

COVID-19 TASK FORCE: EDUCATION SECTOR

SUB-COMMITTEE 1: RE-OPENING & CONTINUITY OF SERVICE FOR CHILDMINDING & DAY CARE CENTRES

GUIDELINE #4: Public Health Guidelines for Registered Childminding Services

1.0 The applicant:

- Childminder must not be involved in caring of elderly and other sick people at the same time and on the same premises as caring for the children.
- The childminders must be of sound mind, with the ability to recognize and respond to the children's needs.
- The childminder must have sound knowledge and experience/ skills in infant feed and formula preparations, feeding and burping techniques, as well as safe sleeping positions and techniques.
- Persons involved in child minding activities, must be in a good state of health, mentally and physically, with the ability to move about well, free from body impairment.
- Persons involved in child minding and any immediate families residing in the same house should not have any diseases that will pose a threat to the health and safety of the child.
- Persons involved in a child minding activities on a rental premises should be given a written approval from the owner.
- All child-minders must undergo a medical examination which should include that of food handlers.
- A childminder must not be a person(s) involved in trafficking or use or abuse of illegal or dangerous substances, such as drugs and alcohol at any time during which any child is within his/ her care and the person does not hold any previous legal record in such activities.
- Childminders must not be at any time during which the children are under his/ her care be under the influence of illegal or dangerous substances such as drugs and alcohol.

2.0 The immediate environment:

- The surrounding environment should be safe, free from any types of hazards, clean with high level of hygiene and sanitation.
- The sleeping area must be well ventilated without exposing the children directly to the natural elements (sun, rain, etc.).
- A safe and clean area should be available for children to play outside the house
- Domestic or other animals should not get access to areas where children are being taken care of, play and sleep and area where their feed/ food are prepared.
- Child minding operations should not be carried out on the same premises or in close proximity of premises where bacca, lapire or other alcohol are being manufactured, sold or used or any other similar trades.
- Child minding operations should not be carried out on the same premises or in close proximity of premises where illegal and/or dangerous substances are used, sold or any other similar trades.

- Child minding operations should not be carried out on the same premises or in close proximity of premises where people has a history of or been previously charged with child abuse or any form of criminal offence.
- Child minding activity will be only authorized on ground floor level of any buildings.

3.0 Facilities:

- Infants must be provided with adequate and proper cots or other sleeping facilities and these should be properly maintained. Bed sheets/covers and pillow cases should be changed at least twice a week.
- The sleeping facilities should be in a good state of repair and regularly clean and disinfected.
- Hot water must be provided in the shower to facilitate bathing of the children. Use of basin is discouraged and should be used with very strict care with bathing water to be changed after use with each child. **No multiple use of water will be permitted when using basin.** Basin should be disinfected after each used. The child-minder must ensure that the temperature of the water is checked before bathing the child.
- Bathing facilities should be in good condition, with non-slippery floor and good drainage system. This facility should not pose any health or safety threats to the children / care providers and should be disinfected daily and maintained clean at all times
- Toilet facilities should be in good condition that will not pose any health or safety hazards to the children and care providers. Adaptive toilet seats should be provided for the children. This facility should be disinfected regularly and maintained hygienically cleaned at all times. The childminders should provide safe benches with toilets and wash hand basin for the children.
- Toilet facilities or other such facilities should be maintained and kept in a clean and hygienic manner at all times. Children should be accompanied by an adult to these facilities at all times.
- Wash hand basins should be hygienically clean and securely fixed to the wall so as not to pose any danger to the children. Follow MoH Hand washing Guidelines for Childminders.
- The child-minder should be able to practice good hand washing techniques.
- Kitchen facilities should be so design that it can easily accommodate the preparation of children's food and formula without the risk of contamination. The worktops and the walls should be smooth and durable and in a good state of repair. The floor should be non-slippery.
- Separate kitchen equipment/utensils should be provided for the child-minding activity.
- Eating and feeding utensils should be properly and safely stored away from any source of contamination. The method of sterilization to be used should be clearly defined.
- Children should not have direct access to the kitchen and, if need be, a removable dwarf door should be provided to the kitchen to refrain children from getting access.
- Preparation of children's food, milk or other feeds should be done so as not to expose them to any source of contamination.
- Preparation of children's milk or other powdered feeds should be done in a clean and hygienic place away from any potential source of contamination.
- All the mentioned facilities used for or by the children should be kept and maintained safe, clean and with a good level of hygiene and sanitation at all times.
- A water storage facility for 3 days' supply should be made available.
- The household should be connected to treated water supply.
- Refuse bins for disposal of diapers should be provided, should be well covered and emptied daily.
- The environment should be pest and insect free.
- The premises and facilities should be given written approval by the Public Health Services prior to being given permission to operate.

GUIDELINE #5: Diapering Guidelines for Childminding Services

1.0 Introduction

Children's soiled diapers, staff involved in changing diapers and the diaper changing area have the potential to spread germs and diseases. Following proper procedures and room set-up will reduce contamination and decrease the risk of the spread of illnesses.

Note: Since parents supply the diapers, diapering cream and wipes for the child, these should be used solely for that individual child. All supplies should be labelled with the child's first and last name and stored appropriately.

It is mandatory that all children wear disposable diapers. Cloth diapers should be used only if the child cannot wear disposable diapers for medical reasons.

2.0 Procedure, Practices and Provisions.

2.1Diaper changing should be done in a designated area and not located in food preparation areas.

2.2Diaper changing supplies may present a hazard and should be stored in an area not accessible to children except during diaper changing.

2.3If a diaper changing table is used it should be sturdy, of a convenient height (28-32 inches) with a waterproof sheet (mackintosh) in good repair with no cracks. If a bed is being used for diapering procedure, a proper waterproof sheet (mackintosh) should be placed on the surface.

2.4Diaper changing tables should not be used to store items such as toys and clothing.

2.5A wash hand basin should be within reach of the diaper changing area to allow for proper hand washing before and after diapering.

2.6A tightly covered pedal bin fitted with a plastic liner should be available in the diapering area.

2.7The child should not be left unsupervised while on the changing table/ bed.

3.0 Diapering Procedures

3.1Step 1: **Get organized and gather supplies needed before bringing the child to diaper changing area:**

- Paper liner or individual cot sheet to cover waterproof sheet (mackintosh) to accommodate the child's body from shoulders to feet.
- Cot sheet should be changed on a daily basis.
- Fresh diaper
- Clean clothes (if needed)
- Wipes
- Diaper cream, if appropriate. (Individual use recommended; and container labelled with child's name)
- Disposable gloves (if used, put on before touching soiled clothing/diaper and remove before touching clean diapers and surfaces).
- Plastic bag for soiled (dirty) materials.
- It is recommended that each child has his/ her own toilet bag with all basic toiletries. Each toilet bag should be properly labelled with the child's name.

3.2 Step 2: **Procedure for changing diapers**

- Wash hands prior to diaper changing (refer to hand washing guidelines)

- Place child on changing table/ bed or diapering changing surface.
- Always have one hand on the child.
- Unfasten diaper; lift child's legs to clean his/her bottom.
- Remove stool and urine from front to back. Use a fresh wipe each time.

3.3 Step 3:How to remove and discard soiled diaper

- Put soiled wipes in soiled diaper; fold forward without touching any surface and place in plastic-lined, covered pedal bin.
- If gloves are used, remove them and place in pedal bin.
- Use disposable wipe to wipe hands or use hand sanitizer.

3.4 Step 4:Put on clean diaper and dress child

- Slide fresh diaper under child.
- Apply diaper cream, if necessary.
- Fasten diaper and dress child.

3.5 Step 5: Wash child's hands

- Use soap and water to wash the child's hands (refer to hand washing guidelines).
- Dry child's hands with new paper towel or own individual hand towel.
- Hand towel must be changed on a daily basis.

3.6 Step 6:Clean and sanitize diaper area

- Dispose of paper liner if used in appropriate bin. If individual cot sheet used is clean, air it to be used later. If it is soiled (dirty), place in a plastic bag for collection by parents.
- Clean the surface of the waterproof sheet (mackintosh) with soap and water if there is visible dirt.
- Wet entire surface with disinfecting solution (¼ cup bleach to 1 gallon water or according to instructions on the bottle)
- Let stand for at least two minutes. Let air dry or wipe with clean paper towel.

3.7 Step 7: Washing of own hands

- Wash hands with soap and water (refer to hand washing guidelines).
- Dry hands with new paper towel or with individual hand towel.

Note: *If reusable cloth diapers are used, put the soiled (dirty) cloth diaper and its contents (without emptying or rinsing) in a plastic bag or into a plastic-lined, hands-free covered container to give to parents/guardian.*

GUIDELINE #6: Hand washing Guidelines for Childminding Services

1.0 Introduction

Germs are everywhere and they are not visible. They are found on hands, skin, door handles, surfaces, toys, animal, in urine and faeces, etc..... Germs can cause colds, flu, other infections and illnesses at home, daycares, schools and work places. To minimise the spread of germs, hand washing is one of the most basic, simple and effective method. It is important to teach and help young children to wash their hands, and making sure it is done well. As such this hand washing guideline is applicable to both childminders as well as children under their care.

2.0 Children and caregivers should wash their hands using the following method:

- 2.1.** Ensure a clean, new disposable tissue is available.
- 2.2.** Turn on running water.
- 2.3.** Wet hands with water and apply hand liquid soap to hands.
- 2.4.** Rub hands together for at least 20 seconds between fingers, around nail beds, under fingernails, and back of hands. To take account of time, caregivers are encouraged to sing popular nursery rhymes such as: "Bate mon pti lanmen" "Happy Birthday," "Twinkle, Twinkle Little Star," or a similar song to get a sense of time on how long to scrub the hands. Singing the song slowly or twice ensures that it will last for at least 20 seconds.
- 2.5.** Rinse hands under running water until they are free of soap and dirt.
- 2.6.** Dry hands with the disposable tissue.
- 2.7.** If taps do not shut off automatically, turn taps off with a disposable tissue.
- 2.8.** Throw the disposable tissue into a lined pedal bin.
- 2.9.** Use hand lotion to prevent chapping of hands, if desired.

3.0. Usage of hand sanitizers

- 3.1.** If hands are not visibly dirty the use of alcohol based hand sanitizers is an alternative to traditional hand washing. This is applicable for children over twenty-four months of age and adults.
- 3.2.** Apply about 5 ml (1 teaspoon) of alcohol-based sanitizer on the hand.
- 3.3.** Rub hands together by distributing sanitizer over both hands and finger surfaces.
- 3.4.** Allow hands to air dry naturally.
- 3.5.** Supervise young children when they use sanitizer to prevent swallowing of alcohol.

4.0. Situation that require hand washing

All caregivers, children and visitors should follow the procedure for hand hygiene. Situations and times that children and staff should wash their hands should be posted in all hand washing, food preparation, diapering, and toileting areas.

Hand Washing should be done as follows:

- 4.1.** Upon taking up duty for the day, after breaks, or when moving from one child to another;
- 4.2. Before and after:**
 - i.** Preparing food, bottle feeds, or other beverages
 - ii.** Eating, handling food, or feeding a child
 - iii.** Giving medication, applying a medical ointment on the skin (e.g. sores, cuts and scrapes).
 - iv.** Diapering

4.3. Hand Washing is also recommended after:

- i. Handling soiled materials and body fluids (vomit, stool, urine and blood, mucus)
- ii. Using the toilet for personal needs and assisting children with toilet needs.
- iii. Playing outdoors and in the sand
- v. Cleaning, mopping and handling garbage.

5.0. What to do when running water is not available

5.1. When running water is not available or impractical, **water basins should not be used** as an alternative to running water.

5.2. The hand washing procedure should be followed as outlined above (1.0.). Pour water on the child's hands using a clean container.

5.3. The use of alcohol-based hand sanitizers can be applied (2.0)

5.4. Pre-moistened cleansing towels (wipes) do not effectively clean hands and should not be used as a substitute for washing hands.

GUIDELINE #7: Dental Care & Hygiene Guidelines for Childminding Services

1.0 Introduction

Effective dental care requires collaboration between families, early care and educational professionals and health care professionals.

Early childhood caries or tooth decay is a significant public health problem affecting preschool children.

Deciduous (Milk) teeth are very important in the child's development. They help with the following; pronunciation, chewing hence promoting good digestion and maintain the space for the permanent teeth. Retaining deciduous/milk teeth until the appropriate time for shedding will help maintain proper jaw development and the prevention of malocclusion (crooked teeth).

The Ministry of Health encourages childminders, early education providers, and parents to implement preventive practices that can decrease a child's risk of developing early childhood caries/tooth decay.

Increasing health promotion in and out of home childminding settings could improve the oral health of many preschool aged children.

Childminders are therefore encouraged to do the following:

2.0 Maintain a good standard of hygiene of the child's mouth.

2.1 Cleaning of the child's mouth.

- Use a clean face cloth or gauze wrapped around the finger to clean the baby's mouth each time the baby feeds.
- As soon as the first tooth erupts, start cleaning the child's tooth twice a day using a soft toothbrush.
- Use a small smear of fluoride toothpaste for children **who can spit out** (around 2^{1/2} to 3 years old).
- The childminder should stand or sit behind the child when brushing their teeth.

3.0 Provide a well-balanced diet for low caries/tooth decay risk.

3.1 Feeding patterns for the prevention of tooth decay

- Serve age-appropriate healthy snacks such as fruit, vegetables, grain products (especially whole grain), and dairy products instead of foods high in sugar such as sweets/confectioneries, biscuits, or cake.
- Offer small servings of snacks at regular times and only between meals.
- Make sure the child drinks enough water throughout the day, especially between meals and snacks.
- Do not offer food in return for good behaviour. This teaches children that foods are rewards and can lead to the development of unhealthy habits.
- Do not add sugar to baby's food or drinks.
- Acidic and sweet drinks such as juices should not be given in a bottle. Use a cup or beaker instead. Ideally they should be diluted with water.
- Do not give the child the habit of eating/ drinking sweet things. Give fruits instead as a sweet alternative.
- Do not put the infant or child to sleep with a bottle or beaker. Avoid frequent and prolonged bottle feedings.
- Do not allow prolonged use of the beaker containing beverages high in sugar (for example; fruit drinks, lemonade, fruit juice and milk) during the day.

- Do not use a bottle to calm or put an infant to bed. Instead try the following to comfort the infant:
 - *Giving a favourite blanket or toy.*
 - *Holding, patting, or rocking*
 - *Reading*
 - *Softly talking or singing*
- However if an infant is accustomed to being put to bed with a bottle, offer a bottle filled with plain water.
- Hold the infant or child while feeding. **Never prop a bottle** (that is, use pillows or any other objects to hold a bottle to the infant's mouth).
- Never add cereal to a bottle. This causes sugary fluids to pool around the teeth and can also cause choking if the infant is unable to swallow the extra food. Instead, always feed infants and children solid foods with a spoon and if the child is coordinated enough, encourage self-feeding.
- Introduce a small cup when the infant can sit up without support.
- As the infant begins to eat more solid foods and drink from a cup, the infant can be weaned from the bottle.
- Begin to wean the infant gradually, at about 9 to 10 months. By 12 to 14 months, most infants can drink from a cup.
- Give foods containing sugar at mealtimes only and limit the amount. Delay the introduction of confectionary.
- Most medicine contains sugar and so can cause tooth decay. Clean the child's mouth straight after giving the medicine. Encourage parents to ask for sugar free medicine if possible.

4.0 Teething.

Some babies are early in teething, some are late. The teeth cut through the gum as follows:

Primary teeth	Erupt	Shed
Upper teeth		
Central incisor	8–12 mos.	6–7 yrs.
Lateral incisor	9–13 mos.	7–8 yrs.
Canine (cuspid)	16–22 mos.	10–12 yrs.
First molar	13–19 mos.	9–11 yrs.
Second molar	25–33 mos.	10–12 yrs.
Lower teeth		
Second molar	23–31 mos.	10–12 yrs.
First molar	14–18 mos.	9–11 yrs.
Canine (cuspid)	17–23 mos.	9–12 yrs.
Lateral incisor	10–16 mos.	7–8 yrs.
Central incisor	6–10 mos.	6–7 yrs.

Many babies don't seem to be affected by teething but some become more irritable than usual. This may be because of soreness and swelling in the gum before a tooth comes through. These symptoms usually begin about 3 to 5 days before the tooth shows, and they disappear as soon as the tooth breaks the gum.

Babies may bite on their fingers or toys to help relieve the pressure in their gums. They may also refuse to eat and drink because their mouths hurt and there may be a rise in temperature. Sometimes there may be intestinal upsets and general irritability and sleeplessness.

Many babies drool (dribble) during teething, which can cause a rash on the chin, face, or chest.

4.1 Strategies for relieving symptoms of teething

- Keep the baby's mouth clean
- Gentle wipe the drool off the baby's face with a soft damp cotton towel/cloth
- Watch that clothing around the neck and chest does not become soaked/wet.
- Give the baby plenty of cool boiled water to drink.
- Give light, easily digested food.
- Keep drinking and eating utensils clean, except for feeding bottles and teats which should be sterilized. (*Refer to Nutrition guidelines – under section No 2 which is Formula feeding guidelines*)
- Provide safe objects for your baby to chew on, such as teething rings.
- In case of diarrhoea change diaper more frequently

NB: IF SYMPTOMS PERSISTS CONSULT A DOCTOR.

4.2 Sucking Habit

It can be thumb, fingers or objects such as pillows or comfort cloths. This may be regarded as normal and in many cases is lost by the end of the second year. If continued after the third or fourth year it may cause malocclusion (crooked teeth)

Seek the advice of your Dental Therapist in such cases.

5.0 Avoid saliva-sharing behaviours

This will help prevent an infant or toddler from acquiring bacteria that causes tooth decay. (***Note that babies are not born with bacteria that cause tooth decay in their mouths. This may be passed on by their main care givers.***)

5.1 Infections of the mouth: To prevent infections of the mouth avoid saliva-sharing behaviours between children via their toys, dummies etc. Thumb/finger sucking and then holding toys can also spread infections

- Clean toys regularly on a daily basis
- Prevent children from putting toys in mouth.

5.2 'Do's':

- It is important to keep your own mouth thoroughly clean.
- Have regular dental check-ups.
- Have your own decayed teeth treated.

5.3 'Don'ts':

- Do not kiss baby on the mouth.
- Do not share baby's utensils and cutlery.
- Do not taste food or drink from baby's utensil and cutlery.
- Do not blow in baby's food.
- Do not clean baby's dummy in your own mouth.
- Do not wipe the baby's mouth with your saliva.

6.0 The Use and Handling of Toothbrushes.

The positive benefits of establishing lifelong preventive habits can be obtained by encouraging tooth brushing in and out of home childminding settings. However toothbrushes can become contaminated with blood and saliva thus potentially can transmit infections. Common sense and proper hygiene practices should be the primary considerations.

6.1 The following hygienic measures are recommended:

- Each child should have his/her own toothbrush, clearly marked with identification.
- No sharing of toothbrushes should be allowed.
- Following use, toothbrushes should be washed under tap water (not hot water), allowed to air-dry and stored so that they are not in contact with each other.

- Toothbrushes should never be cleaned with any disinfectant. When a toothbrush becomes contaminated through contact with another toothbrush or use by another child, it should be discarded and replaced by a new one.
- Tooth brushing should always be supervised to assure that toothbrushes are not shared and are handled properly.
- It is recommended that toothbrushes are replaced every three (3) months.

7.0 Maternal Child Oral Health Programme

Childminders are urged to encourage parents to attend their child's maternal health visits at their district health centres so as to benefit fully from the *Maternal Child Oral Health Programme* provided by the Ministry of Health.

GUIDELINE #8: Infant and Young Child Feeding Guidelines for Childminding Services

1.0 Introduction:

The early childhood years is a critical period for growth and development and the long-term health and well-being is known to be affected by early diet. Consequently, the nurturing of good eating habits gives children the best start in life, equipping them with healthy eating habits for healthy growth and productive adult lives. The early years are not only a time when food preferences are being established but also a time characterised by rapid growth and increased physical activity. Therefore, a good supply of energy and nutrients is crucial and childminders should introduce healthy eating guidelines gradually and with caution.

1.1 How to use this resource:

This guide is designed for all early years' care providers providing meals, snacks or drinks to children. Childminders play a crucial role in helping the children they care for develop healthy eating habits which will stay with them for the rest of their lives. It is vital for childminders to be given support to develop best practice approach to food and nutrition. All childminders are encouraged to use this guide, regardless of the amount of time children spend in their settings. This guideline is a general guide relevant to healthy, term infants of normal weight (>2500g). However, many of the principles of infant feeding described here can be applied to low birth weight infants. It is important to seek medical advice for infants and children with special needs.

1.2 The current health status of our children

Research in child development in Seychelles indicates that generally Seychellois children are developing well when compared to children in developed countries. However, recent reports suggest that children in Seychelles have poor dietary habits characterized by diets high in saturated fats and sugars and low in fruit and vegetables. This is reflected in the high rates of overweight and obesity reported amongst school children. Similarly, there have also been reports that a good proportion of children may not be meeting energy and micronutrient requirements that are essential for growth. This therefore emphasizes the need to instil healthy lifestyle habits in children as early as in early childhood years. In recent years, changes in children's diets appear to have affected their nutrient intakes with reports indicating that some children have diets low in energy and certain nutrients important for growth and development. However, other reports indicate increased consumption of foods high in saturated fat, sugar and salt. In addition, many young children also eat fewer than the recommended five portions of fruit and vegetables each day.

About 10% of children are overweight by the time they join primary school. Moreover type II diabetes and hypertension, which usually appears in adulthood, is starting to be seen among some overweight children. Dental health is reported to be poor in many young children mainly due to consumption of sugary drinks and foods.

1.3 Why and what is healthy eating in under-fives?

A healthy, balanced diet and regular physical activity are essential for children's health and well-being. Research confirms that healthy eating habits in the years before school are very important because they influence growth, development and academic achievement in later life. The quality of early years' experiences can have a fundamental impact on all aspects of human development, physically, emotionally and intellectually. Encouraging breastfeeding and ensuring that children eat well in their early years are crucial to ensuring that they achieve their potential, and help

prevent them from becoming overweight and obese. This approach also helps to reduce the risk of serious diseases such as heart disease, diabetes, stroke and cancers in later life.

Good nutrition is important for children aged below five years to ensure the following:

- That they get the right amount of energy (calories) and nutrients needed while they are growing rapidly;
- That they do not consume too much energy (calories), which may lead to children becoming overweight or obese;
- To encourage them to eat a wide variety of foods and develop good dietary habits to take with them into later childhood and beyond.

2.0 Food and Drink Guidelines for Children from Birth to up to 12 months

2.1 Breastfeeding

In the first 12 months of life, babies' nutritional requirements differ from those of children aged over one year. Encouraging breastfeeding is a priority. Exclusive breastfeeding is recommended for the first six months of a baby's life and, after that, giving breast milk alongside solid food will help them to continue to grow and develop. It is also recommended that babies continue to be breastfed up until 12 months of age, and thereafter, as long as is mutually desired. Breastfeeding has significant short and long term benefits for both mother and baby. It helps to protect children from numerous health problems, including gastroenteritis, ear and respiratory infections, eczema, asthma, diabetes and obesity in later life. Mothers who return to work but wish to continue to breastfeed should be encouraged and enabled to do so.

Childminding settings should offer opportunities and support families to continue to provide breast milk for children in their care. Childminding settings should be conducive to allowing mothers to bring their own expressed breast milk. If the mother is not exclusively breastfeeding she is recommended to bring her own infant formula.

When handling expressed breast milk childminders should follow the below guidelines;

A. Storage of breast milk

- **At room temperature** - (16 - 29°C) for up to 4 hours (ideal) and 8 hours (acceptable)
- **In a refrigerator** (0 - 4°C) for up to 72 hours (preferably at the back of the refrigerator)
- **Freezer compartment inside refrigerator(one door)** - up to 2 two weeks
- **Freezer compartment with separate door to the refrigerator** -for 3 to 6 months

A. How to thaw frozen breast milk:

- Bottles of frozen expressed breast milk should be placed in the refrigerator (at least 12 hours before the feed);
- Hold the container of frozen breast milk under cool or warm running water;
- Place the container of frozen breast milk in a container of cool or warm water.

C. How to warm expressed breast milk

To warm expressed breast milk, place the container in a bowl of warm water or hold the container under warm running water. The container of warm breast milk should then be shaken gently to redistribute the cream into the milk, in case it has separated.

The temperature of breast milk should not be brought to boiling point as it can cause some of its nutrients to be destroyed. It should not be heated in a microwave due to the uneven temperature that results which can cause hot spots that can burn the infant's mouth.

Expressed breast milk provided for babies in early years settings should be **labelled, stored safely** and **used only for that child**. Appropriate actions to ensure the containers are correctly labelled should be taken (e.g. check with the parents before leaving or call and verify with the parents).

2.2 Formula Feeding

When handling infant formula, childminders should follow the guidelines below:

- If an infant is using formula milk, the childminder should keep a record of the type of formula. If the childminder intends to keep extra formula on hand and anticipate providing formula to an infant, it is necessary to get a written consent from the parent allowing the childminder to do so.
- Childminder should ensure that they are familiar with the type of formula used by an infant.
- Where an unfamiliar type (brand) of formula is being used, ensure appropriate information about its use is obtained from the family. Additional information may be obtained from the infant's doctor, child health nurse or Nutritionist.

A. Preparation of Infant formula

When preparing bottles for infants the childminder should use the following recommended procedures:

- There should be a clean, dedicated area for preparing and storing formula. A dedicated hand-washing sink is recommended;
- Powdered infant formula should be prepared with boiled water (in order to kill any existing bacteria), that has been cooled to no less than 70 °C and ideally tested with a sterile thermometer. In order to achieve this temperature the boiled water should be left to cool for no longer than 30 minutes after boiling. Bottled water if used should also be boiled and cooled as described above as it is not sterile. Prepared feeds should be consumed immediately or stored in a refrigerator (to prevent growth of bacteria).
- Feeds should be made according to the instructions on the tin of the infant formula and using the scoop provided by the manufacturer. Please note that different brands may have different instructions e.g. volume of water or formula powder as well as different sizes of scoops.
- It is safest to prepare formula fresh for each feed and to consume immediately. In care settings however, bottles of feed may need to be prepared in advance but should be stored in the refrigerator for later use.

B. Use of prepared feeds

- Throw away any refrigerated feeds that have not been used for 24 hours.
- Throw away any feed that has not been consumed within two hours of being prepared and kept at room temperature.
- Throw away all left-over feeds.
- Preferably, the time used for continuous feeding should be no more than two hours at room temperature.
- Prepared feeds should not be re-warmed during feeding.
- Bottles that have been frozen should not be thawed at room temperature for long periods of time (no longer than 30 minutes) as bacteria can develop.
- Microwaves **should never** be used for thawing or warming. Microwaves often heat the liquid unevenly and create hot spots that could burn an infant's mouth.
- Refrigerated bottles should be taken to a kitchen or other area away from children and heated in a pan of hot water (not boiling) for five minutes.
- Always shake the bottle after heating to prevent hot spots and then check the temperature on the back of the hand.
- If a child mistakenly receives the wrong bottle, immediately check the contents and contact the parents to be sure the child is not allergic or sensitive to the milk or formula.

C. Storage

- Appropriate storage facilities should be provided for all types of infant feeds. Depending on the size of care service, separate refrigerator (s) are recommended for feeds.

- Ensure that the storage of breast milk and infant formula are kept separate from other food items such as fish, meat at all times.

2.3 Complementary Feeding

When breast milk is no longer enough to meet the nutritional needs for growth and development of the infant, complementary foods should be added to the diet of the child. Complementary feeding includes the period from 6 to 24 months of age. This period is critical and the introduction of foods in addition to breast milk should be given in a timely manner. Foods given should be in the right amounts and should include a variety to cover the nutritional needs of the growing child while maintaining breastfeeding.

The World Health Organisation recommends six months, as the age to introduce solids for normal term healthy infants, as this is the time when the infant's nutrient stores become depleted and are unable to meet the body's requirement. Furthermore, the introduction of solid foods encourages good development of feeding behaviour which progresses from immature sucking and swallowing to biting and chewing.

The introduction of solids before six months is unnecessary for the infant as breast milk provides all the nutrients a baby needs for healthy growth and development for the first six months of life. In an expert review conducted by WHO in 2001, no benefits of introducing complementary foods between four and six months were demonstrated.

The introduction of solids before six months may also be undesirable as exposure to pathogens that are commonly present in food could result in frequent infection. Furthermore, the infant's digestive system is still immature and has an increased permeability which renders it susceptible to food allergies. The increased solute load from solid foods may also be taxing on the infant's immature renal capacity (kidney function). In addition to this, the neuromuscular coordination of the infant may not be sufficiently developed to allow for safe swallowing of a food bolus from the front to the back of the mouth.

The following indications are also useful in deciding whether an infant is ready for solid foods:

- The infant seems hungry after a good milk feed
- The infant demands more frequent feeding
- The infant wakes more often during the night
- The infant sits independently

A. Nutritional aspects of complementary feeding

In the first stages of complementary feeding, the nutrient content provided by solid foods will only need to contribute very little towards the infant's total nutrient requirement as this is an adaptive stage. This is why the infant will begin by eating very little solid food. As the complementary feeding process continues, the infant adapts to a more progressive diet and solid foods should then contribute more significantly towards her nutrient requirements. It is advisable to gradually introduce a wide variety of foods so that by the age of one the child will be enjoying well balanced family meals. In general, as the infant progresses, the diet should be one that provides adequate energy, enough protein, fats, carbohydrate, vitamins and minerals. Of importance, the diet should be rich in iron, a mineral that starts to be reduced within the infant's body stores at six months. Foods rich in vitamin C should also be emphasised as these can help the body absorb non-harm sources of iron in the diet e.g. green leafy vegetables and pulses.

B. Foods to avoid when feeding infants

Salt - Infants should never have salt added to their food. Processed foods, often high in salt content should be avoided. Soya sauce or stock cubes should be avoided as these are very often high in salt. When cooking for the family, parents and childminder should not add salt – this way their infants can also share the family foods.

Sugar – Parents and childminders should avoid adding sugar to foods or drinks for infants. Giving sweet foods or drinks to the infant can also encourage a ‘sweet tooth’ (likeness of sweet foods) and lead to tooth decay.

Honey – Honey can occasionally contain a type of bacteria, which can produce toxins in the infant’s intestines and can cause infant botulism, a life threatening illness. This is why honey should not be given as food, or added to drinks in infants less than one year old. Honey is also sweet and is a sugar and therefore can cause tooth decay.

Wheat-based foods – Wheat-based foods contain a protein called “gluten” which can increase the risks of developing coeliac disease. Wheat-based foods should thus be introduced in the infant’s diet once the digestive system is more mature, after 7 months.

Nuts – Whole nuts should not be given to infants and children under five years of age in case of choking.

Low Fat milk – Fat is an important source of energy and some vitamins for infants and low fat products such as semi-skimmed milk are not suitable for infants and those under two years. Skimmed milk can be introduced only from the age of five.

C. Things to keep in mind:

- Feed a variety of foods to ensure that nutrient needs are met.
- Meat, poultry, fish or eggs should be eaten daily, especially from 7 months.
- Vegetarian diets cannot meet nutrient needs at this age unless nutrient supplements or fortified products are used.
- Fruit and vegetables should be eaten daily.
- Avoid giving drinks with low nutrient value, such as tea, coffee, juice and sugary drinks such as soda, so as to avoid displacing more nutrient rich foods.

Infants food changes from pureed at 6 months to mashed and semi-solid foods from 7 to 9 months, with “finger foods” being introduced from this stage onwards to encourage self-feeding. By 12 months, most children can eat the same types of foods as consumed by the rest of the family. Please refer to the table below for more details.

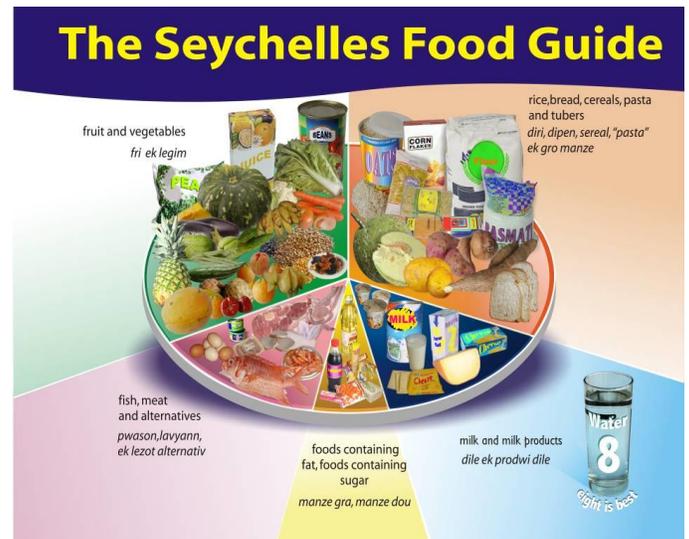
Stages of Complementary Feeding

	STAGE 1 6 MONTHS	STAGE 2 6-7 MONTHS	STAGE 3 7-9 MONTHS	STAGE 4 9-12 MONTHS
AIM	To familiarize the baby with the spoon, rather than to provide nourishment	To introduce new tastes and provide some nourishment	To lessen the dependence of milk as a source of nourishment	To allow the baby to chew and learn to feed himself
Frequency	Once a day – best given after or during a milk feed	Two to three times a day, preferably after milk feeds	Three to five times a day, preferably before milk feeds	A regular meal pattern 3 main meals with small snacks in between
Quantity	Initially 1 – 2 teaspoons	Dictated by appetite	More substantial servings, but generally dictated by appetite	Dictated by appetite
Suitable foods	<ul style="list-style-type: none"> • Rice, potato, sweet potato, or corn • Vegetables such as carrot, pumpkin, chayote ('sousout'), etc. • Non-citrus fruits (banana, mango, pawpaw, apple, pear, etc.) 	<ul style="list-style-type: none"> • Wider variety of starchy foods, including wheat, oats, pasta and other starchy roots and tubers • Wider variety of vegetables and fruits • Pulses such as peas, beans and lentils • Fish, meat or chicken • Yoghurt 	<ul style="list-style-type: none"> • All previous foods • Citrus fruits • Cheese, fromagefrais • Family foods without added salt, sugar or spices • Well cooked eggs 	Normal family foods
Texture	Smooth, puree	Smooth, puree	<ul style="list-style-type: none"> • Less smooth, mashed, minced or scrambled • Introduce soft finger foods e.g. bread, banana, oranges and later harder finger foods such as carrots and apples as competence improves 	Mashed or chopped
Milk feeds	No change	No change	Being reduced	600ml either as a drink or mixed with food
Water	No need	Up to ½ a glass	Up to 1 glass	1 glass

3.0 Food and Drink Guidelines for the Pre-school Years (1-5 year olds)

The guidelines in this section are based on the Seychelles Dietary Guidelines, which aims to provide healthy balanced diets for children aged two years and above. These guidelines are also based on the five food groups as shown by the Seychelles Food Guide. The food groups provide a range of essential nutrients that children need to grow and develop.

One of the basic principles of healthy eating is variety as shown in the Seychelles Food Guide. Eating a wider range of different foods provides a better balance of nutrients. Every food group will have a different benefit to children. Planning meals and snacks therefore to include a variety of food and drinks from these five food groups each day will provide children with the good balance of nutrients they need.



3.1 Health eating for the pre-school years

All children in childminding establishments need regular healthy meals, snacks and fluids (drinks). Promoting children's health is an important aspect of good quality child care. It's important that children in care are offered nutritious meals and enjoy positive mealtime experiences.

Whilst some providers offer all meals and snacks, others ask families to provide meals for their children. Most childminding establishments provide a minimum of one meal and two snacks each day. Often this will be:

- mid-morning snack,
- lunch,
- mid-afternoon snack

Some childminders also serve breakfast. Even when they do not provide meals, childcare staff can encourage and support families to provide healthy meals for their children whilst in their care.

The food and drink guidelines are underpinned by a nutrient framework, which aims to ensure the nutritional adequacy of all meals and snacks provided.

This guideline should be used by all childminders to plan which food and drinks to provide as part of meals and snacks for children in their care.

3.2 What is a healthy, balanced, nutritious diet for children aged two to five years?

Based on the Seychelles Dietary Guidelines, a healthy balanced diet for children aged two years and above is based on the five food groups listed below, which provide a range of essential nutrients that children need to grow and develop. The proportion or quantity of foods needed from each food group

differs as clearly illustrated by the picture of the Seychelles Food Guide above which shows the plate divided in different sizes. The five food groups include:

- Rice, bread, cereals, pasta and tubers (main source of carbohydrate)
- Fruit and vegetables (main source of vitamin and minerals)
- Fish, meat, and alternatives e.g. egg, beans, lentil (main source of protein)
- Milk and milk products e.g. cheese and yoghurt (source of protein and calcium)
- Foods containing fat, foods containing sugar (mainly provides fat and sugar and little or no additional nutrients)

One of the basic principles of healthy eating is variety, as eating a wider range of different foods provides a better balance of nutrients. Every food group will have a different benefit to children. Planning meals and snacks therefore to include a variety of food and drinks from these five food groups each day will provide children with the good balance of nutrients they need.

Young children need fat and sugar in their diet to ensure they get enough energy. However, if they eat too much fat and sugar, they may consume more energy (calories) than they need, and may gain excess weight. The type of fat that children eat is also important, and the amount of saturated fat, found in foods such as meat and meat products, butter, cakes and biscuits, should be limited. In addition, eating sugary food and drinks too often can lead to tooth decay and provide 'empty calories' which fill children up but do not provide other essential nutrients.

It is also important that children do not eat too much salt as it can give children a taste for salty foods, and eating a diet high in salt can cause serious health conditions in later life. It is therefore important to avoid adding a lot of salt to food during cooking and also to limit the use of processed meat such as sausage, bacon, luncheon meat, ham as well as cooking sauces such as soya sauce, HP, oyster sauce, etc.

To establish good eating habits, childminders should make sure that the food and drink they provide for children is not high in saturated fat, sugar and salt. Limiting or avoiding some foods, ingredients and cooking practices will help to ensure that an appropriate amount of fat, sugar and salt is provided for children, and will also help encourage diversity in the children's diets.

3.3 Meal and snack planning by food group

Food Group	Guidance	Rationale	Recommended preparation methods	Meal and snack examples
Rice, bread cereals, pasta and tubers (e.g. potatoes, sweet potatoes, cassava)	<p>Every main meal should contain at least one portion of food from this group.</p> <p>Snacks may also be based on this food group.</p>	<p>Provide energy, fibre, vitamins and minerals.</p>	<p>Limit frying and addition of high-fat products e.g. butter</p> <p>Non-fried alternatives e.g. mashing, boiling, roasting, baking are recommended</p>	<p>Low-sugar breakfast cereals, Oats/porridge, pancakes, Bread, wraps, Crackers, ‘Biskwi bourbon’, Fruit cake, Sandwiches, Pasta bake/bolognaise, Mashed/boiled/roast potatoes, Vegetables/egg fried rice, Baked/boiled Sweet potatoes/cassava/bread fruit, Stir fried noodles</p> 
Fruit and vegetables	<p>Every meal should contain at least one portion of food from this group.</p>	<p>Fresh, frozen or canned fruit and vegetables provide vitamins, minerals and fibre.</p>	<p>Serve fruit and vegetables in appealing and easy to eat ways.</p> <p>As much as possible vegetables should be served free of added oil or fat including salad dressings.</p>	<p>Smoothies, fruit/veg (cooked/raw) shapes and bites, mashed fruit/vegetable, salads, chutneys, served with main meals</p> 
Meat, fish and alternatives (lentils, beans, eggs)	<p>Every meal should contain at least one portion of food from this group.</p>	<p>Fish, meat and alternatives such as eggs, peas, beans and lentils are major sources of protein and iron.</p>	<p>Fish and meat should be presented in a form that children will be encouraged to eat.</p> <p>Limit the frying of fish to no more than twice per week.</p> <p>Steps should be taken to reduce the fat content of meat dishes as much as possible by removing visible fats off all meats or by using lean meat</p> <p>Use of processed meat or fish products, i.e. frankfurters, sausages, beef burgers, fish burgers, meat balls and fish balls</p>	<p>Lentils (with/without meat/fish), dishes with cooked beans, eggs (boiled, fried, omelette), grilled/poached/baked fish, lean minced beef dishes, roast/stir fried meat/poultry, freshly made baked fish/meat balls</p> 

			should be limited to once per week and ensure they are grilled at all times..		
Milk and milk products	Between 1-2 portions should be offered	Foods from this category are rich in calcium, phosphorus, protein and vitamins.	<p>Plain milk is mostly recommended</p> <p>Milk may be flavoured in instances where children refuse to take any form of milk or milk products (e.g. fussy eaters)</p> <p>May also be added to food e.g. milk, yoghurt dips, cheese</p>	<p>Plain milk, flavoured milk, smoothies, milk-based desserts, yoghurts, ice cake made with milk, cheese, yoghurt drinks</p>	
Foods containing fat, foods containing sugar Cooking fats and oils	<p>The use of foods from this group should be limited.</p> <p>Polyunsaturated and monounsaturated fats, spreads and oils should be used.</p>	Foods from this category are consumed in excess by children, providing excess fat, sugar and salt in the diet.	<p>Palm oil (e.g. Turkey brand), ghee, coconut milk/oil or any other saturated oil should not be used to prepare meals.</p> <p>Oils utilised for frying should not be re-used on more than two occasions.</p>	<p>Examples of food from this group: oil, butter, margarine, mayonnaise, cream, chocolate, biscuits, pastries, cakes, ice-cream, puddings, fried snacks such as samoosa, chilli cakes, fish rolls, crisps, chips</p> <p>Soft drinks, cordial e.g. Squash, Ribena; sugar, syrups, honey, sweets, confectionary, jam, cakes, energy drinks e.g. red bull.</p>	

3.4 Drinks

Children must have access to drinking water throughout the day and be encouraged to help themselves to water. Children may need more drinks in hot weather or after extra physical activity as they can dehydrate quite quickly.

- Water and plain milk are the only drinks that should be provided between meals and with snacks as they do not damage teeth and reduce children’s risk of dental decay.
- Full cream cow’s milk maybe introduced as a drink after 12 months.
- Low-fat or semi-skimmed milks may be introduced after 2 years only. Skimmed milk can only be introduced from five years.
- Fruit juice should be provided only at meal times (not with snacks) and should be diluted (half juice and half water).

- Avoid giving tea, coffee, fruit juice drinks, squash, fizzy or soft drinks, flavoured water, energy drinks and drinks containing added caffeine or other stimulants.
- Any drink should be offered in a CUP as from the age of 6 months.

3.5 Other important points

- Childminders should ensure that children are supervised during meal times.
- Food should be an appropriate size and texture for the age and ability of the child so they can easily chew and swallow their food.
- Foods that may be harmful or are difficult for young children to chew should be avoided.
- Children should not be force-fed.
- Children should be seated quietly at mealtimes.
- Childminders must observe food safety practices
- In cases where children require special diet (or food allergies), childminders should work with families to ensure that such needs are met and or seek additional assistance with meal planning from the Nutrition Unit.

4.0 Menu Planning Guide for Childminder

Step1. Plan menus for all the meals and snacks provided for children.

This will help the childminder to check that food and drink provision across the day is balanced and includes variety, and also helps planning for shopping and food preparation.

Step2. Plan menus for at least one week.

A menu that covers between one and four weeks will give children lots of variety. The childminder should ensure that children who attend their setting on the same day each week are not always provided with the same meal as the child may end up disliking the meal.

Step3. Plan each meal and snack menu to meet the food and drink guidelines in this guide.

Children attending a childminding setting for part-time care or who move between different settings will still meet their nutritional requirements overall.

Step4. Plan menus to include a variety of foods, tastes, textures and colours.

This will give children the opportunity to try a wide range of foods, and make meals and snacks colourful, tasty and more enjoyable.

Step5. The childminder should cater for the cultural and dietary needs of all the children in their care.

The childminder should ensure that the planned menus are respecting and meeting the needs from different cultures. Moreover the childminder should cater for those children which have any special dietary needs.

Step6. Introduce new menu cycles at least twice a year.

This will incorporate seasonal diversity e.g. fruit and vegetables, and give children the chance to try different foods.

Step7. Share menus for meals and snacks with parents

This can help parents to balance meals and snacks with the food they provide at home. For example, if children are having a light meal at teatime and the childminder expect them to eat again at home, make sure that parents are aware of this.