Standards require:

WAC 110-300-0190 Parent or guardian provided food and written food plans.

(3) If a parent or guardian provides meals for their child, an early learning provider must:

- (a) Notify the parent or guardian in writing of the USDA CACFP requirements for each meal; and**
- (b) Supplement a child's meal that does not satisfy USDA CACFP requirements if necessary.**

In early learning programs allowing for parents to provide meals for their child, the early learning program may include these standards in the parent handbook to be reviewed during orientation.

Where early learning providers must supplement a child's meal, the early learning program must ensure food provided aligns with the child's written food plan.

For example, a child brings a meal from home where no fruit or vegetable is present. The child's written food plan notes a dairy allergy but the early learning provider must provide a fruit or vegetable component, so the meal meets the USDA CACFP standards. The meal also needs the replacement for milk as defined on the special care plan for the child. This would be provided by the parent or the early learning program.

To summarize, foods for a child may come from the family at the discretion of the family or the child care provider. All meals and snacks **MUST** meet the CACFP meal pattern and requirements regardless of whether the source of foods are provided by the early learning program, the family or a combination of sources.

Slide #26 WAC 110-300-0190

There are times in an early learning program where special snacks or meals may be incorporated as part of a celebration. Food can be an exciting way for children to engage their senses during special occasions, like a birthday, a cultural celebration, or a holiday. Section (4) of WAC 110-300-0190 addresses this:

WAC 110-300-0190 Parent or guardian provided food and written food plans.

(4) On special occasions, such as birthdays, an early learning provider may allow parents or guardians to bring in snacks that may not satisfy the nutritional requirements for all children. The snacks provided must be limited to:

(a) Store purchased fruits and vegetables (uncut);

Slide #27 WAC 110-300-0190

Receiving fruits and vegetables brought from home whole and uncut helps prevent cross contamination that may result from the cutting or transportation processes.

In alignment with WAC 110-300-0190, the consumption of fruits and vegetables are emphasized as healthy choices for young children. For example, during a summer celebration, an early learning program may request parents to bring uncut watermelon or berries, rather than cookies or a cake.

Slide #28 WAC 110-300-0190

Subsection (4) continues:

WAC 110-300-0190 Parent or guardian provided food and written food plans.

(b) Foods prepackaged in the original manufacturer containers; or

Prepackaged foods allow early learning providers, parents and caregivers to review the nutrition and packaging label for important information. The ability to review ingredients and product symbols allows an early learning provider to ensure the food may be consumed by all children in care or provide an alert that an alternate food must be provided.

For example, a parent brings a package of cookies for their child to share as part of a birthday celebration. Prior to serving, the early learning provider reviews the label on the package. A child in the class eats a Kosher diet and typically brings snacks, meals, and utensils from home. The early learning provider identifies the Kosher symbol on the food label and confirms with their parent the cookies meet their dietary standards during morning drop-off.

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To better understand how to read food labels and identify product symbols, review the Extend your Learning PDF in the Resources section of your learner's screen.

Slide #29 WAC 110-300-0190

Cooking and baking at home can hold a special significance in many families and cultures. Sharing homemade snacks or baked goods is a way many cultures invite others to experience their background or show friendship or appreciation. This may be especially true during times of celebration. In support of this special significance, the WAC makes the following provision:

WAC 110-300-0190 Parent or guardian provided food and written food plans.

(c) Snacks prepared, cooked, or baked at home by parents or guardians of a child in care. Prior to serving, an early learning provider must receive written permission from each child's parent or guardian stating their child may consume food prepared, cooked, or baked by another child's parent or guardian.

Slide #30 WAC 110-300-0190

This section of the WAC describes the allowance to serve homemade food is balanced with parental consent. Parents are ultimately responsible to make the decision if they want their child to participate in the celebration and share the food provided.

Some parents may choose not to have their child eat food prepared in a kitchen they haven't seen, as the parent may not be able to ensure the food aligns with their child's food plan.

For instance, a parent may choose not to have their child with severe gluten intolerance eat homemade baked goods brought into the early learning program due to a prior negative experience. The child once ate a homemade gluten-free muffin, but the muffin was prepared in a kitchen where the measuring cup used to measure regular flour had not been properly sanitized prior to measuring the gluten-free flour. Since the child had an allergic reaction due to likely cross-contamination, the parent has decided to limit the child's intake of homemade goods prepared in kitchens they are unable to monitor.

Slide #31 WAC 110-300-0190

The requirement for parental consent also allows parents and early learning providers to plan for alternative food options if the food being provided doesn't meet a child's written food plan. This also allows parents and early learning providers to discuss the upcoming special snack or meal with the child prior to the event. Here, the parent can better understand what the group will be eating, what their child will be eating, and why it may be different from what the other children are eating.

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This avoids situations where a child may be unintentionally singled out in the moment due to their dietary restrictions, with potentially negative social-emotional consequences. In fact, while dietary restrictions and modifications are fairly common, children with food allergies report higher rates of being bullied. One study finds 1 in 3 children with a food allergy has been bullied. This study shows that children with food allergies are twice as likely to be bullied than children without food allergies, food restrictions or modifications.

Review the Extend your Learning PDF in the Resources section of your learner's screen for resources on how to help young children understand how to protect and support others who have food allergies.

Early learning professionals and parents can work together to create workable routines to meet a child's individual food needs in the early learning program.

Slide #32 Test Your Learning!

Before we continue, Let's test your learning. Review the question and select the best response.

An early learning program is celebrating Diwali with children in care and a parent offers to make traditional sweet cookies for the celebration. What must the early learning program do prior to serving homemade food in the early learning program?

- A. Receive verbal permission from each child's parent
- B. Receive written permission from each child's parent
- C. Notify the department, then receive written permission from each child's parent
- D. Receive written permission from each child's parent, then notify the department

Slide #33 Test Your Learning!

Review the question and select all that apply.

Which of the following foods are permissible for parents or guardians to provide on special occasions?

- A. Store purchased fruits and vegetables (uncut)
- B. Foods prepackaged in the original manufacturer containers
- C. Foods ordered from a bakery or restaurant, packaged in an unlabeled box
- D. Snacks prepared, cooked, or baked at home by parents or guardians of a child in care

Slide #34 Test Your Learning!

Review the question and select the best response.

True or false?

When a written food plan is required, it must be developed by the early learning provider and the parent or guardian.

- True
- False

Slide #35 Guiding Principles

This concludes the content portion of this course! Thank you for your participation!

Before this course ends, please take a moment to reflect and set personal goals related to the following Guiding Principles and ways that each of the principles relate to early learning professionals.

Guiding Principles:

- Every child comes to an early learning program with unique needs, which may include dietary restrictions or modifications.
- Developing and following a care plan outlining dietary restrictions and/or modifications is a critical practice in protecting a child's health and safety.
- When early learning professionals partner with parents to establish a mutual understanding of a child's individual food needs and how to meet those needs, everyone benefits.

What take-a-ways do you have? How will you change your practices as a result of participation in this learning module?

Slide #36 Course Evaluation

Please take a moment to answer the following end-of-course evaluation questions by selecting the appropriate choice.

This course improved my understanding of the course content.

- True
- False

Slide #37 Course Evaluation

The information presented in this course was clearly connected to the session and Learning Outcomes.

- True
- False

Slide #38 Course Evaluation

There are opportunities for application of this course content in my role as an early learning professional.

- True
- False

Slide #39 Course Evaluation

I would recommend this course to others who work in the field.

- True
- False

Slide #40 Course Conclusion

This concludes this course. If you have questions following this session, please contact your supervisor or licensor.

We hope this course has been helpful in providing information about the WAC and how programs can meet the new standards with compliance.

Our goal is that all early learning professionals viewing this course have left with an increased understanding and knowledge of the updated WAC, and that you will be able to either assess programs for compliance or be able to maintain and demonstrate compliance.

Be sure to visit the Learning Management System to review and select additional modules that are part of this series.