

# **Child Care Training and Resource Kit**

## **Feeding Connection**

# **Handouts**

## CHOKING HAZARDS-

Children are more susceptible to choking than adults. Over 500 deaths occur each year in the United States due to choking and most of these people who die are -children. Make sure you do all you can to protect the children in your care.

1. *To Avoid Choking Hazards...*  
Adults should eat with children.
  - Model taking small bites and chewing thoroughly
  - Use preventive teaching to the children
  - Serve food that is safe for children to chew and swallow
  
2. *To Avoid Choking Hazards...*
  - Encourage small bites
  - Encourage chewing completely
  - Insist on children
  - Cut foods into small pieces (less than ¼ to ½ inch)
  
3. *Careful: Choking Hazard! .*  
Avoid presenting food to children that is round and firm, sticky, or cut into large chunks. Food should be no larger than 1/2 inch in diameter for preschoolers and 1/4 inch for toddlers.
  
4. *Careful: Avoid These Foods*  
**NUTS AND SEEDS**  
Whole berries  
Raw carrots and celery  
Grapes, unless they have been cut in half  
Firm, hard raisins .  
Hot dogs  
Large chunks of meat or cheese  
Popcorn  
Hard candy  
Chunks of peanut butter

Janice Fletcher and Laurel Branen  
University of Idaho 2000

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# Teaching Young Children to Serve Themselves in Group Settings

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Some people call it “family style service.” Others call it “children serving themselves.” What ever you call it, it means that containers of food are put on the table. Then, children pass a common container around the table, each taking some for their plates.

Sometimes a whole meal is available for children to serve themselves. Sometimes, part of a meal is available fore self-service. The children may pour their drinks, though other food is pre-served.

Centers and family care providers use a variety of routines around self-serving, depending on the age or skills of the children. For example, they may initially serve small helpings on toddler’s plates, but put out bowls of food for self-service on seconds. This thoughtful approach helps toddlers get through the first few bites without having to wait for others. Waiting is a task that toddlers are learning!

There are so many benefits to children when they serve their own plates. They learn to be social, caring, and self-directed diners in-group settings. Risks exist. Establishing routines and patiently helping children build skills for serving self, are two things that help minimize these risks.

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# What you Say Really Matters!

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Conversation at the table gives children a variety of messages. What adults say at the table is powerful. Comments have short-term consequences for helping children have a successful or disappointing meal. In time, comments accumulate to give children messages about how much control they have over hunger and satisfaction. Think about how you may influence children's mealtime experiences. Listen to what is said at the table and decide if it is a *phrase that helps* or a *phrase that hinders* the child's choices at the table.

## Phrases that Help

*Look at the phrases below. Can you tell why these help?*

- Yes, these radishes are crunchy!
- This is kiwi fruit. It's sweet like a strawberry.
- Do you like that?
- Would you like more?
- Is your stomach telling you that you're full?
- Use your napkin, please.
- Move the serving bowl closer to your plate.

## Phrases that Hinder

*Look at the phrases below. Can you tell why these hinder?*

- Eat that for me.
- You're such a big girl; you finished all your peas.
- See, that didn't taste so bad, did it?
- You have to take on more bite before you leave the table.
- Carli, look at Maria. She ate all of her bananas.

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1 ☐ Overheads – Feeding Connection

2 ☐ Healthy Child Care Washington  
The Feeding Connection

- Katy Levenhagen, RD  
Partners in Child Care,  
Snohomish Health District

3 ☐  
Child Health Assessment  
Interaction Model

4 ☐  
Healthy Interconnectedness  
“The ability to adapt”

- Caregivers role
  - Sensitivity to cues
  - Responsive to distress
  - Provide growth fostering situations
- Child’s role
  - Clarity of cues
  - Responsiveness to caregiver

5 ☐ Interaction at feeding times

- “The feeding time is the 1st joint task between infant and caregiver.”  
(Keys to CareGiving™ , 1990)
- The caregiver and child react and respond to each other
  - Caregiver recognizes cues
  - Child’s cues become clearer

6 ☐  
Interaction at feeding times

- Based on responsiveness

- Length of time to respond to child’s cues
- Ability to read and respond to cues
  - Engagement - mutual gaze, smiling, talking,
  - Disengagement - Back arching, fussing, “NO”
  - Behaviors are a combination of both

7 ☐ **Communication Cues**  
**Associated with Feeding**

- 1 ☐ • **Want to eat**
  - Mouthing, rooting, hands to mouth, sucking, clenched fingers or tight fists over chest, crying
- **Suck/Pause**
  - Suck for 10-15 times then pause for 3-5 seconds to rest
- 2 ☐ • **Wants a break**
  - Spitting up, choking, arching back, relaxed arms
- **I am full**
  - Pushing away, falling asleep, relaxed body
- **I want to be with you**
  - Smiling, looking at face, reaching out to touch

8 ☐ **Healthy Interconnectedness**

- Benefits a child’s long term learning
  - Verbal communication
  - Problem solving
  - Social interactions
- Helps develop

Healthy Eating Habits

9 ☐ “The relationship between the child and the caregiver is the foundation for how a child thinks and feels about their surroundings.”

Kathryn Barnard, UW

10 ☐ **Supporting Development at Feeding Times**

- Determined by caregiver’s control of the environment
- Strive for balance to help master new skills

- Builds child's sense of self
- Depends on child's comfort level

### 11 ☐ Supporting Development at Feeding Times

- Using words (language) to support child:
  - Reinforces behavior and actions
    - “You never act this way unless you're hungry.”
- Don't “Burst the bubble”
  - Catch opportunities to interact
  - Meals offer time to listen and respond

### 12 ☐ The Role of the Child Care Provider

- Be aware of physical abilities / limitations
  - Transitions depend on readiness
- Tend to emotional needs
- Enhance skill development
  - Auditory
  - Motor
  - Social/Communication

### 13 ☐ Balance the Levels of Involvement

- **Stabilizing Presence**
  - Presence affirms and provides security
- **Facilitative Intervention**
  - Entering into experience can assist, clarify and extend an activity
- **Shared participation**
  - Allows role modeling and facilitation
  - Develops a sense of self in relation to others
  - Beneficial at meal time

### 14 ☐ Physical development determines when to transition to solid foods

- Holds head up by self
- Can sit up without support
- Does not push food out of mouth with tongue

- Shows interest in food

15 ☐ **Transition Foods**

- 4 - 6 months: Start with soft strained foods
- 6-8 months: Progress to mashed table foods. Begin cup drinking
- 9-12 months: Progress to safe, chopped table foods and cup drinking.

16 ☐ **Feeding the Toddler**

- Growth rate slows/calorie needs decrease
- Brain growth continues at a rapid rate.
- Appetite is often erratic
- Limited teeth for chewing and biting.
- Neophobia begins--reticence to try new foods

17 ☐ **The Division of Responsibility During Feeding**

- Caregivers are responsible for providing appropriate foods in a safe and nurturing environment.

- Children are responsible for how much, and whether they eat.

18 ☐ **What Makes a Healthy, Happy Meal Time?**

- Adults set the feeding environment
- Adults eat with children
- Children choose how much and what to eat

19 ☐

20 ☐ **The Best Meals in Child Care**

- Promote a variety of healthy and appealing foods
- Regard the Division of Responsibility
- Consider meal time a learning opportunity
- Are FUN!